PART II

5. OUR RECOMMENDATIONS

5.1 The health and social care system

We recognise the importance of integrated planning of health and social care at the health sub-economy level and therefore **recommend:**

RECOMMENDATION 1	*ACTION BY*
That the three Social Services Authorities in the Essex Strategic Health Authority area continue to develop their role in joint capacity planning at the five sub-economy levels around the acute hospitals. This may entail the devolution of resources to sub-economy level with further development of joint investment plans.	Social Services Authorities; Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust; NHS Hospital Trusts

5.2 Hospital Discharge Processes

5.2.1 Reimbursement

The Government has introduced a Parliamentary Bill to authorise reimbursement charges against Social Services Authorities. This cannot fail to have implications for working practices. In view of this, we **recommend:**

RECOMMENDATION 2	**ACTION BY**
That the Social Services Authorities, with the support of the Strategic Health Authority, Primary Care Trusts/Witham, Braintree and Halstead Care Trust and NHS Hospital Trusts where appropriate, should make the following representations to the Secretary of State: a. That the SITREP "reasons for delay" code list should be changed, so that the summary codes clearly distinguish those patients for whose delay Social Services Authorities are and are not accountable. To achieve this fairly across the country, there should be national consistency in the use of a detailed list of delay codes and a rule that maps cases from this long list to the summary list. In the meantime, care should be taken within Essex to use the existing codes as accurately as possible, so as to avoid the heavy use of the 'Other' category as at Princess Alexandra Hospital. b. That where delay is caused by patient choice,	Social Services Authorities**;** Strategic Health Authority; Primary Care Trusts Witham, Braintree and Halstead Care Trust; NHS Hospital Trusts

such as a refusal to accept an interim package or the threat of legal action, no reimbursement charges should be levied on Social Services Authorities. c. That where the patient is homeless, as defined in this report, no reimbursement charges should be levied on Social Services Authorities. d. That discharge readiness, and thus the potential to count as a delayed transfer of care, should commence only when the Government's three conditions of readiness for discharge have been met. Joint team meetings on a weekly basis are supported, but in order to avoid unnecessary delays, an identified person should be given the delegated authority to approve a discharge on behalf of the joint team, based on a daily update from the relevant team members. The statistical coding of each case should be agreed between health and social care representatives. e. That delay caused by lack of hospital transport should not lead to additional reimbursement charges for Social Services Authorities.	

RECOMMENDATION 3	**ACTION BY**
That the three Social Services Authorities and the Health Service should: a. Commit to a policy of targeting zero delay, with patients who are ready for discharge being transferred to the nearest available and appropriate interim facility. b. Issue amended guidance on priorities to their social work and occupational therapy teams stipulating that they should: • ensure patients declared fit for discharge are a top priority; • pursue a vigorous interim placement policy; • seek to avoid patient choice delays; • include hospital discharge client volumes in future calculations of social work team staffing levels; and • accept that other trained members of the social work/care team, or hospital staff by agreement, can handle client cases when no social workers are available, to avoid delayed discharges c. Record and analyse any future instances of major pressure on discharge volumes for planning purposes.	Social Services Authorities; NHS Hospital Trusts

5.2.2 Multi agency team working

Based on the evidence we have heard, we strongly support the policy of developing and strengthening multi-agency working, and **recommend**:

RECOMMENDATION 4	**ACTION BY**
That multi-agency team working within hospitals be enhanced further in the following respects:	
a. That there should be a discharge planning officer on each hospital ward, or at least on each ward that is known to experience delayed transfers of care.	NHS Hospital Trusts, especially Princess Alexandra Hospital
b. That a full-time hospital discharge co-ordinator should be in post who will liaise with ward and social services staff as required.	NHS Hospital Trusts
c. That named social services staff should link to particular wards and to the co-ordinator.	Social Services Authorities
d. That discharge planning should commence either before or immediately upon admission, as a joint activity of both health and social services staff.	Social Services Authorities; NHS Hospital Trusts; Primary CareTrusts; Witham, Braintree and Halstead Care Trust
e. That Princess Alexandra Hospital should achieve zero delayed discharge for elective admissions, like all other acute hospitals, by commencing discharge planning when patients are put on the waiting list and improving long-term liaison with social services staff.	Princess Alexandra Hospital
f. That health occupational therapists should undertake occupational therapy needs assessments in the absence or delay of a social services occupational therapist.	
g. That health staff, such as nurses, should be authorised to work flexibly alongside social work assistants or other team members in determining the social care package required by patients in the absence of a local authority social worker.	Social Services Authorities; HospitalTrusts
h. That hospitals provide adequate office accommodation for social services staff working on- site. This is a particular issue at Basildon Hospital where an urgent review of accommodation should be carried out.	Social Services Authorities; NHS Hospital Trusts
i. That hospitals provide at least a minimum of guaranteed car parking spaces to social services staff whose work requires them to be mobile – as in the case of hospital consultants – particularly in Basildon and Southend.	NHS Hospital Trusts; particularly Basildon

