**Minutes of an informal meeting of Members of the HOSC in relation to discharge to care homes**

**9 am on 6 April 2022**
**Microsoft Teams**

**Attendees**
Cllr Jane Hanna OBE (Chair)
Dr Alan Cohen
Barbara Shaw

**Also in attendance:**
Karen Fuller, Corporate Director of Adult Social Care
Pippa Corner, Deputy Director of Commissioning
Victoria Baran, Deputy Director of operations, Adult Social Care
Ben Awkal, Scrutiny Officer

**Key points**

1. The Corporate Director agreed with a statement by the Chair that health and adult social care were facing unprecedented times and added that this had brought some opportunities, such as improving health and social care joint working. There was significant pressure on home care, but provision had increased by approximately 22% since March 2020: circa 21,000 to 26,000 hours per week of support. However, the complexity and intensity of service user needs had increased significantly across the system. Additional funding supplied by Government and administered through the Hospital Discharge Operating Guidance had previously enabled more discharges but ended in April 2022; it has been agreed, working collaboratively with Oxfordshire Clinical Commissioning Group (OCCG), that funding will be extended until the end of May 2022. The adult social care sector nationally has continually raised concerns regarding the withdrawal of this funding, the local system was discussing how to mitigate the impact of this.

2. The Deputy Director of Adult Social Care of operations explained that social care hospital teams had experienced a significant increase in demand with 26% more referrals for support than in the same 6-month period last year. Delayed Transfers of Care are no longer counted as per the Care Act but are now counted according to the numbers of those Medically Optimised for Discharge as per the national guidance on reporting from acute settings. The hospital discharge operating guidance introduced 3 supported discharge pathways:

    - 0 – discharge without need for continuing statutory care support (performance here was described as strong)
    - 1 – discharge to home with some short-term support (this was the pathway where greatest focus was needed to increase use)
    - 2 – discharge to short-term bedded facility such as nursing home or community hospital for further assessment or support (an increase in use had occurred during the latter stages of the pandemic)

- 3 – minority of patients who need long-term care in a bedded facility (high numbers in Oxfordshire likely due to high nursing home population).

In Oxfordshire a key goal is to reduce the number of people going to pathway 2 and 3 and to increase the number of people going directly to their own homes for further assessment support as needed. During the pandemic Oxfordshire as per all other areas did purchase more nursing home beds to support pathway 2, however any data around these should be viewed with caution as throughout homes have rightly had to close due to outbreaks and as such discharge planning may have taken longer than anticipated due to this.

3. The Chair asked about current covid-infection risks and infection control measures in adult social care. The Corporate Director explained that the council had utilised additional Government funding effectively, such as by providing additional oversight of capacity, which enabled the system to address issues proactively. Infection control guidance was very clear and risk assessments could be undertaken, if appropriate in conjunction with Public Health. The system adopted a robust and transparent approach to discharge.

4. Barbara Shaw asked what information the Committee needed regarding discharge in the future. The Chair explained there would be a discussion at a future Committee meeting regarding the data it would like to receive, and they had received a system-wide commitment that would be provided. Barbara noted that there were not as many patients being discharged as previously, and asked who the lead executive with oversight of, and the coordinator for the system partners for, discharge were. The Deputy Director of Adult Social, operations Care explained she oversaw all the adult social care teams dealing with acute and community hospital discharge as the service manager for hospitals, there was a system lead for the reablement pathway (pathway 1), and they formed a group with other system leaders with day-to-day responsibility for management of discharge. The Corporate Director reported into the A&E Delivery Board monthly. Strategic oversight was shared between Oxford Health, OCC, and Oxford University Hospital Foundation Trust, and as system leaders, we meet daily.

5. Barbara asked how more patients could be discharged from hospital to home for assessment of their longer-term care needs when there was insufficient staff to deliver this. The Corporate Director explained that each patient would have a discharge plan, followed by a post-discharge assessment of their continuing needs. Pathways needed to be simplified, staff utilised to maximum effect, and therapies used to reduce duration of hospital stays. The Deputy Director of Commissioning added that when discharged to home, patients often recovered quickly, and their longer-term needs were less than anticipated in hospital.

