

## Case study- Sussex Community NHS Foundation Trust

### Background

Sussex Community NHS Foundation Trust (SCFT) delivers NHS health and care across Brighton and Hove, East Sussex, and West Sussex. SCFT employs over 5,500 full and part time staff, and has 1,500 people active on their workforce bank.

Staff at SCFT work in multi-disciplinary teams to deliver key services such as community rehabilitation, community rapid response, integrated discharge and intermediate care to a population of 1.3 million across the footprint.

### Challenges with delayed discharges in Sussex

Data from SCFT shows that, in the last year there has been an increase in delayed discharges from acute settings for medically fit patients on pathway 1<sup>1</sup> and pathway 3<sup>2</sup>. The data shows that waiting for further non-acute NHS care, a package of care at home, or a care home placement, are the most frequent reasons for delayed discharges in Sussex.

For Responsive Services visiting patients in their home to provide short term health support, delayed discharges due to pressures in social care capacity have been taking up around 25 per cent of the team's capacity over the last two months. This pressure on capacity is viewed as compounding challenges with the delayed discharge of medically fit patients from acute beds.

SCFT raise concerns about the impact of these delayed discharges on patient flow through the system, and importantly, on the impact of unnecessarily long hospital stays on the outcomes of individual patients.

### Exploring potential solutions

SCFT has worked with one of the local authorities in their patch to create a care pathway that bridges care between hospital discharge and longer-term care and support packages. This approach has been used to support the timely discharge of medically fit patients from acute settings by allowing people who require packages of care at home to be moved out of the direct care of a clinical team and into care provided by a Healthcare Assistant. This acts as a temporary support measure while the longer-term package of care provided by a domiciliary care provider is secured.

Previously, this option was used sporadically by the local authority mainly due to contractual and framework constraints. Now, SCFT is exploring how they can deliver this bridging service at scale and as an extension to the local health and care plan, with the trust employing and training staff to deliver this service.

While there are significant benefits to developing a more structured offer, SCFT raise concerns that this model could destabilise the existing social care workforce market. SCFT note that, at present, they are attracting interest and recruiting from a much broader pool of candidates than previously, but recognise that this could change, particularly if this model is scaled up. To address this, SCFT is committed to working collaboratively with social care colleagues to understand how any new workforce capacity can be deployed flexibly across the whole system.

---

<sup>1</sup> Discharge home with support

<sup>2</sup> Discharge to a nursing or care home facility with recovery and complex assessment

SCFT also note that care roles are increasingly being viewed as an opportunity to develop a career in healthcare and a way into NHS employment for those without formal training or qualifications. In light of this SCFT is considering developing a rotational programme for this group of staff, both as a way to support their understanding of the services the trust delivers, but also to introduce different career development opportunities. As part of this, SCFT emphasise that there must be a focus on retention, strengthening the value of this group of staff, and affording them the opportunity to develop their skills outside of traditional care service provision.

In terms of operational delivery, SCFT note that they will need to consider the logistics of delivering an expanded home care workforce, as there are complexities around shift, and the associated downtime. SCFT suggest that it would be valuable to work with other partners, such as the Local Government Association, who have expertise in this space and could support SCFT to navigate some of these challenges.

### Benefits of this approach

While there are challenges with delivering a more structured and scaled up offer, there are clear benefits for SCFT to this approach, including improved patient flow through the local health and care system, and fewer medically ready patients awaiting discharge, which is better for individuals' outcomes and experience of care.

In addition, SCFT believe that, given the current workforce pressures in social care, they can support resilience in the market, and help to both attract and retain people into the health and social care workforce across Sussex by offering an Agenda for Change salary, NHS terms and conditions, and training opportunities. However, SCFT are aware of the risks around destabilising existing market provision, and are proactively countering this by jointly planning the methods by which staff can be shared across organisational boundaries with colleagues across health and social care.