

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE: *REVIEW INTO HOSPITAL DISCHARGES*

Cabinet Member(s)	Councillor Philip Corthorne
Cabinet Portfolio(s)	Social Services, Housing, Health & Wellbeing
Officer Contact(s)	Mark Braddock / Nikki O'Halloran - Chief Executive's Office
Papers with report	Social Services, Housing and Public Health Policy Overview Committee review into Hospital Discharges

HEADLINES

Summary	To receive the Social Services, Housing and Public Health Policy Overview Committee's review into Hospital Discharges and to give consideration to the recommendations of the review.
Putting our Residents First	This report supports the following Council objective of: <i>Our People</i>
Financial Cost	None arising from the recommendations
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Relevant Ward(s)	All

RECOMMENDATIONS

That Cabinet welcomes the Committee's findings from their review into Hospital Discharges and supports the following recommendations from the Committee:

Policy Overview Committee Recommendations

- (i) a) That clear information about the discharge process is developed for, and with people admitted to hospital and their families, so that they know what to expect.
b) That this information is provided to patients on admission, as agreed through a joint working policy.
- (ii) a) That a joint working policy across all partners involved in the hospital discharge process is developed to clarify the roles and responsibilities of the appropriate teams within each organisation and to ensure consistency of approach.
b) That briefings with staff across organisations on the content of the agreed joint working policy are undertaken.

- (iii) That partners explore options for delivering a more integrated intermediate care service that ensures that people admitted to hospital are supported to go home by the most appropriate professional first time and that the number of hand-offs between different organisations is reduced.
- (iv) That partners explore affordable options to enable people who are medically fit for discharge are able to step down from hospital without the need to be admitted to a care home.
- (v) That partners explore affordable options that will ensure an appropriate supply of care home places to address the needs arising from Hillingdon's changing population.
- (vi) That partners explore affordable options for ensuring that people admitted to hospital and their families have access to advocacy to support them in making informed decisions about how their future care needs will be met, including the care setting.
- (vii) That Healthwatch Hillingdon consider undertaking a further review of the patient experience of the discharge process at Hillingdon Hospital in a year's time.
- (viii) That a progress report be provided to the Social Services, Housing & Public Health Policy Overview Committee six months after the implementation of the review's recommendations, that includes an update on the above recommendations as well as:
 - Number/% of Delayed Transfers Of Care in Hillingdon Hospital attributed to patient/family choice;
 - % of Continuing Healthcare assessments taking place in a hospital setting;
 - Number/% of patients discharged before midday 7 days a week.

Reasons for recommendations

The objective of the review was to examine the discharge process from Hillingdon Hospital for people over the age of 65 and how people are supported into the least restrictive care setting in order to maximise their independence and safely meet their needs. The recommendations, if adopted, will make improvements to the process, both for patients, in terms of their care, and for the health and care system, e.g. by reducing the increased costs associated with longer lengths of stay in hospital.

Alternative options considered / risk management

The Cabinet could decide to reject some or all of the Committee's recommendations.

SUPPORTING INFORMATION

- 1) There is a national problem regarding delays in hospitals being able to discharge people whose medical needs no longer require them to be cared for in a hospital setting. There are many reasons for this, dependent on the individual circumstances of the person concerned.
- 2) Statistics for 2015/16 indicated that there were over 4,000 delayed days in hospital for Hillingdon residents and/or people registered with a Hillingdon GP aged 18 and over. Research did show, that the longer an older person is in hospital, not only are they likely to become increasingly confused but there is also an increasing risk of them contracting a hospital acquired infection. In addition, delays in discharging people who are medically fit or medically stable adds increasing pressure on hospital bed provision, which can lead to higher costs due to the necessity of opening escalation wards. This also increases hardship on other residents due to cancellation of planned health procedures as bed capacity is used to support admissions through Accident & Emergency.
- 3) The Committee was made aware that, according to NHS England, nationally everyday, more than 6,000 patients who were well enough to leave hospital were unable to do so because of insufficient local care models. With the number of health and social care professionals involved in the care of the elderly, “joined-up care” between all agencies remained the single most important feature for ensuring greater patient safety and efficient hospital discharge planning.
- 4) The Terms of Reference of the review were:
 1. To gain a comprehensive understanding of current discharge activity in respect of the 65 and over population and focusing on Hillingdon Hospital.
 2. To investigate best practice on what the ideal discharge pathway would look like.
 3. To gather evidence from Healthwatch Hillingdon about the resident/patient experience of hospital discharge.
 4. To explore the key issues and challenges that inhibits a smooth hospital discharge process and pathway.
 5. To particularly examine the issues faced in meeting the needs of residents/patients with mental health needs and the impact on the broader discharge process.
 6. To consider national and regional initiatives, e.g. London and North West London, being undertaken to improve the hospital discharge process and pathway.
 7. To examine the work being undertaken by the Council and NHS and third sector partners to improve the resident/patient experience of hospital discharge.
 8. To report to Cabinet any positive recommendations or conclusions arising from the review.

Officer Comments on Recommendations

From the evidence the Committee heard, there were a number of issues and challenges that posed obstacles to a smoother discharge process and pathway in Hillingdon. There was inconsistency in how quickly the discharge planning process starts, which means that complexities about a person's personal circumstances and their health and care needs are not

identified at an early enough stage to enable them to be discharged as soon as they no longer need to be in hospital.

With the number of agencies involved in patient care, there needs to be an agreed policy and procedure that clarifies the roles and responsibilities of all agencies involved in the discharge process. Included in this is the need for clear and easy to understand information for patients about what to expect. Health and social care staff also need to give a consistent message to enable patients, their carers and families to make informed choices. This would also help to address unrealistic expectations and could help to prevent difficulties later over choices that may or may not be available.

Joint working is essential for the effective management of discharge from hospital. In some cases, decisions on the best care for an individual following discharge from hospital are based on a professional assessment of the patient's health, social care and housing needs. It is therefore important that the input from these professionals is coordinated effectively and promptly. Protocols and processes need to be joined up, consistent, sending the same message to patients, to ensure that clear information is given to patients.

A single point of access for discharge would greatly improve the communication to the patient / carer and also avoid duplication, which often happens.

Delivering the recommendations

The recommendations in this report are reflected in the Delayed Transfers of Care (DTC) action plan that Hillingdon was required to submit to NHS England under the conditions of the 2017/19 Better Care Fund. The delivery of the plan is overseen by a multi-agency task and finish group chaired by a director from the Hospital and reporting into a discharge executive comprising of the Chief Operating Officers of the Hospital and the CCG, the Deputy Chief Operating Officer of CNWL and the Council's Corporate Director of Adult, Children and Young People's Services.

Financial Implications

There are no direct financial implications arising from the recommendations set out in this report.

RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon Hillingdon residents, service users and communities?

If agreed, it is anticipated that the recommendations will help to improve the process for patients and partner organisations involved in the health and care system.

Consultation carried out or required

Consultation was carried out during the course of the review with a number of witnesses as specified in the attached report.

CORPORATE CONSIDERATIONS

Corporate Finance

Corporate Finance has reviewed this report, noting that there are no direct financial implications arising from the recommendations presented to Cabinet. As outlined above, the recommendations of the Policy Overview Committee in respect of Delayed Transfers of Care have been incorporated into the 2017/18 - 2018/19 Better Care Fund Plan which was submitted jointly by the Council and local health partners.

Legal

The Borough Solicitor confirms that there are no specific legal implications arising from this report.

BACKGROUND PAPERS

NIL.