Roberta Fuller, Deputy Chief Operating Officer, Norfolk & Norwich University Hospitals NHS FT
roberta.fuller@nnuh.nhs.uk

Sam Cayford, Healthy Living Manager, South Norfolk Council
scayford@s-norfolk.gov.uk

District Direct

Helping patients with problems that may affect their return home

The Challenge

- **Small numbers of patients “stranded” in hospital for many days due to housing and lifestyle issues.**
- **Limited forums to discuss the problem and lack of partnership working between Health and Local Government.**
- **Early Help Strategic Board – Sam and Roberta started a conversation.**
- **Decided to pilot the idea of a Housing Officer embedded in the hospital who could make contact with patients earlier in their recovery.**
- **Went at funding risk to demonstrate impact and named the service “District Direct”.**

District Direct: the service vision

A dedicated District Direct Housing and Lifestyle Officer based at the acute hospital and working as part of the Integrated Discharge Team.

- **Support the ward based Discharge Co-ordinators (DisCos) to identify at the point of admission patients likely to experience delayed discharge,**
- **Develop and promote a referral process using screening questions.**
- **Gain patient consent (when well enough) to have a conversation and offer help, advice and local government services.**
- **Assess need and create a bespoke action plan; linking with the right contacts in health, social care and District Councils across Norfolk to remove barriers to the patient returning home or being housed (if homeless).**
- **Follow up service to support sustainable independent living at home and prevent re-admission due to non clinical reasons.**

Obstacles to success

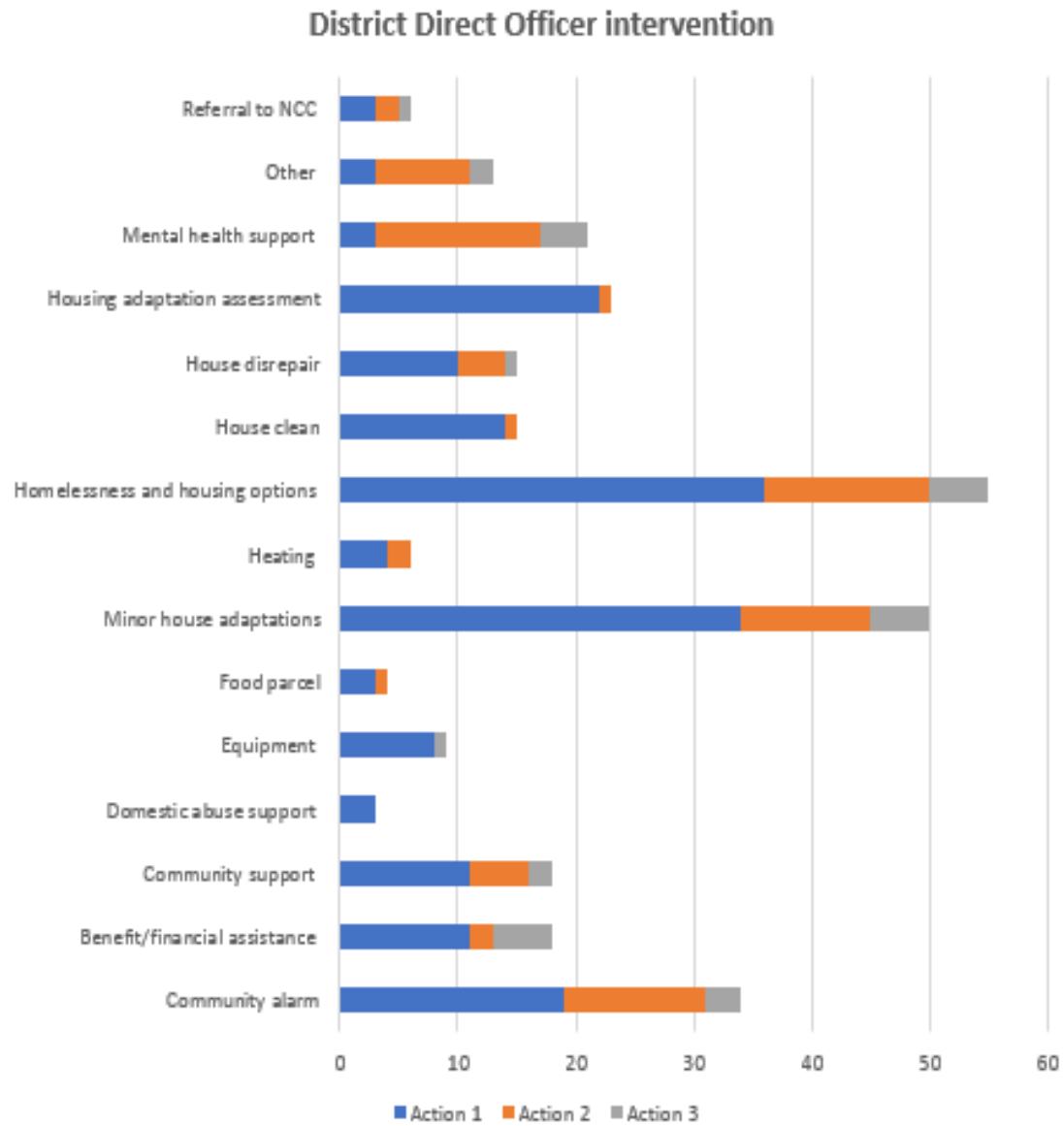
- **Understanding of each other's services and way of working.**
- **Setting up the IT to allow the District Council staff to work on their own IT systems in the acute hospital.**
- **Honorary Contracts and patient consent / contact**
- **Politics – some hostility and suspicion of this new service**
- **Funding – mostly around who should fund and fair shares contributions**
- **Securing credible support to evaluate impact objectively.**

