

Creation of two Hospital Caseworker Officer Posts & two Senior Surveyor posts within the Health & Housing Service

Date: 20.1.2023

Report of: Colin Moss, Head of Health & Housing (acting)

Report to: James Rogers, Director of Communities, Housing and Environments

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

1. To create two Hospital Caseworker posts to work closely with the Transfer of Care (TOC) Hub at Leeds Teaching Hospitals Trust (LTHT) to provide housing solutions for Hospital discharge cases.
2. To create two new Senior Surveyor posts and to approve the transfer of a vacant Senior Programme Advisor (SO2) into a Senior Surveyor post (SO2). Create a further Housing Support Officer (B3) to manage the increased workloads.

Recommendations

- a) To approve the above posts
- b)
- c)

What is this report about?

1. Hospital Caseworker Posts

1.01 Better Homes for Health and Wellbeing is one of our 2022 Breakthrough Priorities, as set out in our Best City Ambition and 3 pillar strategies for Leeds. The Health and Wellbeing Strategy is one of the 3 pillar strategies, and this work also aligns with the aims and objectives included in the revised Leeds Housing Strategy. Health & Housing (H&H) work together as Team Leeds with our key partners and stakeholders for our work reducing Health Inequalities and using Marmot principles to address inequality across the Leeds system. Improving the hospital discharge pathways to deliver improved health outcomes for our residents in one of our projects within this Breakthrough Priority. These posts will enable this project to be fulfilled.

1.02 A delayed hospital discharge (colloquially known as 'bed-blocking) occurs when a patient is medically approved to be discharged but remains in hospital for non-medical reasons. Delayed discharge can result in hospital patient flow issues (e.g. emergency service backlogs, cancelled surgeries, delays in medically necessary care), increased healthcare costs, increased risk of functional decline, falls, hospital-related adverse events (e.g. medication error, exposure to infectious disease), mortality, as well as poor health outcomes and poor patient and family experiences.

1.03 'Bed blocking' has been a major issue for many years costing the NHS millions of pounds due to restricted bed spaces in all hospitals up and down the country. More than 13,000 hospital beds across the country, or one in seven, are currently filled with patients declared fit for discharge by doctors. Reductions in bed-blocking will help to prevent deadly ambulance delays by stopping paramedics queuing outside A&E waiting for a bed to become available. Reducing hospital discharge delays will also boost efforts to tackle the Covid-induced care backlog by freeing up space to allow more patients to receive treatment in and out of hospital. August 2022 was the worst month ever for delayed discharge with an average of 13,000 beds blocked every day in England. The problem is thought to cost about £5.2million each day since overnight stays in critical care beds cost around £400 - £500.

1.04 For many years the process of identifying patients in Leeds Teaching Hospital Trust (LTHT) with potential housing issues has been somewhat haphazard and discharge has relied on hospital administrators attempting to make contact with numerous agencies, services and teams to provide a timely housing, health and care solution. While there have been several initiatives to try and improve this process, it is widely accepted by both officers from the Council and hospital staff that frustrations remain around the inefficiency and ineffectiveness of the process.

1.05 It is hoped that the creation of two new dedicated H&H 'hospital caseworker' posts working within the 'Transfer of Care' (TOC) hub will take the housing service directly into the hospital. Through this it is hoped to see the first big 'step change' in improving the discharge pathway and health outcomes for patients. With their housing expertise they will be able to identify housing issues much more efficiently to engage and coordinate speedier discharge solutions.

1.06 The H&H Service has been in contact with several other local authorities where these posts have been introduced and have had glowing reports around the success of the posts. Wakefield District Housing in conjunction with Mid Yorkshire Hospital Trust have just had their Housing Coordinator posts assessed by the national body, the NIHR (School for Public Health Research).

A variety of methods were used to assess the pilot service, these included questionnaires to service-users, data analyses and qualitative interviews with Housing Support Coordinators, housing staff, health care professionals and service users.

In summary, the review found that the pilot had had a very positive impact on the hospital discharge system, patient health outcomes, supporting the reduction of delayed discharges and

helping to alleviate pressure on overstretched healthcare staff. For front line staff the service was vital and significantly reduced the time spent supporting people with housing related issues so they could focus on clinical work.

1.07 In the last week of September 2022, the TOC hub at LTHT managed and coordinated support for 17 'housing' delayed discharge cases. Housing cases tend to be more complex than many delayed discharge cases and patients can often remain in critical care beds for weeks and months while housing solutions are found. It is vital these delays are reduced. The introduction of these two hospital caseworker posts are identified as 'spend to save' posts and it is envisaged that dependent on a formal review, further posts may well be required to making greater savings. As well as providing the main conduit for housing enquiries for the TOC hub, the caseworkers role will be to highlight the need of early identification of any potential housing issues by hospital staff.

1.08 While these two new posts are to be funded by the Council, LTHT have indicated that will try to release funds in 2023/24 to help jointly fund the posts or look to provide further resources after formal evaluation.

