

## **District Direct Funding:**

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**Portfolio:** Cllr. Kim Carsok

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

### **Purpose of the Report:**

This report is to seek cabinet approval to enter a partnership agreement with Norfolk County Council to continue to deliver the District Direct service in the year 2024/25.

### **Recommendations:**

1. Cabinet delegates authority to the Director of People and Communities to enter a fully funded partnership agreement with Norfolk County Council for the provision of District Direct in 2024/25.
2. Cabinet approves the proposal to pursue discussions with the Norfolk County Council and the Norfolk and Waveney Integrated Care Board with the aim of establishing a substantive and multi-year funding stream for this service from April 2025, delegating authority to the Director of People and Communities in consultation with the portfolio holder for Active and Healthy Lifestyles, to enter into such agreement.

#### **1. Summary**

- 1.1 District Direct is a flagship programme for the Council, supporting hospital discharge at the Norfolk and Norwich University Hospital (NNUH) by increasing

the support available to patients to ensure a smoother transition between hospital and home.

- 1.2 South Norfolk Council developed the programme with partners and provides this service to all residents in South Norfolk, Broadland, North Norfolk, Norwich and Breckland. A similar programme also exists for the James Paget in Gorleston, and Queen Elizabeth in King Lynn.
- 1.3 This support is based around giving practical help to ensure the patient's home is suitable for their needs in returning home, to aid recovery, and to reduce the likelihood of returning to hospital. This help may involve ensuring that the home is clean, the accommodation and furniture within it is fit for purpose, and that there is necessary wider social support available.
- 1.4 The arrangement is for £780,000 for 2024/25, which covers staff and a 10.2% management cost.

## **2. Background**

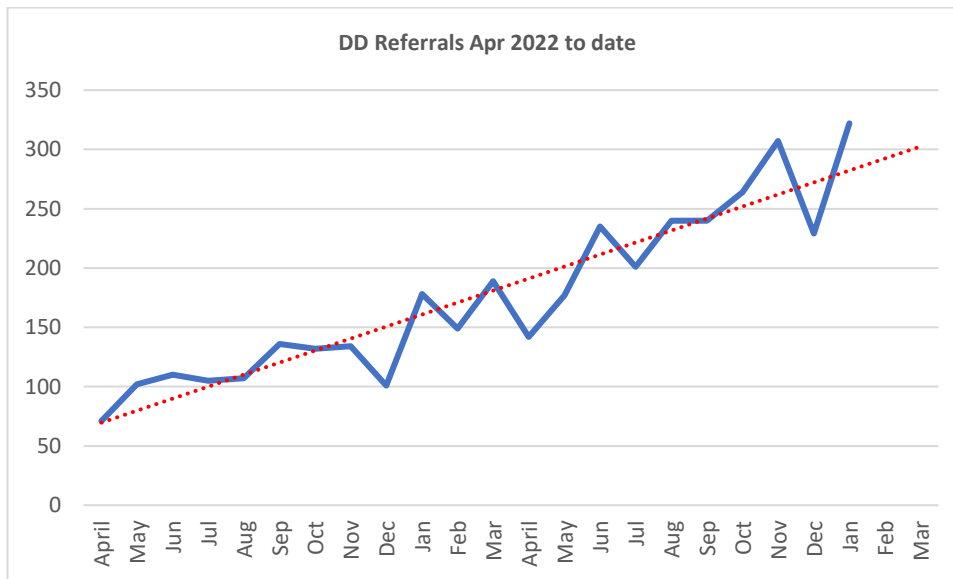
- 2.1 District Direct was initially conceived by the Council as a pilot project to expedite discharges from the NNUH. The Council has a strong track record of supporting residents, particularly those most at risk. Hospital discharge is a critical time for residents (particularly older ones), especially when they are placed back into their own home. The Council is responsible for local housing, and through our Help Hub approach were seeing too many residents struggling to cope after discharge. This was resulting in poorer outcomes for residents and additional costs for Adult Social Care through more care needs, and the NHS through reduced bed availability.
- 2.2 The Council has a track record of innovation, and working beyond our traditional boundaries to ensure our residents receive the support they need.
  - 2.2.1 By agreeing to provide services on behalf of the five district areas described in 1.2, we can work at a scale to support the NNUH requirements, at the same time as enabling additional support for our own residents.
  - 2.2.2 By working beyond the normal scope of District Council services, we are demonstrating the important role Districts have in supporting the wider health outcomes of residents.
  - 2.2.3 Our ingenuity in this area was recognised nationally when we were shortlisted for an MJ Award.
- 2.3 Around 80% of factors affecting people's overall health are socio-economic and non-clinical. The Council has a direct influence on health inequalities including the number, and quality of people homes, the immediate space around the home and the social / physical infrastructure of our communities.

