

Health & Well-Being Scrutiny Committee
Rehabilitation and Early Supported Discharge: Policy Review recommendations 2011/12

| Ref | Recommendation | Action | Owner | Due Date | Progress Commentary |
|-----|---|--------|-------|----------|---------------------|
| (a) | Policies and strategies should have an overarching emphasis on developing performance and outcome frameworks that create incentives towards a more integrated approach. To ensure oversight of the whole system approach described in this review, these recommendations should be referred to the Health & Wellbeing Board, with oversight of delivery of the actions by the Adults Partnership Board. | • | | | |
| (b) | In order to successfully reduce avoidable emergency admissions, further clarity is needed around which types of admissions are potentially avoidable and which interventions are likely to be effective for particular populations. | • | | | |
| (c) | A review of the ward-based discussion groups should be carried out based on an assessment of their success against the measures and in the context of the establishment of a Single Point of Access | • | | | |
| (d) | An audit of the timely supply and completeness of in-patient discharge information is required to set standards and quality monitoring of information continuity. | • | | | |
| (e) | How to achieve greater access and awareness of reablement, its impact and how it can complement Intermediate Care should be explored. This should include how reablement could be re-positioned to reach all those who could benefit by becoming an integral part of the 30-day post discharge process and how it could be expanded to an admission avoidance service. | • | | | |

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| (f) | The Committee would like to see the role of the district nurses aligned to the whole-system approach as described throughout this review and involved, as necessary, at each stage of a transfer of care. | • | | | |
| (g) | A working group should investigate possible solutions for a city-wide medication support model for vulnerable people living at home. | • | | | |
| (h) | Where evidence shows a disproportionate rate of hospital admissions from care homes, future contracts should include arrangements for employers to be required to release staff for training. | • | | | |
| (i) | In relation to the existing discharge panel, there is a need to review and reconfigure the model for decisions on long term care. | • | | | |
| (j) | An increased focus on mental health support within the community, through a model of clinical governance in the community would reduce the level of A&E access and subsequent in-patient care. | | | | |
| (k) | There should be a check list of information needed by carers which could be used as a template for discharges. | | | | |