

REPORT TO CABINET

12 August 2020

Subject:	NHS Covid-19 Discharge Requirements
Presenting Cabinet Member:	Councillor Farut Shaeen Cabinet Member for Living Healthy Lives
Director:	Stuart Lackenby Director for Adult Social Care, Health and Wellbeing Services
Contribution towards Vision 2030:	The NHS Covid-19 Discharge Requirements support Ambition 2: Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for. We will help keep people safe and support communities
Key Decision:	Yes
Cabinet Member Approval and Date:	Yes
Director Approval:	Yes
Reason for Urgency:	Local implementation of national policy
Exempt Information Ref:	Does not apply
Ward Councillor (s) Consulted (if applicable):	Boroughwide
Scrutiny Consultation Considered?	Scrutiny has not been consulted
Contact Officer(s):	Stuart Lackenby

DECISION RECOMMENDATIONS

That Cabinet:

1. Approves the proposed Variation to the Sandwell Better Care Fund S75 Agreement 2020/21 for the purposes of implementing the NHS Covid-19 Discharge Requirements published on 19 March 2020.

2. Authorises the Director for Adult Social Care to sign the Variation on behalf of the Council.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is:

- i. To inform Cabinet of the national requirement to implement the NHS Covid-19 Discharge Requirements published on 19th March 2020.
- ii. To seek Cabinet approval of the proposed Variation to the Sandwell Better Care Fund S75 Agreement for implementing the NHS Covid-19 Discharge Requirements.
- iii. To request that Cabinet authorise the Director for Adult Social Care to sign the Variation on behalf of the Council.

2 IMPLICATION FOR VISION 2030

- 2.1 The NHS Covid-19 Discharge Requirements implement national policy at the local level. The Requirements support Ambition 2: 'Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for. We will help keep people safe and support communities.'
- 2.2 The Requirements will ensure that sufficient hospital capacity is available to treat patients with Covid-19. This will be achieved through the safe discharge of patients who no longer require hospital treatment and supporting people in the community to avoid unnecessary hospital admissions.

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 On 19 March 2020 the Government published, as part of its response to the Covid-19 pandemic, the Hospital Discharge Service Requirements for immediate implementation across all NHS trusts, community interest companies and private care providers of acute and community beds, and community health services and social care in England. The Requirements also set out actions for commissioners to enhance discharge arrangements and the provision of community support throughout the pandemic.
- 3.2 The enhanced discharge arrangements require acute and community hospitals to discharge all patients as soon as they are clinically safe to do so. Transfer from the ward should happen within one hour of that decision being made to a designated discharge area. Discharge from hospital should happen as soon after that as possible, normally within 2 hours.

- 3.3 To support these arrangements the Government has agreed that the NHS, via NHS England and NHS Improvement (NHSE&I), will fully fund the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.
- 3.4 The NHSE&I funding support commenced on Thursday 19 March 2020 and will reimburse, via CCGs, the costs of out-of-hospital care and support outlined in the Requirements (both new packages and enhancements to existing packages), where it is provided to patients on or later than this date. Any patients already receiving out of hospital care and support that started before this date will be expected to be funded through usual pre-existing mechanisms and sources of funding.

4 FINANCIAL ARRANGEMENTS

- 4.1 The Council will claim for reimbursement for all eligible costs from the CCG, which will in turn be reimbursed by NHSE&I. The CCG is required to maintain a record of the costs and activity associated with the enhanced discharge processes to support the claim.

5 IMPLEMENTATION ARRANGEMENTS

- 5.1 The Requirements clarify that where an enhanced supply of out of hospital care and support services will be commissioned via the local authority to support the Requirements, the existing section 75 Agreements can be extended or amended to include these services and functions. For most areas this will be achieved by amending their existing Better Care Fund (BCF) S75 Agreements through a Variation.
- 5.2 On 31 August 2016, Cabinet authorised the Director for Adult Social Care, in consultation with the former Cabinet Member for Social Care, to approve the annual Better Care Fund Plan, the associated Better Care Fund Section 75 Agreements and any other associated documents and agreements in future years, with effect from 2017/18 in order to allow the Council to meet its commitments to the delivery of the Better Care Fund.
- 5.3 The proposed Variation to this Agreement to implement the NHS Covid-19 Discharge Requirements is outside the scope of this delegated authority and a Cabinet decision is requested to enable the Council to implement the Requirements.

- 5.4 The Sandwell Better Care Fund Programme Manager has drafted:
- i. A S75 Agreement in respect of the Sandwell BCF programme for 2020/21; and
 - ii. A Variation to this agreement to incorporate the NHS Covid-19 Discharge arrangements.
- 5.5 The Sandwell Joint Partnership Board considered and endorsed both documents on 18th June 2020.

