

**AGENDA ITEM**

**REPORT TO CABINET**

**15 JULY 2021**

**REPORT OF ADULT  
SOCIAL CARE AND  
HEALTH SELECT  
COMMITTEE**

**CABINET DECISION**

**Lead Cabinet Members: Deputy Leader of the Council / Cabinet Member for Health, Leisure and Culture – Cllr Jim Beall; Cabinet Member for Adult Social Care – Cllr Ann McCoy**

**SCRUTINY REVIEW OF HOSPITAL DISCHARGE (PHASE 2)**

**SUMMARY**

The attached report presents the outcomes of the Adult Social Care and Health Select Committee's review of Hospital Discharge (Phase 2) (discharge to an individual's own home).

**REASONS FOR RECOMMENDATION(S) / DECISION(S)**

This topic was included in the Scrutiny Work Programme for 2019-2020 with the sole focus on hospital discharge to an individual's own home. Following the emergence of COVID-19, the Committee agreed to split the review into two phases – phase 1 would be a short, focused piece of work on discharge to care homes during the pandemic (the final report of which was presented to Cabinet in November 2020), followed by a resumption of the originally agreed scope (phase 2) (discharge to an individual's own home). The second phase of the review is now complete and the recommendations have been endorsed by the Adult Social Care and Health Select Committee for submission to Cabinet.

**RECOMMENDATIONS**

The Committee recommend that:

- 1) Where not already supplied (e.g. specialist teams), consideration be given to providing the name of a designated hospital staff member/s (i.e. those involved in the care of an individual whilst in hospital) for a former patient to contact rather than / in addition to a general ward number.
- 2) Existing arrangements around the identification of carers when they themselves are admitted to hospital for treatment, as well as options for post-discharge support until they can resume their caring role, be reviewed by all relevant partners to ensure a joined-up approach.
- 3) Local NHS Trusts develop relationships with Eastern Ravens in order to strengthen the identification, inclusion and support of young carers in the discharge process.

- 4) Local NHS Trusts make clear to patients and their families / carers whether (and by when) they will receive a follow-up after being discharged, and, for those not requiring immediate health and / or care input, provide appropriate information on who to contact if any significant issues are identified on return home and / or for future post-discharge support (i.e. GP, Community Hub, VCSE links, etc.).
- 5) Local NHS Trusts / Healthwatch Stockton-on-Tees provide the Committee with any available discharge-specific feedback from patients / families / carers in relation to those discharged back to their own homes.
- 6) Local NHS Trusts ensure that the identification of any transport requirements enabling subsequent discharge is a key part of all initial and subsequent patient assessments, and, where necessary, is supported when an individual can be transferred out of hospital.
- 7) A future update on the NTHFT *Home But Not Alone* pilot (due to re-start in June 2021) and the Five Lamps *Home from Hospital* initiative be provided to the Committee, including feedback from those individuals the initiative has supported.

## DETAIL

1. 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.
2. 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 provided an opportunity to check that current discharge arrangements were robust and whether any aspects could be strengthened.
3. 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.
4. With a focus on those discharged back to their own home (not care homes), this review aimed 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.

5. The Committee received contributions from a range of health and care organisations, including three local NHS Trusts (North Tees and Hartlepool NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust), Stockton-on-Tees Borough Council, NHS Tees Valley Clinical Commissioning Group, Five Lamps (home care provider) and ERS Medical (private transport provider). Feedback from surveys undertaken during the course of this review in relation to some key issues around this scrutiny topic was also provided by both Healthwatch Stockton-on-Tees and Eastern Ravens (young carers support service provider).

## **COMMUNITY IMPACT IMPLICATIONS**

6. As evidenced within the Committee's final report, a very high proportion of the Borough's residents are discharged back to their own home following hospital treatment. Ensuring robust measures are in place (and are appropriately monitored) around the key areas of discharge planning, the discharge itself, and post-discharge support will have a positive impact on those living in Stockton-on-Tees and increase the likelihood of safe, sustained and timely discharges from hospital.

## **CORPORATE PARENTING IMPLICATIONS**

7. There are no direct implications in the report.

## **FINANCIAL IMPLICATIONS**

8. There are no financial implications identified at this stage.

## **LEGAL IMPLICATIONS**

9. There are no legal implications identified at this stage.

## **RISK ASSESSMENT**

10. The review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## **WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS**

11. The second phase of this review concerns local NHS Trusts and key partners that cover the whole Borough, therefore was not Ward-specific.

## **BACKGROUND PAPERS**

12. None.

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