
Report To: Inverclyde Integration Joint Board **Date:** 14 November 2023

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Subject: Kincare Payment to Support Individual Hospital Discharge

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

- 1.2 The purpose of this report is to inform the Integration Joint Board of the Kincare initiative to support early hospital discharge for non-complex patients. This will involve a payment of £1200 to the individual and or identified support person by making provision with family, neighbours etc. to provide the direct care from the discharge from hospital.
- 1.3 Delays in hospital can have a significant impact on patients, with longer hospital stays increasing the risk of hospital acquired infections, with patients losing mobility and cognitive function, making it harder to regain independence after being discharged from hospital and can affect their optimum recovery.
- 1.4 It is proposed to implement this scheme as part of a series of responses to improve delayed discharge from acute care.
- 1.5 Prior to discharge the individual, their family member, friend, or neighbour must be able to identify support that ensures a safe discharge.
- 1.6 It is an intention that this care will also prevent unplanned hospital admissions in the 6-week period from discharge and will allow time for a robust review of the overall care needs to ensure that care is appropriate and reflective of the needs of the individual.
- 1.7 During this time, any unpaid Carers will be encouraged to complete a Carer Support Plan or Young Adult Carer statement, along with Future Care Planning to support the Carer in their caring role.

1.8 The proposal is aligned to the action and duties specified in Inverclyde HSCP Strategic outcomes; National wellbeing Outcomes; Social Work (Scotland) Act 1968 sec 12 (2). The Social Care (Self-directed support) (Scotland) 2013 Act introduces flexibility in the provision of people's care and support services where an individual can receive a payment to purchase their support and care from them. Choosing a payment means that in the majority of instances a supported individual directly manages the payment they are allocated or may choose to have their payment managed by a family member.

2.0 RECOMMENDATIONS

- 2.1 To note the development of the Kincare scheme that supports the prevention of hospital delays.
- 2.2 The Integration Joint Board is asked to note the Kincare payment scheme providing a one-off payment of £1200 to the individual as an alternative to more formalised mechanisms of support. The scheme will build on the natural family and friendship supports for the cared for person.
- 2.3 To note that Inverclyde HSCP will review the success and governance of the Kincare scheme in supporting individuals discharging from hospital in a report to the IJB in April 2024.

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Inverclyde Health and Social Care Partnership

3.0 BACKGROUND

- 3.1 The implementation of a Kincare Payment to support hospital discharge has been explored by the HSCP, who looked at a similar initiative in North Lanarkshire. The programme is more extensively used within Health & Social Care in England.
- 3.2 In January 2023, North Lanarkshire HSCP developed a creative and responsive initiative to improve hospital discharge delays, specifically within NHS Lanarkshire's three main general hospital sites.
- 3.3 At that time, North Lanarkshire were experiencing elevated levels of delayed discharge, (fourth highest amongst Scotland's 32 Council areas), and for NHS Lanarkshire a significant financial cost combined across the Lanarkshire's, in extra bed days lost.
- 3.4 North Lanarkshire HSCP initiated a pilot Hospital Discharge Carers Payment scheme in January 2023, with a one-off payment of £1200 paid to individuals in lieu of caring for 6 weeks following discharge from hospital.
- 3.5 The scheme operated as a pilot in North Lanarkshire from January to May 2023. On reviewing the pilot scheme, they reviewed feedback from Carer's organisations and impact case studies, with the approval subsequently given in May 2023 for this to be a substantial offer to support hospital discharge as the scheme has demonstrated success.
- 3.6 In terms of financial value and impact, North Lanarkshire have taken a view that at £500 per day is the cost of a delayed discharge episode. We have adopted the same financial modelling of NLC.
- 3.7 This scheme will have an added benefit of the 'right sizing' of support based on reviewing the care that has been provided in that time. The sustainability of the caring role and wellbeing of an unpaid Carer could potentially realise the provision of ongoing support, and this could remain a feature of the plan moving forward.
- 3.8 The cost of a delayed discharge currently equates to £500 per day. We believe that implementing a similar scheme in Inverclyde by investing £50,000 would equate to forty-two discharges at a cost of £1200 per payment, preventing delay.
- 3.9 Of those requiring support from care at home, around 80% of support are complex packages requiring at times two workers, with multiple visits per day. The target group for the Kincare payment, would be the 20% of non-complex care where enablement and recovery is expected. In 2022, 577 episodes of support provided was non-complex with comparison to the total of 1964 individuals supported with more complex needs.

4.0 PROPOSALS

- 4.1 Inverclyde HSCP intends to pilot a Kincare payment scheme to pay a one-off payment of £1200 over a six-week period to an individual in lieu of caring for 6 weeks following discharge from hospital. The payment would be paid directly into the individual's account within five working days of discharge. An allocated social worker will be allocated to undertake an assessment that considers the physical and financial safeguards of the individual and of any family or friend acting on their behalf.
- 4.2 The care can be provided within the person's own home regardless of where this is, including out with local authority area. This option will be discussed and agreed with the cared for person and unpaid carer and agreed through the Discharge Hub or Date of Discharge meetings.

- 4.3 The payment covers 6 weeks from discharge, and it is expected there will be no readmission to hospital unless an unplanned medical emergency or planned admission.
- 4.4 Inverclyde HSCP will continuously review the individual's Kincare support via an allocated care manager.
- 4.5 The Kincare scheme is within the ethos of the Social Care (Self-directed support) (Scotland) 2013 Act, which introduces flexibility in the provision of older people's care and support services where an individual can receive a payment to purchase their support and care from them. Choosing a payment means that in the majority of instances a supported individual directly manages the payment they are allocated or may choose to have their payment managed by a family member.
- 4.6 The one-off payment is considered as an 'in lieu' of caring and therefore will not be means tested and will not affect benefits as this will support the individual to return to their own home. As this model supports early help and support, Inverclyde HSCP would not apply the charging policy.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
Care at Home		23/24	50k		The project will be evaluated for impact on delays and value.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic Plan Priorities

None

5.6 Equalities

(a) Equalities

None

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Unpaid Carers will have access to support
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduced discrimination
People with protected characteristics feel safe within their communities.	People will be well supported in their home and risks assessed and managed
People with protected characteristics feel included in the planning and developing of services.	Unpaid Carers will be consulted and part of discharge planning along

	with cared for people.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Current practice and policy ensure this.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Robust discharge planning involving accessible information and communication will have a positive impact
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	As above.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

None

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Positive outcomes for carer and cared for person
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Positive impact
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Positive impact
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Positive impact
Health and social care services contribute to reducing health inequalities.	Positive impact
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Positive impact
People using health and social care services are safe from harm.	Positive impact
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	No impact
Resources are used effectively in the provision of health and social care services.	Positive impact

5.9 Environmental/Sustainability

None

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy, or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

X	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 In preparing this report consultation has taken place with North Lanarkshire HSCP, Inverclyde HSCP Finance, Older Peoples Service, Advice Services, Data Analyst.

Consultation and engagement will be planned at the evaluation stage with unpaid Carers and Cared for people seeking views and impact case studies and involvement in the development of the scheme.

8.0 BACKGROUND PAPERS

8.1 None