HEALTH AND WELL-BEING SCRUTINY COMMITTEE 19th JULY 2011

REVIEW OF REHABILITATION AND EARLY SUPPORTED DISCHARGE FROM HOSPITAL

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To make proposals to the Scrutiny Committee for their forthcoming review of Rehabilitation and Early Supported Discharge from Hospital.

2. Background

2.1 At its meeting on 8th June 2011 the Scrutiny Committee agreed to pursue a review of Rehabilitation and Early Supported Discharge from Hospital.

2.2 Many patients discharged from hospital will not require ongoing care from either the NHS or from social care and their discharge arrangements can be considered straightforward. However, some patients will require further support, either on a short-term basis to support rehabilitation and recovery, or on a longer-term basis to meet ongoing care needs. These more complex discharge arrangements are likely to be lower in number but will require effective planning and co-ordination.

2.3 The Community Care (Delayed Discharges) Act 2003 facilitates joint working and requires partners to identify the causes of delay, and implement the actions required to tackle delays within local systems.

2.4 A Care Quality Commission (CQC) Inspection Report of Sunderland City Council's Adult Social Care dated January 2010 and published in April 2010 stated that "*The Council needed to build on its partnership arrangements with health partners to assure effective and timely hospital discharge processes and support subsequent holistic care pathways in the community."*

2.5 The NHS Operating Framework 2011/12 creates clearer incentives to drive integration between health and social care partners by giving PCTs responsibility for securing post-discharge support, with hospitals responsible for any readmissions within 30 days of discharge.

2.6 Success is measured by the impact of hospital services and community-based care in achieving timely and appropriate discharge from hospital. The ability of the whole system to ensure appropriate discharge for everyone passing through a hospital is an indicator of the (a) effectiveness of the interfaces within and between health and social care services, and (b) the efficient use of NHS resources (i.e. hospital beds).

3. What is a Delayed Discharge?

3.1 A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying a bed. A patient is ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer AND
- a multi-disciplinary team decision has been made that the patient is ready for transfer AND
- the patient is safe to discharge/transfer.

3.2 Delayed transfers are bad for the people who suffer delay and for the wider health and social care system. The consequences can be very serious, threatening the independence of vulnerable older people, who make up the majority of those experiencing delay. Although the problem is often thought of primarily in connection with older people, the effects of delayed transfers are felt by a wide range of patients and their families.

3.3 In many ways delayed transfers of care represent the point at which the health and the social care economies meet - the point at which the demand generated through the acute trusts, in terms of occupied beds, meets the resources available to assess and place those with on-going health and social care needs.

3.4 Because of this, the issue has been identified as an improvement priority by local partners. It is an important area where whole system ownership of the problem and effective joint working with improved integration between health and social care will be particularly important in order to bring about improvements.

4. The Scrutiny Review Process

4.1 A scrutiny review involves a number of stages. The stages are broadly:

Stage 1 Scope	Identify the background, issues, potential outcomes, timetable and frame the review within specific terms.
Stage 2 Investigate	Gather evidence using a variety of techniques.
Stage 3 Analyse	Highlight key trends and issues from the evidence gathered.
Stage 4 Clarify	Identify the principal messages of the review.
Stage 5 Recommend	Formulate and agree realistic recommendations from the principal messages identified.
Stage 6 Report	Draft and final reports are prepared based on the evidence, findings and recommendations.

Stage 7 Monitor	The Committee monitors recommendations on a regularly agreed basis.

4.2 The review is currently at Stage 1 and this report sets out how the project will define its aims, who it will seek evidence from, how it will gather that evidence and over what timescales, resources and constraints.

5. Aim of the Review

5.1 To establish how effectively health and social care services are working in partnership to support timely discharges from hospital and promote independence in community settings.

6. Proposed Terms of Reference

6.1 It is proposed the review will be within the following terms of reference:

1. To identify the factors which cause delays in discharging people from hospital.

2. To assess the community-based health, social care and support available after hospitalisation including intermediate care, re-ablement and other rehabilitation pathways and the expectations put on families and carer support.

3. To make recommendations to appropriate commissioners to consider how any gaps or perceived gaps in service provision can be addressed.

