

**SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL
DISCHARGE FROM HOSPITAL – SUPPORT PROVIDED BY SOCIAL CARE – ACTION PLAN**

DATE: 22 April 2014

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
<p>a) That statistics are accurately monitored and recorded in order to establish when social workers have been unsuccessful in meeting statutory targets and that reasons for any delay are identified.</p>	<p>The daily recording and reporting of delayed transfers of care at JCUH has been improved and now includes input from the hospital team social work manager and is circulated to the Strategy and Delivery Manager for the service area. This allows managers within Wellbeing, Care and Learning (W,C&L) to respond in real time to individual cases, query reports that may be erroneous and identify areas where practice requires improvement.</p>	<p>Reporting system has been developed by South Tees Hospitals Foundation Trust (STHFT) with input from Council partners.</p>	<p>No cost to Council partners.</p>	<p>Action complete.</p>
<p>b) That the Council undertakes an in-depth review of the hospital-based social work team, in consultation with Redcar and Cleveland Borough Council and the STHFT, and that consideration is given to:</p> <ul style="list-style-type: none"> • A greater number of social workers being allocated to specific areas in the hospital. • All hospital in-patient cases being supported by the hospital-based 	<p>Review working group has been established and project plan is in development to address the specific points outlined. NOTE: commitment across the health and social care economy to 7 day working forms part of the Better Care Fund submission – achievement of this objective will depend on the commitment of all partners involved in the submission.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>To be confirmed.</p>	<p>June 2014</p>

<p>social work team.</p> <ul style="list-style-type: none"> An extension of working hours, to include weekend working. 				
<p>c) That the outcomes and associated actions resulting from the review of the hospital-based social work team be reported to the Social Care and Adult Services Scrutiny Panel.</p>	<p>To be actioned following completion of hospital-based team review and submission of Better Care Fund application.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>To be Confirmed.</p>	<p>June 2014</p>
<p>d) That a pilot scheme be introduced whereby a social worker is available on-site, during peak periods of activity, for A and E and the Acute Assessment Units. Following conclusion of the pilot scheme, a full evaluation be undertaken to determine the feasibility of continuing with the arrangement.</p>	<p>Scoping exercise to collect data on demand is currently being undertaken by the Case Management Team and “front of house” at JCUH. Access to social care resources, such as the Rapid Response service and its equivalent in Redcar, is now available directly to A&E and the AAU via the STHFT Case Management Team, made up mainly of nursing staff, and these staff members will in turn refer to social care if a case is particularly complex. Some of the need for social care input previously envisaged as existing at the hospital’s “front of house” has now therefore been resolved. However, the pilot will still be explored and a series of meetings between management from Adult Social Care and the A&E Directorate are taking place to determine the most effective model for this work.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>To be Confirmed.</p>	<p>September 2014</p>

<p>e) That measures and strategies are implemented to ensure that closer working links are forged between adult social care and the community care teams and that a single point of contact for patients is made available.</p>	<p>The BCF submission outlines our commitment to explore and implement a single point of access and/or contact for all health and social care referrals (see covering report for further details). The links between the hospital social work team and community care teams have been addressed in the short term through team briefings for community teams and by the attendance of all team managers at regular, common meetings where pressure on teams, including hospital discharge, is discussed. In the longer term the review of the hospital based social work team will address this issue.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>Single Point of Access costings will be addressed in BCF submission</p> <p>Other elements: no cost to Council partners.</p>	<p>BCF submission due on 04/04/14.</p> <p>Other elements: action complete.</p>
<p>f) That Health Scrutiny Panel receives updates on developments regarding:</p> <ul style="list-style-type: none"> • The “discharge to assess” approach • The “time to think” beds facility • The review of pharmacy processes 	<p>STHFT has recently completed a discharge to assess pilot over the course of the winter with beds commissioned from a local care home provider. The outcomes from the pilot have not yet been made available however there is local commitment to the concept of “discharge to assess”/”time to think” and this is currently being developed through a work-stream directed by the South tees Clinical Commissioning Group. It is likely to form part of the development work around at least one of the BCF work-streams.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>No current cost to Council partners.</p>	<p>Action complete.</p>

	<p>Development work continues in respect of pharmacy processes however the STHFT Case Management Team report that access to pharmacy no longer represents a significant obstacle to discharges from Monday to Friday; access still however remains more limited over the weekend with pharmacy closing at 1400 on both days. This has to be seen in context as one of a range of services that need to be in place over the weekend to facilitate discharge as easily as through the week; the BCF framework will ensure that partners are compelled to develop effective seven day working so progress in this area will be driven by the BCF work programme.</p>			
<p>g) That discharge hospital notification is implemented at community hospitals.</p>	<p>The system of formal discharge notifications has now been extended to include the community hospitals and delays are monitored as at JCUH. .</p>	<p>STHFT</p>	<p>No cost to Council partners.</p>	<p>Action complete.</p>
<p>h) That further work be undertaken to ensure that all nursing staff are confident in identifying how, and when, to refer a patient to adult social care.</p>	<p>Joint workshops aimed at improving all aspects of discharge processes, involving social care and hospital staff, have continued across the JCUH site with all acute wards having now participated. Audit activity undertaken by the hospital social work team</p>	<p>STHFT and Ruth Musicka, Hospital Social Work Team Manager</p>	<p>No cost to Council partners.</p>	<p>Action complete.</p>

	<p>indicates that the quality of referral information provided by acute wards, which was previously a significant problem, no longer rates as a problem and is insignificant as an obstacle to the discharge process. Inaccuracy in the reported Planned Discharge Dates that accompany referrals to the hospital social work team continues to be the main outstanding issue but is being addressed on a ward by ward basis through regular meetings between the manager of the Case Management Team and the manager of the hospital social work team.</p>			
<p>i) That, if provision remains as is currently the case, community-based social workers attend workshops on hospital discharge, with a particular focus on supporting them to balance high volume case loads, the priorities of individuals and managing dilemmas.</p>	<p>To be actioned following completion of hospital-based team review and submission of Better Care Fund application.</p>	<p>Erik Scollay, Interim Head of Community Care</p>	<p>To be Confirmed.</p>	<p>July 2014</p>