- 2.4 This pilot project became operational in 2017 and was originally delivered by two full time equivalent members of staff. In the year 2019-20 and during early COVID the project ceased due to an absence of identifiable funding.
- 2.5 The project was re-instituted in April 2020 due to increased bed pressure at the NNUH during the pandemic. The project was jointly funded by Norfolk County Council (Adult Social Care) and Norfolk County Council (Mental Health Integrated Commissioning). There were, at this stage, three and a half full time equivalent staff. The service provided for any patients who are resident in the catchment area of the NNUH.
- 2.6 An impediment to efficacy was identified in the length of time taken to secure necessary funding via Adult Social Care to commit to small works, key safes, alarms etcetera. This was elongating hospital stays by up to fourteen days following referral on fitness for discharge. South Norfolk Council allocated monies from the Covid Recovery funds (COMF) to the project that were immediately available to officers 'on the ground'. This resolved the issue and reduced bed days occupied post referral to the service by ten days per referral.
- 2.7 The service has since attracted further funding from the ICB on an ad hoc basis using slippage from other projects. This has been sufficient to sustain and grow the project to its current level of service.
- 2.8 The Council is able to provide this discretionary service outside of the District as the programme is solely funded by external partners and not the Council's finances.

### **3. Current position/findings**

- 3.1 The service currently employs eleven and a half full time equivalents including a Team Manager and has significantly expanded the scope of its delivery. It now provides a discharge facilitation service to all wards at the Norfolk and Norwich University Hospital as well as Hellesdon Hospital and the Julian Hospital. It also covers all the 'Discharge to Assess' community beds, overflow beds in community hospitals and private nursing home facilities. Dedicated officers are deployed in the Emergency Department to prevent unnecessary admissions and to liaise with the ambulance crews to prevent unnecessary transport to hospital for social reasons. From April 2023 the scope was broadened further to include an admission prevention function, taking referrals from community- based health and social care teams.
- 3.2 The service covers five district areas, South Norfolk, Broadland, Breckland, Norwich and North Norfolk. The arrangement with the other four districts has always been informal, but this is being reviewed as part of a County wide strategic independent living group. The reason we operate at this scale is that this broadly covers the Norfolk and Norwich University Hospital area and makes sense from a commissioning point of view and economy of scale.

- 3.3 The service now accepts more than three thousand referrals a year and achieves an estimated bed-day saving of in excess of seventeen million pounds.



- 3.4 The Norfolk and Norwich University Hospital, the Integrated Care Board and Adult Social Care have now reached the conclusion that District Direct is an integral part of the system to maintain bed availability in our local hospitals and believe the maintenance of this service should become part of mainstream funding.
- 3.5 The service is delivered with the agreement and collaboration of the other relevant Districts through the Integrated Housing Adaptation Team steering group.
- 3.6 The relevant Director in Adult Social Care has given a verbal undertaking to work towards securing funding for the service in the medium/long- term going forward from April 2025.
- 3.7 The service is nationally unique and has developed over a period of time on a needs-led basis. South Norfolk Council have shown themselves to be a highly credible and resilient deliverer of service. Continued delivery serves to cement the enduring relationship between the Council and partners in Health.

#### 4. Proposed action

- 4.1 South Norfolk Council enters a partnership agreement with Norfolk County Council to fully fund the service at its current level for the year 2024/25. This agreement covers all salary costs with a 10.2% overhead for management costs.
- 4.2 Having agreed the partnership agreement for the forthcoming financial year it will be necessary to commence discussions at a timely juncture (within the next three months) to determine how the service can be augmented and how developments can be funded on a substantive basis going forward from April 2025.
- 4.3 The maintenance of this service going forward serves to further embed the partnership between South Norfolk Council, the Integrated Care Board and Adult

Social Care and enhances South Norfolk Council's standing as a key player in the Norfolk and Waveney Integrated Care System. This is a unique service nationally and places South Norfolk Council in the vanguard of the Prevention Agenda in Norfolk and Waveney. The provision for patients involving networks across a range of services and operating with multiple partners to ensure timely and effective service delivery has become essential to the operation of the hospitals' admission and discharge system.