7. Sources of Evidence

7.1 At the outset of a review it should be determined whether and how to engage partners, stakeholders and service users as participants, observers and/or witnesses. The following are key areas for evidence gathering:

a) Health, Housing and Adult Services Directorate

b) NHS Trusts – alignment with jointly commissioned intermediate care services and NHS commissioned re-habilitation teams

c) Independent sector social care and support providers – potential providers of longer terms support following re-ablement

d) Potential workers in the service and directly affected staff

e) Service Users and their Carers

8. Methods of Enquiry

8.1 It is envisaged that evidence gathering will take place at scheduled meetings to be held on 7th September, 19th October, and 7th December. It is further envisaged that evidence gathering will take place during two intensive sessions as follows:

a) During November 2011 (date to be confirmed) to hear from a number of witnesses in an intensive session.
b) During the early part of 2012 (date to be confirmed) a stakeholder event to enable stakeholders and key agencies to participate in the policy review and provide their views and experiences.

8.2 In September 2011 the Committee will be asked to endorse the nomination of a number of co-opted representatives onto the Health & Well-Being Scrutiny Committee for this time-limited project. Appropriate organisations have been identified and will be approached and invited to submit nominations. Organisations to be approached include Links, Carers Centre, Age UK, and patient representatives.

8.3 The Committee may wish to involve a particular service user group in the review. For example, the National Stroke Strategy is a ten-year programme for implementing high quality stroke care across the care pathway from prevention to long term care and support. There remains scope for improving outcomes around post hospital discharge and longer term care: for example, developing early supported discharge arrangements and community specialist stroke rehabilitation.

9. Proposed Timetable and Approach to Review

It is proposed that the evidence gathering for the review will include:

Setting the Scene – how services are currently delivered	September – October 2011
Visits – relevant settings and facilities	October - December 2011
Evidence Gathering meetings – meet key witnesses	November 2011
Documentary research	July – September 2011
Invite written evidence	November – January 2012
Written consultation – service users	November – January 2012
Evidence Gathering stakeholder event	February 2012
Consideration of Draft Final Report	March 2012
Consideration of Final Report by the Scrutiny Committee	April 2012
Consideration of Final Report by the Cabinet/Council	June 2012

10. Scrutiny Budget

10.1 The Scrutiny Committee has a delegated budget of £10,000 which can assist Members in key aspects of their policy review work. The budget allows the Committee to go on site visits, conduct surveys, commission research, call expert witnesses and hold public events as part of the ongoing evidence gathering process of the policy review. Consideration will need to be given, throughout the policy review, to any potential funding implications required to aid Members in their enquiry.

11. Community Engagement / Diversity and Equality

11.1 Community engagement plays a crucial role in the Scrutiny process and sections 7 and 8 detail who the Scrutiny Committee could involve. However, thought will need to be given to the structure in the way that the Committee wishes to encourage those views.

11.2 In addition, equality and diversity issues have been considered in the background research for this review under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows.

12. Conclusion

12.1 The Committee is asked to consider and endorse the scope of the review.

13. Background Papers

Health & Well Being Scrutiny Committee – Work Programme and Policy Review Report 8th June 2011
The Community Care (Delayed Discharges) Act 2003
CQC Inspection Report of Sunderland City Council's Adult Social Care 2010
DH The Operating Framework for the NHS in England 2011/12
DH National Stroke Strategy 2007

14. Key Terms

Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life evaluated.
Avoidable admission	Admission to an acute hospital, which would be unnecessary if alternative services were available
Care management	A process whereby an individual's needs are assessed and evaluated, eligibility for services is determined, care plans drafted and implemented, and needs are monitored and reassessed.
Care package	A combination of services designed to meet a person's

	assessed needs
Care pathway	Care pathways are described variously as integrated care pathways, clinical pathways, critical pathways, care maps, or anticipated recovery pathways. A care pathway is an agreed and explicit route an individual takes through health and social services.
Delayed transfer of care	A delayed transfer of care is experienced by a hospital inpatient who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons.
Intermediate care	A range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. This can be delivered in an individual's own home, housing schemes, day centres and hospitals, as well as in more traditional care and rehabilitation settings such as community hospitals and care homes.
Re-enablement	Reablement complements the work of intermediate care services. Reablement seeks to support a different phase on the continuum of care providing services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. In reality, the intermediate care and homecare reablement phases for specific individuals may overlap.
Rehabilitation	A programme of therapy and re-ablement designed to restore independence and reduce disability.
Sheltered housing	Specially designed accommodation, available for rent or purchase, mainly for older people. Some sheltered schemes are called 'extra care'.
Transitional care	Care provided to a person who is not able to be placed in their home or the permanent setting. It can be used, for example, while someone is awaiting major adaptations to their own home.

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