So we just pressed ahead relentlessly…..

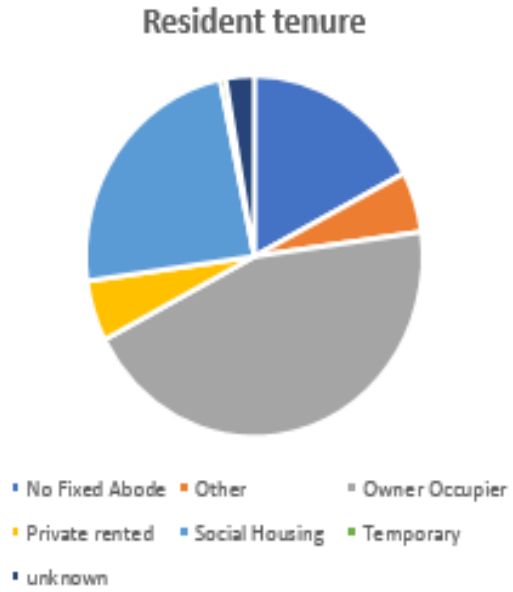
The Pilot project

- **The pilot project ran from mid September until the end of December 2017. It was extended with the support of Winter Pressures funding to the end of March 2018**
- **184 patients, 290 interventions plus the provision of general information and advice to patients and acute hospital staff.**
- **Age range: 31 to 96. Average age : 71 years old**
- **725 bed days saved over 29-week pilot (avg. daily saving of 5 bed days) creating an estimated saving of £181,250 (based on £250 cost per bed day)**
- **Projected annual saving with a 5-day a week service: £325,000**
- **Average length of stay for the cohort of patients requiring the service reduced by 36% (from an average of 11 days to 7 days from being medically fit)**
- **National interest from NHS England, the Kings Fund (recent Health and Housing research) and wider health and local government partners : best practice case study.**

