

Adult Social Care and Health Select Committee
Review of Hospital Discharge
Outline Scope

Scrutiny Chair (Project Director): Cllr Evaline Cunningham	Contact details: evaline.cunningham@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	Contact details: gary.woods@stockton.gov.uk / 01642 526187
Departmental Link Officers: Emma Champley (Assistant Director – Adult Strategy and Transformation) Gavin Swankie (Service Manager)	Contact details: emma.champley@stockton.gov.uk gavin.swankie@stockton.gov.uk

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2019-2022 key objectives:

- Protect the vulnerable
 - protecting people who are subject to or at risk of harm
 - assisting people whose circumstances make them vulnerable
- Help people to be healthier
 - providing mainstream services that are available when needed
 - providing preventive services that are available when needed

What are the main issues and overall aim of this review?

Problems around hospital discharge have been well documented at a national level, particularly around ‘winter’ pressures and general bed availability. Efforts have been made to improve local discharge arrangements, including the introduction of the Integrated Discharge Team comprising input from both the North Tees and Hartlepool NHS Foundation Trust and Local Authorities.

The NHS provides broad guidance around hospital discharge and each hospital has its own discharge policy. There is a good track record of current local practice providing timely and appropriate discharge of patients, though some concerns have been raised around isolated cases of elderly family and residents being discharged from hospital without the appropriate support and care. This review provides an opportunity to check that current discharge arrangements are robust and whether any aspects could be strengthened.

A further related issue that has been highlighted involves circumstances where a person’s main carer goes into hospital and there is a need to ensure that the person left at home has the support they need. When their carer is discharged and may not be well enough to take care of them properly, it is vital that the Council’s Adult Social Care service is aware of the situation and can put any necessary safeguards in place.

With a focus on those discharged back to their own home (not care homes), this review aims to:

- Examine the discharge process from local hospitals who provide treatment for the Borough's adult residents, and the wider communication with relevant partner organisations.
- Ascertain the key issues around discharge from both a Trust and patient perspective to ensure a safe and sustained return home following hospital input.
- Explore how carers are identified when needing hospital treatment and the measures required for ensuring the people they care for are supported during their stay in hospital (and potentially for a time following their discharge).
- Determine if any improvements can be made to current policies and procedures.

In related matters (though separate from the above), it is proposed that this review also briefly examines the impact of the 2020 Covid-19 pandemic on hospital discharge to care homes, an issue which has gained national attention following the UK Government's response to a surge of hospital admissions in March 2020. This element of the review will focus on the national guidance, the process around hospital discharge to care homes, and any potential learning ahead of an anticipated second Covid-19 surge.

In summary, the overall review will therefore form two individual parts, with the first phase exploring hospital discharge to care homes in relation to Covid-19, and phase two resuming the review of those discharged back to their own home (not care homes).

The Committee will undertake the following key lines of enquiry:

Phase 1

National guidance for discharge to care homes during the escalating Covid-19 outbreak in the UK; how and when this was disseminated to local hospital Trusts.

What was the process around hospital discharge, and how was this communicated between key partners (i.e. local Trusts, care homes, Local Authority)?

What factors were put in place to keep people safe; how did key partners work together to address concerns?

What can be learned ahead of an anticipated second Covid-19 surge?

Phase 2

Current discharge policy and how this has developed over time, including examples of best practice guidance.

Current communications arrangements in relation to hospital discharge within local Trusts, and between the Trusts and SBC Adult Social Care.

Data on the numbers of local residents discharged from local Trusts, including seasonal variances in terms of discharge pressures. Any examples of previous / current discharge delays / issues identified (e.g. Delayed Transfers of Care (DTCOC))?

How are patients involved in the discharge process, and how are families / carers kept informed?

What information is given to people prior to discharge from hospital, and how can we be assured appropriate information is being provided (e.g. how to access Adult Social Care and other services)?

Any differences in the experiences of those being discharged from hospital after a short-term or

long-term stay in hospital, or at weekends / out-of-hours? Where are patients being discharged from (different areas of the hospital)?

Are carers identified when requiring hospital treatment, and if so, how are the people they care for informed / supported in their absence? What communications take place with carers when the people they care for go into hospital?

Assistance with transport back to their home – how is this provided; are services picking up any issues when patients are returned to their homes and how is this raised?

Communications with GPs following a patients' discharge from hospital.

Considerations around medication as part of the discharge process.

Feedback from people regarding their discharge – is this sought, what has been learnt?

Better Care Fund – is this being / can this be used to further strengthen discharge arrangements?

Who will the Committee be trying to influence as part of its work?

Phase 1

Cabinet, Council, Trusts, care homes.

