

## PROGRESS REPORT ON HOME FROM HOSPITAL

<b>Head of Service/Contact:</b>	Ian Dyer, Head of Operational Services
<b>Urgent Decision?(yes/no)</b>	No
<b>If yes, reason urgent decision required:</b>	
<b>Annexes/Appendices (attached):</b>	<b>Annex 1 - Hospital to Home Support Services Summery 2018/19 OCT – JAN</b>
<b>Other available papers (not attached):</b>	Report and Minutes of Community and Wellbeing Committee, 12 June 2018

### Report summary

The purpose of this report is to update Committee on the progress of the Home from Hospital Support Service.

### Recommendation (s)

- (1) That the Committee notes the progress of the Home from Hospital since 1 October 2018.**

## 1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 The establishment of a Home from Hospital Support Service strengthens the provision of services that we offer and builds on our key priorities of "supporting our community" and "managing our resources" by delivering efficiency savings and cost reductions.

## 2 Background

- 2.1 Surrey Downs Clinical Commissioning Group (CCG) asked the borough and district councils that make up the Surrey Downs catchment area to consider the possibility of delivering a Home from Hospital service from 1 October 2018. These borough and districts are Epsom & Ewell Borough Council, Elmbridge Borough Council, Mole Valley District Council, Reigate and Banstead Borough Council.
- 2.2 The Home from Hospital Service commenced in Epsom & Ewell Borough Council on the 1 October 2018.

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### 3 Progress

- 3.1 The name of Home from Hospital service had to be changed due to the previous provider connection with the service.
- 3.2 The rebranded name of the service is Hospital to Home Support Service (HtHSS).
- 3.3 The Hospital to Home Support Service (HtHSS) provides short term, non-clinical support for people to access existing community services, so that they are facilitated to return home safely from hospital.
- 3.4 It is responsive and flexible to reflect individual needs and circumstances, during a maximum period of six weeks after leaving hospital.
- 3.5 Our Link Worker, which is our Social Prescriber that is funded by Surrey County Council, will either undertake a home-based or telephone assessment to ascertain the patient's needs, and includes a check on basic issues such as home safety, heating, hydration, key safe etc.
- 3.6 The Link Worker makes links to other local community services as appropriate, and accesses information and services from colleagues within the borough and voluntary, community and faith sector.
- 3.7 The HtHSS is not an early supported discharge service, nor is it an emergency, statutory or personal care service.
- 3.8 Should such a need arise, appropriate onward referral will be taken by the Link Worker.
- 3.9 From the period of 1 October 2018 to 31 January 2019 we have had 19 referrals to the service.
- 3.10 See **Annex 1** for the breakdown of the referrals.

### 4 Financial and Manpower Implications

- 4.1 Surrey Downs CCG's funding of £20,300 covers the cost of running this pilot in year one for 100 hospital discharge client referrals.
- 4.2 Monday to Friday in our operating hours, the service is covered within existing resources.
- 4.3 Any operations out of regular operating hours will be covered by the funds provided from Surrey Downs CCG.
- 4.4 **Chief Finance Officer's comments:** None for the purposes of this report.

### 5 Legal Implications (including implications for matters relating to equality)

- 5.1 None for the purposes of this report.

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5.2 **Monitoring Officer's comments:** None for the purposes of this report.

## 6 Sustainability Policy and Community Safety Implications

6.1 This project supports vulnerable adults within the Borough.

## 7 Partnerships

7.1 Epsom & Ewell Borough Council are working in Partnership with Surrey Downs Clinical Commissioning Group and Surrey County Council.

7.2 We are also working in partnership with Elmbridge Borough Council, Mole Valley District Council, Reigate and Banstead Borough Council who are in the catchment area of mid Surrey.

## 8 Risk Assessment

8.1 The service would cease if no further funding is provided by the Surrey Downs CCG's following the pilot of a year.

8.2 Demand for our services needs to be managed to ensure capacity on the possible increase of demand from hospital discharges.

## 9 Conclusion and Recommendations

9.1 The Committee is requested to note the progress on the Hospital to Home Support Service since 1 October 2018, as detailed within this report.

**Ward(s) Affected:** (All Wards);