

HOME FROM HOSPITAL PROPOSAL

Head of Service/Contact: Ian Dyer, Head of Operational Services
Urgent Decision?(yes/no) No
If yes, reason urgent decision required:
Annexes/Appendices (attached): None
Other available papers (not attached): None

Report summary

The purpose of this report is to request permission to undertake Home from Hospital pilot project for a period of a year commencing on the 1st October 2018.

Recommendation (s)

(1) That the Committee agrees:

That a Home from Hospital pilot project be undertaken for a period of one year commencing on 1st October 2018.

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

- 1.1 Establishment of a Home from Hospital service, would strengthen the provision of services that we offer and build 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) has 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 This request is on a one-year pilot project, which will be measured for its success by auditors engaged by the CCG.

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3 Proposals

- 3.1 The Home from Hospital service is for vulnerable adults without any immediate support available from family or friends that could facilitate their return home after discharge from hospital.
- 3.2 The aim of this service is to deliver short-term intensive support to the patient enabling them to access and use existing services that the borough supplies locally.
- 3.3 The Home from Hospital service may require us to transport patients from hospital to their home within the borough boundary or meet them at their home on their discharge from hospital
- 3.4 On arrival at their home an initial assessment of the patients' needs will be carried out by one of the Council's driver technicians. This assessment will take into consideration any hazards that may cause trips or falls, whether the patient can manage to go up and down the stairs. A further boiler/heating/lighting check will be carried out by the Handyman service. Further assessments will be completed to ensure that there are food and hydration provisions, and if needed supply an emergency pack of home essentials, milk, tea or coffee etc. which will be paid for by the patient.
- 3.5 Where small works are needed (such as moving a bed to the ground floor, or fitting a grab rail), this will be carried out by our Handyman service. If required the handyman would fit a key safe to enable the hospital rehabilitation team to gain access to the person's home.
- 3.6 In the first 24 hours post discharge, we would contact the person to check what support is need, we would then signpost them in the direction of services that would be helpful to their needs.
- 3.7 This offer will include services that we supply at the current rate set in fees and charges such as:
 - Transport from home,
 - Meals at home,
 - Shopping service,
 - Community alarm +
 - Handyman service.
 - Disabled Facilities Grant (DFG)

Patients would be required to pay the relevant fees and charges for these services as they are not included within the CCG payment to the Council.

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3.8 We would also signpost to other services depending on the persons needs such as:

- Age Concern Epsom (befriending service)
- Citizens Advice
- Local pharmacy for prescription blister packs from their doctor
- Domestic home help

This list is not exhaustive.

3.9 We would continue to make appropriate contact for up to a six-week period following discharge from hospital. This is with the view to help the person live independently in their own home for as long and as comfortably as possible.

3.10 The Community services team combines Transport from home, Meals at home and Community alarm + all of which have the tailored skills to ensure the best possible return to home for the patient.

3.11 The estimates of patients needing this service within the Clinical Commissioning Group's catchment area is 350 per annum, divided equally between the four boroughs and districts this would equate to 88 clients per year for us.

3.12 Surrey Downs CCG is offering the Council £20,300 for this service for 12 months starting on the 1st October 2018.

3.13 A legal agreement is to be drafted, and we would insist on a ceiling number of 100 patients per annum, giving revenue allowance of £203.00 for each hospital discharge case we manage.

3.14 The days and hours of operation will be Monday to Friday during core operational hours.

3.15 This trial pilot project of Home from Hospital will be extended if shown to be successful.

3.16 Surrey County Council, who are handling the project on behalf of the Surrey Downs CCG, have advised there is no Transfer of Undertakings Protection of Employment Regulations (TUPE) rights associated with this offer. This being the case we can use current resources to fulfil this agreement.

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- 3.17 Referrals for the service are to be taken at one central point of contact and then triaged out to four boroughs within the Surrey Downs CCG area. This will be managed by Mole Valley District Council who operates a monitoring centre that specialises in community care. All other local authorities invited to take part in the pilot have agreed in principle to take part in it.
- 3.18 The project will showcase our services to the Surrey Downs CCG which in turn gives us a platform to access future commissioning opportunities.
- 3.19 Our services supporting this project are well established and have currently spare resources and the skill set needed within our set-up to support this pilot of Home from hospital.
- 3.20 Officers propose that we accept the offer to be part of this one-year pilot scheme.

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 will be 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:**
It is anticipated that the pilot project will be operated at net nil cost to the Council.

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

- 5.1 **Monitoring Officer's comments:** A contract must be in place between all relevant parties prior to the commencement of the pilot in order that the eligibility for the scheme, each party's responsibilities, financing, standards and review provisions are clearly set out. If the committee approves the pilot project, Legal Services must be involved at an early stage in order that contract can be in place prior to the pilot commencing.

6 Sustainability Policy and Community Safety Implications

- 6.1 This project would support the vulnerable adults of Epsom & Ewell Borough Council.

7 Partnerships

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

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- 7.2 Epsom & Ewell Borough would also be 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 would need to be managed to ensure capacity on the possible increase of demand from the hospital discharges.

9 Conclusion and Recommendations

- 9.1 It is recommended that we undertake this pilot project for a period of one year and review its operation at the end of that time to view the impact on our services.
- 9.2 If the pilot is successful and commissioned to continue we will be able to seek to continue our involvement in year 2, subject to funding being provided.

Ward(s) Affected: (All Wards);