6. Dr Cohen explained that he had been expecting to be discussing the reporting of information on the timeliness of discharge from hospital, following the recommendations of a report on the discharge of patients to care homes during the first thirty days of the pandemic and what happened beyond. They asked how what and how often attendees thought they should report to the Committee. The Chair added that they had discussed this with the Chief Executive regarding an agenda item for June on discharge to care amongst other performance

information – the member supported the reporting of discharge data with other information, concurring that it should not be viewed in isolation.

7. The Deputy Director of Adult Social Care, Joint Commissioning explained that delayed transfers of care had previously been counted and reported in accordance with detailed government guidance. The hospital discharge policy published at the beginning of the pandemic suspended counting and reporting of delayed transfers of care. It was widely accepted (nationally) that counting and reporting system was not a worthwhile measure of the success of the success of a system and there had been no appetite for its reintroduction. A new dashboard of metrics for the Better Care Fund is expected from the Department for Health and Social Care in June, but it was anticipated that this would exclude delayed transfers of care and focus on measures which provided a good insight into system performance. The dashboard was in the public domain and could be utilised by the Committee, it currently included non-elective admissions and reablement after 91 days of discharge. They cautioned that the Committee should contextualise data to properly understand it.

8. Barbara Shaw asked whether quarterly or monthly discharge data could be reported to the Committee to enable the observation of trends across pathways. The Deputy Director of Commissioning confirmed that data was counted daily and subsequently validated. The Corporate Director suggested they report back with activities undertaken by the health and care system around discharge and outcomes for service users.

9. The Committee asked whether staffing data, including vacancies, could be reported as the success of the system is contingent on front-line staff. The Corporate Director explained it was challenging to collate data across the system, although possible for individual organisations and suggested the Committee focus on the joint workforce strategy.

10. Dr Cohen welcomed the commitment to provide data to the Committee, noting the importance, and challenge, of understanding its connection with the community strategy. They asked what else the group could do to help the Committee's more effectively scrutinise issues in addition to the submission of performance information and explanations of related activities. The Corporate Director suggested that the Committee not focus on delays which are no longer counted as previously, that the Committee should consider working to understand the health and care system in totality and avoid viewing particular issues and strategies in isolation, particularly in the context of the development of the integrated care system, and that the Committee enquire into how the council's activities in the place arena are influencing the integrated care system.

11. The Chair asked what metrics might be available to understand the experiences of carers and families during the ongoing changes and asked whether 'legal letters' were used in Oxfordshire in 2022 to prompt patients to be discharged from hospital to do so. The Corporate Director said such letters had not been, but sometimes the Service invoked the Patient Choice Protocol when service users were refusing discharge and sometimes experienced legal challenges.

12. Barbara Shaw added that it would be helpful to receive data on readmissions to hospital due to care arrangements not meeting needs. The Deputy Director of Adult Social Care operations explained the Service already provide data around 91 days post reablement but noted that it was important to interpret readmission rates carefully as some patients would face higher risks of readmission due to risk factors such as comorbidities or choosing to be discharged early; and suggested it may be better to review the work being undertaken to prevent admissions in the first place – Barbara suggested the Committee enquire into this.

13. The Corporate Director added that the system needed to improve at capturing service user experience to provide assurance and was trialling collecting such feedback and noted that the People Overview and Scrutiny Committee had taken an item on the carers service, which had been improved and analysed due to poor feedback. They wished to align reporting into various bodies to avoid duplication and suggested the way forward would be for the Service to report to the Health Overview and Scrutiny Committee on the system's activities re discharge and admissions and key performance information discussed during the meeting. The Chair agreed, adding inspection readiness.

**Next steps**

14. The Chair was to update the other Committee members in attendance on her proposals for future scrutiny of the matters discussed at the meeting upon receipt of the minutes from the Scrutiny Officer.

*Meeting closed at 10.14 am*