2. Senior Surveyor and Housing Support Posts

2.01 The national budget for Disabled Facilities Grants in England and Wales has risen from £220 million to £583 million pounds in the last 6 years. This is to underline the now recognised notion that adaptations are a 'spend to save' commodity and help to decrease the numbers of disabled people requiring residential care and reduce the numbers of people entering the A&E through slips, trips and falls in the home. The aim to promote independent living across the country keeping people living together in their own homes is behind the substantial increase in funding over the last few years.

2.02 The H&H Service within Housing Leeds has seen a steady rise in the requests for adaptations with referrals for schemes that are becoming more involved and complex in nature. The service has the same surveying resource as in 2006 and while 'smarter ways of working' have helped cope with some of the increase, the situation has now become untenable as officers have long backlogs of cases and the wait for adaptations is increasing to unacceptable levels.

2.03 The service has always aimed to have a maximum wait for a house survey for adaptations of 4 weeks. The service has been able to keep to this target for many years, however as the Government yearly grant allocations began to significantly increase within the last 6 years, the wait for surveys has steadily grown and the wait for a full survey now exceeds 12 weeks. This length of time isn't acceptable for a disabled person to wait and will start to impact on the performance and customer satisfaction if left at this level.

2.04 As the Government's guidance on the use of DFG has expanded, this has resulted in a wider range of eligible works and more complex schemes advocated by Occupational Therapists. While there has been a steady rise in the number of DFG applications, the more detailed adaptation schemes have also resulted in a rise of the average cost of each application.

2.05 The service introduced a number of 'smarter ways' of working including greater use of our contractors to survey and schedule and streamlined procedures to keep on top of the increasing numbers. These process improvements helped tremendously but the continuing increase of budget and work levels have now led to increased wait times for adaptations. The only way to combat this increased level of work is to be introduce further surveying resources and increased associated administration services to manage the levels of applications received by the Council.

2.06 From the calculations of the increased budget and number of applications received by the Council, there is a need for 3 further senior surveyors and associated administrative support. In 2018/19 H&H completed 704 DFG applications while this year is projected to be a completion of 959 applications. In last 6 years, the average grant cost has increased from just over £6,000 to just under £10,000. These figures are prior to the recent rises in building materials and labour so is likely to rise further. Much of this increase has been to the widening of the grant remit resulting in more expensive DFG schemes with greater complexity which all takes a greater demand on resources.

2.07 Two of the surveyor posts and housing support post will be new, however, the proposal is to transfer a vacant senior programme advisor post across into a surveyor's post. The senior programme advisor post was created in a 2019 Health & Housing re-structure but was never filled due to covid. However, it is now felt that this post would be better used to cover the shortfall in surveying and have existing staff undertake the duties that were originally intended for the programme advisor. Both posts are graded at SO2 so there is no financial cost to this transfer.

2.08 It is highly unlikely the demand for adaptations is ever likely to recede. As we have an ageing population, the demand for adaptations is very likely to remain high and almost certainly increase. The promotion of independent living keeps families together and has a positive cost benefit to a wide spectrum of health services both in our hospitals and in the community.

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What impact will this proposal have?

2 Provide more resources in H&H to combat the increase in workloads

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

3

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

- 4 The H&H service has consulted with senior officers within the Council relating to the increase in the surveying function.

There have been numerous meetings and discussion with Councillors, Council Directors, Chief Officers and a range of management staff from the hospital trust regarding the hospital caseworker posts. The consensus of all is to support these posts to effect positive change in relation to hospital discharge.

The relevant trade unions representatives have been furnished with a copy of this delegated decision but have not raised any objections.

What are the resource implications?

5. The decision will increase the resource capacity of the H&H service to cope with the increased workload and keep performance levels within the Government's target times for completion. The money for these posts will be funded by the 'ring fenced' DFG budget allocated to Leeds City Council from central government for the sole provision of promoting independent living for the vulnerable and disabled people. The use of this budget will have no financial implications on the General Fund or Housing Revenue Account at Leeds City Council.

What are the key risks and how are they being managed?

- 5 No significant risks identified

What are the legal implications?

- 6 None. The employment of staff (and any increase in numbers) within the H&H service is contained in the provisions of the Housing Renewal Grants (services and charges) Order 1996/SI 2889 which allows for the charging of staff against the DFG budget for a wide range of services around providing adaptations and promoting independent living for vulnerable and disabled people

Options, timescales and measuring success

What other options were considered?

- 7 No other options considered

How will success be measured?

- 8 The hospital caseworkers will directly produce a decrease in delayed hospital discharge due to housing issues. The measurement of success is to be undertaken by staff within LTHT. A direct cost analysis will be produced by the reduction in time taken to discharge in-patients with housing difficulties. There is a potential for a number of quantitative and qualitative successes with the project within both the Council and Health Authority.

- 9 The provision of further surveying/administrative resources will decrease the wait for clients to receive their adaptations and have a positive impact on performance figures and customer satisfaction.

What is the timetable and who will be responsible for implementation?

10 As soon as possible

Appendices

- none

Background papers

- none