

## **PILOT FOR DISCHARGE TO ASSESS**

### **Aim**

- 1.1 To introduce a new policy of discharging patients from hospital to undertake an assessment of need at home or at least in a homely setting.

### **Recommendation**

- 2.1 The Health & Social Care Integration Joint Board is recommended to **agree** to the implementation of discharge to assess facilities at Haylodge Community Hospital and at Craw Wood.
- 2.2 The Health & Social Care Integration Joint Board is recommended to **agree** the allocation of a Hospital to Home provision through the health care support team.
- 2.3 The Health & Social Care Integration Joint Board is recommended to **approve** the use of Integrated Care Fund resources to cover the total estimated cost of £850k, for the discharge to assess options recommended by the Executive Management Team (EMT).
- 2.4 The Health & Social Care Integration Joint Board is recommended to **request** an evaluation of this provision as part of the wider winter plan.

### **Background**

- 3.1 On 13<sup>th</sup> October 2017, EMT approved a paper proposing the opening of:
  - 6-8 beds at Haylodge Community Hospital - as 'Boarding' beds, where patients can be moved from Borders General Hospital (BGH).
  - and up to 15-beds at Craw Wood (Tweedbank) for Discharge to Assess (DTA), where patients capable of giving consent can be moved from BGH.
- 3.2 Following the approval by EMT to the implementation of DTA facilities and the Chief Officer Health & Social Care paper on 'Discharge to Assess – IJB Direction', this paper outlines the options, estimated costs and recommendations to setup a pilot for Discharge to Assess facilities.

### **Options/Proposal**

- 3.3 The following proposals have been developed, by a dedicated short-life cross Partnership Project Team, for the implementation of discharge to assess facilities within Borders.

### 3.4 *Haylodge*

It is proposed that the day hospital and day service on the lower floor of Haylodge Community Hospital should be relocated to create space to accommodate 6-8 'boarding-beds' at Haylodge. To enable this, the current Day Service would be required to move to Dovecot (on a temporary basis) to allow works to be undertaken at Victoria Park. Once these works are completed, it is proposed that the Day Service be permanently located at Victoria Park. It is proposed that for Day Hospital patients, a domiciliary (at-home) approach is tested. Additionally, there may be scope to utilise Victoria Park for some Day Hospital patients, depending on their level of need.

### 3.5 *Hospital to Home Service*

Further support to increase capacity and flow across the Community Hospitals is proposed, through the use of Health Care Support Workers. They will facilitate discharge and assessment at home. This team will be supported by the Matching Unit to access on going care provision.

### 3.6 *Craw Wood*

A further facility proposed for use as part of the discharge to assess patient pathway is Craw Wood. The Care Inspectorate are supportive of the short-term use of Craw Wood for DTA, but have been very clear that registration will only be for the short-term, to support winter planning, and that they expect the use of Craw Wood to cease by the end of April 2018. The EMT supported immediate work to bring the Craw Wood premises up to acceptable standards for use and refurbishment works are due to complete by the middle of November. SB Cares are progressing staffing for the facility for up to 15-beds.

3.7 With regard to timescales, it is anticipated that Craw Wood will be operational from 1<sup>st</sup> December 2017, Haylodge by January 2018 and the Hospital to Home Service by December 2017.

## Costs

5.1 The summarised costs of the options described above are detailed in the following table:

Location	Beds	Est. Cost £'000s	Operational period
Haylodge	6 beds	246	1st Jan 2018 - 30th April 2018
Hospital to Home	-	108	1st Dec 2017 - 30th April 2018
Craw Wood	8 beds	168	1st Dec 2017 - 30th April 2018
Craw Wood	extra 7 beds	274	1st Jan 2018 - 30th April 2018
		<b>796</b>	

The total cost to implement all options is estimated at £796k. As a result of the timeline of development of these options a contingency sum of £54k is recommended to meet any unforeseen costs as the options are implemented.

- 5.2 The implementation of discharge to assess facilities supports the aim of the Integration Joint Board (IJB) to ensure delayed discharge levels are reduced. The use of Integrated Care Funding (ICF) to pilot this new patient pathway is supported by the partnership EMT. The IJB received an update on the level of uncommitted resources on the ICF at its meeting on 23rd October 2017. The uncommitted resource on ICF totals £2.188m.

<b>Policy/Strategy Implications</b>	Introduction of a new policy of discharging patients to assess within the community.
<b>Consultation</b>	This proposal is for a trial period over this winter. Depending on the outcome of this test, consultation would be more appropriate in the spring of 2018.
<b>Risk Assessment</b>	A risk assessment will be undertaken through the plans designed to implement the “Discharge to Assess” policy.
<b>Compliance with requirements on Equality and Diversity</b>	This policy will target those patients most likely to benefit from an assessment in a specialist discharge to assess facility. The overall policy direction of discharge to assess will apply equally where possible.
<b>Resource/Staffing Implications</b>	Further funding bids will need to be considered by the IJB as the Health Board and the Local Authority progress their plans.

#### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Rob McCulloch Graham	Chief Officer Health & Social Care		

#### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Murray Leys	Chief Social Work Officer, Scottish Borders Council		