6 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 6.1 The Requirements are mandatory measures to ensure that hospitals have the capacity to care for those in greatest need of medical treatment during the Covid-19 pandemic.
- 6.2 Consultation with senior officers from the Council and CCG took place through a meeting of the Sandwell Joint Partnership Board on 18 June 2020. The Board supports the recommendations set out in this paper and further consultation is planned with the Health and Wellbeing Board and the Sandwell Commissioning Committee of the CCG.

7 ALTERNATIVE OPTIONS

- 7.1 All areas are required by the Government to implement the NHS Covid-19 Discharge Requirements.

8 STRATEGIC RESOURCE IMPLICATIONS

- 8.1 The measures set out within the NHS Covid-19 Discharge Requirements will be fully funded by the NHS and claimed on behalf of the Council by the CCG. Whilst it is not yet known how long the Requirements will be in force, the Sandwell Joint Partnership Board will meet within seven days of notice being served by the Government to consider any implications on the Council or CCG, and to agree any necessary transitional arrangements.

9 RISKS

- 9.1 Whilst areas are nationally mandated to implement the Requirements, there is a risk that the NHS may reject some or all of the council's claims for the reimbursement of costs incurred in the course of implementing these requirements. However, the risk is considered to be low. It is unlikely that either the CCG or NHSE&I will reject any claim that falls within the scope of the Requirements. In the unlikely event that this risk becomes an issue, the financial impact would be expected to be offset against current underspending within the community care budget occurring due to the Covid-19 pandemic. The risk will be managed by the Joint Partnership Board, where the details and financial quantum of the claims will be discussed and agreed monthly. There are no risks identified in relation to the Council's ability or capacity within the community care market to implement the Requirements or transition individuals between short-term and long-term care arrangements.

10 LEGAL AND GOVERNANCE CONSIDERATIONS

- 10.1 The Requirements state that the additional financial support provided to CCGs and local authorities should be pooled locally using existing statutory mechanisms. The mechanism recommended by the Requirements is an agreement made under S75 of the NHS Act 2006 which enables CCGs and local authorities to enter into partnership agreements that allow for local government to perform health related functions where this will likely lead to an improvement in the way these functions are discharged.
- 10.2 The Requirements clarify that where systems decide that an enhanced supply of out of hospital care and support services will be commissioned via the local authority, the existing section 75 agreements can be extended or amended to include these services and functions.
- 10.3 The Sandwell Joint Partnership Board, being an executive group of the Health and Wellbeing Board and responsible for the day to day operation of the Sandwell Better Care Fund Programme, has approved the current drafts of the BCF S75 Agreement and the Variation to it in respect of the NHS Covid-19 Discharge Requirements. These are included alongside this report for information.

11 EQUALITY IMPACT ASSESSMENT

- 11.1 None associated with this report.

12 DATA PROTECTION IMPACT ASSESSMENT

12.1 None associated with this report.

13 CRIME AND DISORDER AND RISK ASSESSMENT

13.1 None associated with this report.

14 SUSTAINABILITY OF PROPOSALS

14.1 The NHS Covid-19 Discharge Requirements and associated funding will remain in force until notice is served by the Government.

15 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

15.1 The implementation of the NHS Covid-19 Discharge Requirements is intended to provide health and social care services that meet the needs of people affected by coronavirus. Patients will still receive high quality care from acute and community hospitals but will not be able to stay in a bed as soon as this is no longer necessary. For 95% of patients leaving hospital this will mean that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home.

15.2 A lead professional or multidisciplinary team, as is suitable for the level of care needs, will visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this will have been arranged prior to the patient leaving the hospital site, by a care coordinator.

15.3 For patients whose needs are too great to return to their own home (about 5% of patients admitted to hospital) a suitable rehabilitation bed or care home will be arranged. During the COVID-19 pandemic, patients will not be able to wait in hospital until their first choice of care home has a vacancy. This will mean a short spell in an alternative care home and the care coordinators will follow up to ensure patients are able to move as soon as possible to their long-term care home.

16 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

16.1 None associated with this report.

17 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

17.1 The recommendations are made for the purposes of enabling the local implementation of mandatory national policy.

18 BACKGROUND PAPERS

18.1 COVID-19 Hospital Discharge Service Requirements, found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880288/COVID-19_hospital_discharge_service_requirements.pdf

19 APPENDICES:

Appendix 1 Covid19 S75 Variation - Discharge Requirements v2 LATEST

Appendix 2 S75 BCF Agreement 2020-21 v2 LATEST (for information)

Stuart Lackenby
Director of Adult Social Service