4.4 The provision of this service ensures that hospital bed capacity is enhanced and the necessity for some hospital admissions is avoided to the benefit of South Norfolk residents as well as residents across the Norfolk central cluster.

4.5 There is a defined benefit to South Norfolk Council in the provision of District Direct in that it alleviates pressure on the Housing team. The reasons for this are threefold:

- Whilst the numbers are relatively small in comparison to general homelessness, residents that fall within this service are traditionally the hardest to assist due to their needs. The housing team has extra challenges with this cohort because finding suitable properties is difficult and securing and installing the required adaptations to assist with their longer-term housing solution take a long time. The District Direct service allows us to have this information incredibly early and to have an officer who can provide the required evidence speeds the process up significantly. Were this service not present, in addition to a very difficult challenge for the resident they will also be bed-blocking, the team having to source bespoke temporary accommodation which takes significant time and expense.
- This cohort is often the most vulnerable of our residents. Whilst in hospital there is a significant level of fear for what the next steps will be. Having a discharge direct officer at the hospital makes sure they have a face to talk to so that suitable reassurance can be provided, even if that reassurance is talking, collecting required evidence to mobilise the housing sector and guiding the resident through the issue. There is little chance that we could fulfil this within general housing services.
- The relationship with the hospital remains strong due to having the staff on site to act as a conduit. There is an understanding that we are doing all we can to source/adapt appropriate accommodation for discharge. This allows officers to get on with the job of sorting the adaptations, or obtaining the appropriate property, rather than facing challenges and frustrations from either party.

## **5. Other options**

5.1 Withdraw from service delivery. This would obviate a potential worst case redundancy risk of £54,500 (see 6.1) in April 2025 should the contract be discontinued but this would be at the expense of significant reputational damage to the Council and a significant effect on hospital bed availability in the short/medium term in the current absence of any other credible provider.

5.2 Negotiate with Norfolk County Council to provide the service directly and consider moving the staff team across to their employ under TUPE legislation. This would remove the redundancy risk from the Council and safeguard the service but would potentially be damaging to the relationship with the ICB and could damage the credibility of other contracts for services currently provided to health and social care.

## 6. Issues and risks

6.1 **Resource Implications** – There is a risk of redundancy costs in April 2025. This risk is mitigated by:

- The stated current desire of partners to continue and enhance the service.
- The modest salaries and short length of service of the staff involved.
- A total redundancy cost not exceeding £54,500
- There is a predicted in year saving of £70,000 in the current financial year which will be carried forward.

6.2 **Legal Implications** – Any legal documents such as partnership agreements or service level agreements will be subject to the Council's policy.

6.3 **Equality Implications** – The nature of hospital discharge means that often those more vulnerable are significantly more disadvantaged. This service means that additional support is provided to those who need help the most.

6.4 **Environmental Impact** – None

6.5 **Crime and Disorder** – None

**Risks** –The risks for not continuing the service could result in redundancy costs, or staff having to move to other organisations.

## 7. Conclusion

7.1 Continuing this service through a partnership with Norfolk County Council would ensure that our residents (and those of other districts) have access to hospital beds or have the chance to remain at home and retain independence where this is a viable option.

7.2 There is a defined saving to our Housing team in both officer time and potential accommodation costs in the provision of District Direct.

7.3 We are at the threshold of some significant changes in the way in which health care is delivered both nationally and locally. It is desirable for the Council to maintain and enhance its partnerships within the Integrated Care System, ensuring that we are in a position of influence for the benefit of our residents.

## **8. Recommendations**

- 8.1 Cabinet delegates authority to the Director of People and Communities to enter a fully funded partnership agreement with Norfolk County Council for the provision of District Direct in 2024/25.
- 8.2 Cabinet approves the proposal to pursue discussions with the Norfolk County Council and the Norfolk and Waveney Integrated Care Board with the aim of establishing a substantive and multi-year funding stream for this service from April 2025, delegating authority to the Director of People and Communities in consultation with the portfolio holder for Active and Healthy Lifestyles, to enter into such agreement.