

Title of meeting:	Cabinet
Date of meeting:	5 March 2015
Subject:	Response to the Health and Social Care Scrutiny Panel - Hospital Discharges
Report by:	Julian Wooster - Director of Children's and Adult Services Kathy Wadsworth - Director of Regeneration
Wards affected:	ALL
Key decision:	No
Full Council decision:	No

1. **Purpose of report**

The purpose of this report is to respond to the Housing & Social Care Scrutiny Panel's review of Hospital Discharges.

2. **Recommendations**

- 2.1 That Cabinet notes the comments in relation to the Scrutiny Panel Recommendations at Point 3.1 below.
- 2.2 That Cabinet notes the points of clarification in Point 5 of the report

3 **Background**

This review was undertaken by the Housing and Social Care Scrutiny Panel to:

- To gather evidence on the current processes for discharge care arrangements for adults leaving hospital.
- To consider what leads to delays in transfers of care and the implications.
- To investigate what arrangements are put in place for patients' return to home or suitable accommodation to ensure continuation of appropriate care.
- To identify ways of developing improved, well-co-ordinated and timely discharge arrangements between agencies.

3.1 Recommendations made within Scrutiny Panel Report and our responses to those recommendations:

1a ***"Communication between professionals needs to continue to improve to enable delivery of a smoother process. In particular; the incompatibility of council and health IT systems needs to be resolved, or at least work so that there is mutual access."***

This recommendation is supported taking into account the following:-

A great deal of work has taken place since this report was commissioned. There has been a system wide (CCGs, PHT, PCC, HCC, Solent, Southern Health) agreement to have a single reporting data base for hospital discharges.

Alamac - KITBAG have been commissioned by the CCGs whereby each part of the Health and Social Care system reports on their key performance indicators (KPIs) on a daily basis providing whole system visibility. In addition, the Patient Transfer List (PTL) has been designed to enable all system partners to provide updates on details of a patients discharge requirements enabling a more person centred and action focused approach to discharging patients in a safe and timely way across organisations.

1 b **"Relevant professionals should be given 'next of kin' status to allow them to access appropriate information that will smooth the process"**

This recommendation is not supported.

Next of kin status has not been requested for Sheltered Housing Managers by Housing Services, nor it is appropriate given their professional status. The Data Protection Act, 1998 which superseded the Data Protection Act, 1984 protects the rights and privacy of individuals, to ensure that data about them is not processed without their knowledge and only processed with their consent wherever possible.

The Authority must also be mindful that we do not appear to make assumptions about capacity due to a person's age. The residents in these schemes are 'tenants' and although they may appear frail we do not have any automatic right to access personal information in or outside of hospital.

The Data Protection Act and the Caldicott Guardian principles require the council to ensure they can justify the purpose of every single proposed use or transfer of service user identifiable information, and that access to such information should be on a strict need-to-know basis.

1c "Where appropriate, relevant sheltered housing professionals should attend discharge planning meetings to advise on suitable ways forward for their service users"

This recommendation is supported taking into account the following:-

When the Adult Social Care hospital discharge team receive a referral from the wards, social workers will review the involvement of relevant professionals and would always consider SHM's as a vital part of a service users discharge planning pathway even though there is no automatic right to be part of the discharge process.

The social work team on site at Queen Alexandra Hospital (QH) actively encourages involvement from SHMs when it is appropriate to do so and when they have the consent of the service user or their family/carer/representative (when the service user lacks capacity). This may include attendance at Multi-Disciplinary Team meetings (MDT) on the ward as part of a discharge planning process. However, due to the nature of the SHM job role this is sometimes not possible as they will usually need to remain on site within the sheltered housing unit they manage and some SHMs do not work weekends. Buddy Scheme Managers are able to provide cover if SHMs need to attend. Notice of attendance can be from as little as a few hours' notice and always within the 2 days discharge target timeframe under the Delayed Discharge Act. Failure to adhere to these timescales results in fines of £100 per patient per day when the 2 day discharge target is exceeded.