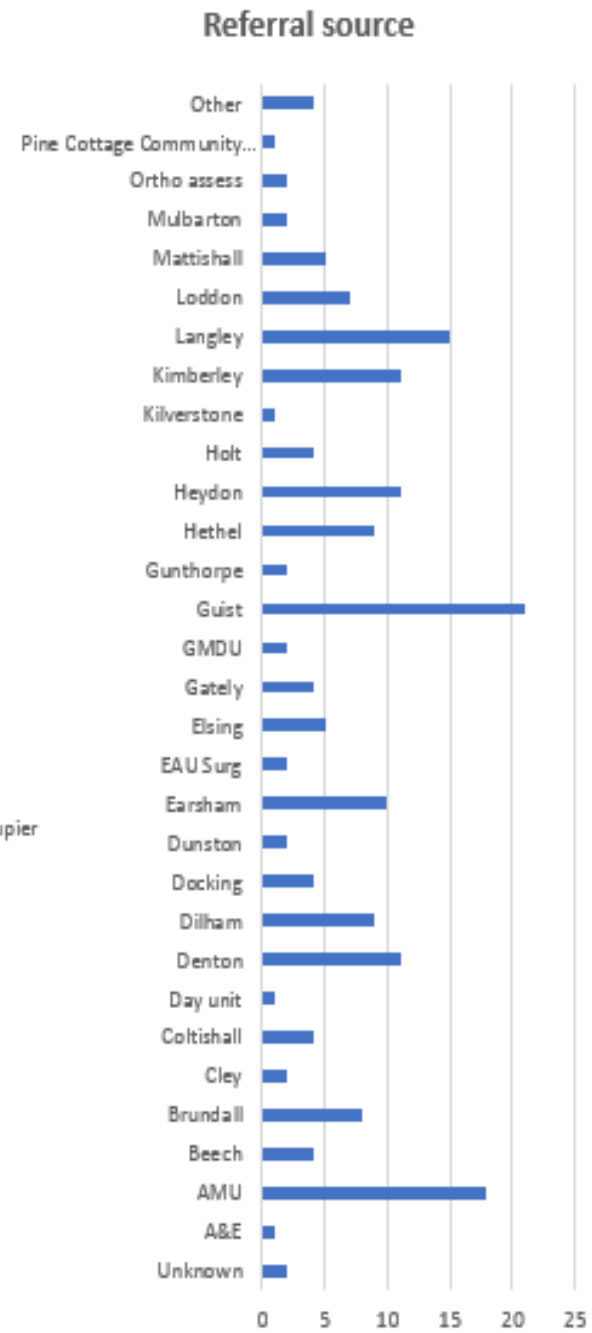
Appendix 1: Pilot analysis



Presenting barrier	
Access and adaptation	94
Housing Quality	20
Housing Status	52
Other	14
Support Networks	4



District	No.
Breckland	27
Broadland	36
Kingslynn	2
North Norfolk	26
Norwich	54
Out of Area	4
South Norfolk	35



Next Steps

From April to mid June 2018 the service has been suspended whilst longer term funding has been debated and agreed ……

- **Agreement secured now the Central Norfolk CCGs and Norfolk County Council to fund the service for 12 months.**
- **2.0 wte to provide a 5 day a week service at the acute hospital.**
- **Districts Councils are now looking for further funding to extend the the service to 7 days a week to support patient flow.**
- **Discussions with the STP to replicate the service in the two other Norfolk acute hospitals, mental health services, community hospitals and prisons.**
- **External evaluation expertise being sought to ensure NNUH service is substantiated beyond June 2019.**


“‘Without your help I would still be in hospital or in a home.

Case Studies – 1

Referral received for a vulnerable man with some mental health issues, who had been admitted to hospital following a very dangerous self-harming incident. The patient reported to staff that he had been staying in a tent and further investigations identified that he had his own home (NCC tenant) but was worried about going back there because he thought he was going to be evicted.

The patient was under-occupying his home, accruing rent arrears and had just lost his job. The District Direct Officer was able to notify the right people (housing officer) and reassure him that going back to his home, not his tent, was the best thing for him and that he wasn't being evicted. He was linked with specialist support services to deal with benefit claims, budgeting and moving to a smaller more affordable home. A home visit was arranged the day after he was discharged.

Case Studies – 2

There appeared to be no issues to prevent a patient from returning home from hospital, however her case was referred to District Direct because her son was struggling to pay bills and maintain the house during her inpatient stay.

The District Direct officer contacted the son; arranged for the district welfare rights and debt adviser and other support services to visit; contacted the energy companies to prevent services being cut off and made sure all benefits were in order.

The District Direct Officer worked with the Integrated Care Coordinators who had concerns around the living arrangements and made sure an appropriate care package was in place for the patient's return home.

Case Studies – 3

A patient required assistive technology and a key safe in order to have a safe discharge.

The District Direct Officer contacted the relevant company to install an alarm and identified funding that would reduce the cost for the patient.

The District where the patient lived did not have a handyperson service so the District Direct officer arranged for another District in Norfolk to provide this service and recharge.