Phase 2

Cabinet, Council, CCG, Trusts, home care support services, local residents.

Expected duration of review and key milestones:

Phase 1

2 months (report to Cabinet in November 2020)

Phase 2

6 months (report to Cabinet in May 2021)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

Phase 1

- UK Government guidance on hospital discharge to care homes in relation to Covid-19

Phase 2

- Care Act 2014: The Care and Support (Discharge of Hospital Patients) Regulations 2014
- NHS Guidance

<i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i>	<i>What specific areas do we want them to cover when they give evidence?</i>
Phase 1	
North Tees and Hartlepool NHS Foundation Trust (University Hospital of North Tees) } South Tees Hospitals NHS Foundation Trust (James Cook University Hospital) }	<ul style="list-style-type: none"> ➤ National guidance received (what / when / how) ➤ How this was acted upon – communication with key partners ➤ Process for discharge to local care homes
Local Authority } Care Homes }	<ul style="list-style-type: none"> ➤ Communication with local Trusts ➤ Work with care homes to facilitate discharge and keep people safe ➤ Issues/concerns arising from discharge
Phase 2	
North Tees and Hartlepool NHS Foundation Trust (University Hospital of North Tees) } South Tees Hospitals NHS Foundation Trust (James Cook University Hospital) }	<ul style="list-style-type: none"> ➤ Discharge policy and data ➤ Communication with partners ➤ Patient / relatives involvement in process – information provided ➤ Key issues identified around this topic
Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)	<ul style="list-style-type: none"> ➤ Key mental health issues identified around this topic
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG)	<ul style="list-style-type: none"> ➤ Key issues identified around this topic ➤ GP view
North East Ambulance Service (NEAS) / ERS Medical	<ul style="list-style-type: none"> ➤ Raising concerns around home provisions
Local Authority <ul style="list-style-type: none"> • Integrated Discharge Team • Early Intervention Team • Carers Service 	<ul style="list-style-type: none"> ➤ Communication with Trusts ➤ Post-discharge involvement ➤ Cover for carers who need treatment
Home Care Providers (inc. Five Lamps – ‘Home Safer Sooner’)	<ul style="list-style-type: none"> ➤ Home Care agency input / view of hospital discharges
Eastern Ravens	<ul style="list-style-type: none"> ➤ Young carers perspective
Healthwatch Stockton-on-Tees / Patient Advice and Liaison Services (PALS) / Age UK	<ul style="list-style-type: none"> ➤ Feedback from people regarding the discharge process (information they received, timeliness, post-discharge support)
How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)	
Committee meetings, reports, research.	
How will key partners and the public be involved in the review?	

Committee meetings, information submissions.

How will the review help the Council meet the Public Sector Equality Duty?

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton Joint Strategic Needs Assessment (Summary 2018/19): common themes include reviewing models of care / pathways, and improving partnership working between departments / organisations.

Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023: All people in Stockton-on-Tees live well and live longer – live healthier and more independent lives; feel enabled to self-care and to be a carer; access information, early identification and early help services; access a range of services and the care that meets their needs.

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

This review provides an opportunity to assess whether local hospital discharge arrangements, and any initiatives put in place to improve these, are effective and safe.

From a Covid-19 perspective, this review may also identify some local learning that can be put into practice if a second surge of the virus emerges.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	December 2019	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	09.01.20	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	14.01.20	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	NTHFT HaST CCG	11.02.20 PAUSED (COVID-19)	Select Committee
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	06.07.20	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	21.07.20	Select Committee
Obtaining Evidence (Phase 1)	NTHFT STHFT Local Authority Care Homes	03.09.20 15.09.20	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	20.10.20	Select Committee
Circulate Draft Interim Report to Stakeholders	Circulation of Report	October 2020	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	29.10.20	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Interim Report	Approval of final report by Committee	05.11.20	Select Committee, Cabinet Member, Director

Consideration of Interim Report by Executive Scrutiny Committee	Consideration of report	10.11.20	Executive Scrutiny Committee
Interim Report to Cabinet/Approving Body	Presentation of final report with recommendations for approval to Cabinet	12.11.20	Cabinet / Approving Body
Obtaining Evidence (Phase 2)	Healthwatch Carers Service Eastern Ravens	15.12.20	Select Committee
	Home Care Providers TEVV	12.01.21	
	ERS Medical	09.02.21	
	NTHFT STHFT	16.03.21	
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	20.04.21	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	April 2021	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	18.05.21	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	22.06.21	Executive Scrutiny Committee
Report to Cabinet/Approving Body	Presentation of final report with recommendations for approval to Cabinet	24.06.21	Cabinet / Approving Body