1d "It should be a requirement for care agencies to feedback any relevant information to the discharge planning team"

This recommendation is supported taking into account the following:-

ASC seek information from care agencies as part of the discharge planning process and the agencies regularly provide verbal feedback to the social worker. When there is a particularly complex case, the hospital discharge planning team will invite the agency in to the hospital MDT planning meeting as appropriate

2 "Patients and families continue to be involved in the discharge planning process as early as possible to minimise the potential for disagreement"

This recommendation is supported taking into account the following:-

Patients are involved in the process, as are families where appropriate, particularly when mental capacity is called into question.

3 "There needs to be one care plan for each patient being discharged, accessible to everyone and with clear explanation of each step taken. It should also include named individuals and realistic dates by which actions are expected to be taken. This plan should be available to patients and families"

and they should be involved, as much as medically appropriate, in the devising of it".

This recommendation is supported taking into account the following:-

Care and support plans are produced with service user input. In the case of social work involvement a named worker is allocated for ongoing review of care needs. Timescales for any action are listed. The new Care Act, together with our ambitions for the Better Care Fund will bring together Health and Social Care plans, through development of Trusted Assessors. Ongoing work to develop interoperability of IS systems should also facilitate integrated care planning.

4 "The council explore the possibilities to keep a whole housing market register of people that need adapted property. It is appreciated that this may need to be regularly updated, by may help towards increasing the supply of accommodation".

This recommendation is supported as it will broaden the information available in the wider housing market to help provide appropriate accommodation for disabled residents rather than stripping out any adaptations which may have been installed for a previous occupier.

5 "The improving relationship between PHT and the council's ASC team should continue".

This recommendation is supported.

6 "Continuing effort should be made to encourage weekend and evening discharges as 60% of discharges occur after 3.00pm. The employment of a registrar to oversee discharges at the weekend will assist. Yet staff who work in the lower support schemes of sheltered housing do not cover these periods. Employing a weekend team, perhaps working alongside the council's out of hours unit to oversee discharges".

There is a weekend social work team from 10am to 8pm based within the QA hospital who work alongside PHT discharge planners and Solent NHS Trust in-reach staff to facilitate weekend discharge; this ensures that we continue to support evening discharges from the acute trust. The Housing Out of Hours Service is happy to be contacted for weekend hospital discharges to Category 1 and 2 sheltered housing schemes, ensuring residents have essential food supplies and other supports as required..

7 "Continued effort be made to develop accommodation for people with physical disabilities as part of the council's house building programme and in any affordable part of private housing developments".

This recommendation is supported and will involve a continuation of the existing work with providers of affordable housing. As the Council's own new building programme develops then the requirements for adapted homes will be incorporated into the usual discussions that will take place between the authority and housing developers.

5. Points of Clarification in relation to the Scrutiny Panel Report

- Since the report was commissioned some of the data in relation to staff numbers may have changed.
- *Page 9, Point 3.5, Paragraph 3, Line 6, "It is at the IDB that the patient's other needs are often identified e.g. whilst admitted a patient could become homeless."*

Clients 'other' non-clinical issues are discussed at the Social Work Assessment not at the IDB.

- *Page 10, Point 3.5, Paragraph 11, final sentences, "The question has been raised as to why PHT cannot make assessments, particularly when the patient has been agreed ready for discharge. However, the Care Quality Commission must undertake the assessment of care"*

The Care Quality Commission (CQC) do not undertake assessments of care. The Registered Manager must ensure this has been completed before admission.

- *Page 11, Point 3.6, Paragraph 4, "Families do not have to pay for interim care and no financial process causes any delay"*

This should refer to intermediate care not interim care

- *Page 22, Point 5.3, Paragraph 3*

Discharge Duty - To clarify - prior to discharge, notification must be given to Adult Social Care 3 days prior to actual date of discharge.

6. Reasons for recommendations

To provide an update on actions in relation to hospital discharges

7. Legal Implications

Legal comments are incorporated in the body of the Scrutiny report

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Signed by: Robert Watt, on behalf of
Julian Wooster - Director of Children's and Adult's Services

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Signed by: Alan Cufley, on behalf of
Kathy Wadsworth - Director of Regeneration

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/
rejected by on

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Signed by: