

Care Delivery Service, Recovery Hub – Creation of x3 Admission & Discharge Coordinator posts

Date: 26th February 2023

Report of: Deputy Director of Social Work and Social Care Services

Report to: Interim Director of Adults and Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

The report seeks approval to create three new permanent C1 graded posts with the Care Delivery Service, Recovery Hubs.

The Recovery Hubs aim to facilitate timely discharge from hospital and maximise independent living. The aim is to promote faster recovery from illness, preventing unnecessary acute hospital admission and premature admission to long-term residential care.

Three Admission & Discharge Coordinator posts will be created to work at each Recovery Hub to better facilitate the admission and discharge process. The primary focus of the role is to support continuous patient flow from hospital, reducing length of stay and strengthening the home first ethos.

Recommendations

The Interim Director of Adults and Health is requested to approve the creation of three new Admission & Discharge Coordinator posts at grade C1 at a cost of £109,515 (based on this year's figures). These posts will sit within the Recovery Hubs and the funding of which has been identified within the Council's allocation of the Hospital Discharge Fund.

What is this report about?

- 1 The Hospital Discharge Fund is designed to support improved discharge performance, patient safety, experience and outcomes. Through use of this fund, integrated care boards are projected to deliver reductions in the number of patients who do not meet the criteria to reside but continue to do so, as well as improvements in patient flow which in turn help waiting times in emergency departments and handover delays.

- 2 The creation of these posts will support reduced length of stay within the Recovery Hubs and therefore also support increased system flow, creating additional therapeutic input for more people and improved service delivery.
- 3 The funding for these posts is available within Council's allocated Hospital Discharge funding source which is confirmed for years 23/24 and 24/25. This timeframe also supports the contract review period for the Recovery Hubs.
- 4 These posts have been formally evaluated File Ref 221066 JE Ref 2313, confirming C1 grade.

What impact will this proposal have?

- 5 Increasingly, discharge planning has become more complex with multifaceted barriers to timely discharge. This is further impacted by supporting people with higher and more substantial care and support needs, resulting in an increased length of stay for people. There is a national requirement to measure length of stay and report nationally on the number of people in a community care bed (CCB) who do not meet the criteria to reside there. Analysis of this data has identified that early intervention for those with delayed discharges can have a positive impact in reducing the overall length of stay.
- 6 The proposal to create three new posts would ensure that sufficient workforce resource can be focussed on tackling the challenges of delayed discharge, freeing up valuable community care beds and maintaining system flow across health and social care in Leeds.
- 7 Increasing access to the therapeutic beds within the Recovery Hubs and to return home sooner, supports achieving positive outcomes for the citizens we serve.

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

- Health and Wellbeing Inclusive Growth Zero Carbon

What consultation and engagement has taken place?

Wards affected: Killingbeck and Seacroft, Otley and Yeadon, Beeston and Holbeck

Have ward members been consulted? Yes No

- 8 A task group set up to identify what improvements to reducing length of stay could be implemented have been consulted with on the proposal to create three new posts. Trade Unions have also been consulted on the job description for these new posts.

What are the resource implications?

- 9 These posts will be funded by the Council via the Hospital Discharge Fund
- 10 Upon approval of this report, the service will begin recruitment processes to these new posts. Despite national recruitment and retention challenges for the social care sector, the service has invested in its existing workforce through the 'Grow Your Own' development programme, delivering confidence that these positions will be successfully recruited to.

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

- 11 The current extended length of stay could be seen negatively by the service regulators, The Care Quality Commission' in relation to the 'Effective' key line of enquiry. The service is confident all actions possible are being taken within the current resource parameters, but also feel assured these posts will positively impact key performance indicators.
- 12 For recovery and rehab services to be effective, support interventions must be promptly delivered, and timely discharge achieved when the person no longer meets the criteria to reside. If people remain in the Recovery Hubs after this point, the flow of new patients from hospital who require this service is interrupted, delaying the start of the next persons recovery and rehab. Should this proposal not receive approval, the Recovery Hubs will likely continue to experience an increased length of stay due to delayed discharges.
- 13 In relation to information governance risks, these new posts do not necessitate any changes to the existing information sharing agreement already in place.

What are the legal implications?

- 14 None applicable.

Options, timescales and measuring success

What other options were considered?

- 15 The Recovery Hubs were commissioned in 2017, and since the onset of the Covid pandemic have supported an increased number of people with higher and more complex support needs. To assist the service to function effectively, additional staffing resources have been secured to work at the Recovery Hubs, funded by the ICB.
- 16 Multi-disciplinary team approaches have also been augmented to try and deliver reduction in length of stay and in the number of people who do not meet the criteria to reside. However, with each Recovery Hub operating at or above their commissioned capacity, there is limited ability within the current staffing resource to provide the level of intervention needed to reduce the average length of stay for people using the service.

How will success be measured?

- 17 The success of these posts can be measured by a reduction in length of stay and the reduction of people who do not meet the criteria to reside within a community care bed setting. This will help maintaining patient flow through the health and social care systems in Leeds and waiting times in emergency departments, and ambulance handover times can be reduced.

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

- 18 The Principal Service Manager for the Recovery Hubs will have responsibility for the recruitment to these posts and the longer-term development of the role.

Appendices

Appendix 1: Job Description - Admission & Discharge Coordinator

Background papers