	NHS Hospital Trusts, especially Basildon and Southend

5.2.3 Single assessment

We consider that early and effective introduction of the single assessment process will help to reduce levels of delayed discharge. We therefore **recommend**:

RECOMMENDATION 5	**ACTION BY**
That greater impetus be given to introducing the single assessment process in the Essex Strategic Health Authority area, in the following regards:	
a. That investment should be made in information and communications technology so that social services staff from all three authorities are able:	Social Services Authorities; NHS Hospital Trusts
(i) to access their own information systems from *any* workstation in the hospital social work office accommodation, and	
(ii) to exchange client data, when appropriate, among their information systems and those of neighbouring local authorities in a way that is quick, secure and reliable.	
b. That investment should be made in information and communications technology so that client data can be exchanged, where appropriate, between social services and both primary care agencies and hospitals in ways that are quick, secure and reliable.	
c. That in the meantime, single assessment should be taken forward by the use of common data paper files that will be held wherever possible by patients. In view of the need for consistency with national developments and with health care agencies in the Essex Strategic Health Authority area, we suggest a concerted approach across the three Social Services Authorities.	Social Services Authorities; Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust; NHS Hospital Trusts

5.3 Intermediate and Transitional Care

We recognise the immense value of intermediate and transitional care in reducing delayed discharge from acute hospitals, and **recommend**:

RECOMMENDATION 6	**ACTION BY**
That the development of intermediate care should be guided by the following considerations:	
a. That investment priorities at the sub-economy level should focus in the short- to medium-term on step-down intermediate care facilities that allow for streamlined patient progress through health care.	Social Services Authorities; Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust; NHS Hospital Trusts
b. That these intermediate care facilities should be developed in a way that allows them to be switched in the medium- to long-term to step-up roles, so that this resource can be deployed alongside other preventative work to reduce the level of admissions to acute hospitals (such as forestalling of accidents and emergencies, health campaigns and improvement of GP services).	
c. That Essex County, Southend Borough and Thurrock Councils should consider how their own land and property resources can be put towards the development of further intermediate care facilities.	Social Services Authorities
d. That each sub-economy should have access to a basic common range of provision, including: • NHS non-acute beds • interim residential care beds • multi-disciplinary intervention teams aimed at facilitating different types of home care support for up to six weeks • specialist cover, eg, for mild/medium dementia, cardiology and rehabilitation, and • sheltered housing, including bed-sits.	**Social Services Authorities;** Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust
e. That capacity planning at the sub-economy level should be supported by improvements in the measurement of the clinical/social need and demand for intermediate care and of its effectiveness in reducing delayed discharges and emergency re-admissions as well as other outcomes.	Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust

RECOMMENDATION 7	**ACTION BY**
That the take-up of intermediate and transitional care	Social Services Authorities

should be increased by adopting the following policies: a. That interim packages for patients should involve transitional non-domiciliary care, if necessary, even for someone awaiting eventual domiciliary care. b. That the three Social Services Authorities should use placements at the least possible geographical remove, if necessary and as a last resort, for interim care packages until suitable local accommodation is available.	

5.4 After Intermediate Care

5.4.1 Residential/nursing home accommodation

We recognise the need to stimulate the provision of more residential and nursing home accommodation, especially in Southend, Epping and Brentwood, and **recommend**:

RECOMMENDATION 8	**ACTION BY**
That to promote investment, a stable relationship with the residential and nursing care home market should be fostered in the following respects:	
a. That the independent sector should be involved in the long-term planning of provision, in order to secure sufficient and appropriate capacity in the county.	Social Services Authorities
b. That ideally there should be a consistent fee structure in each locality which no public agency will exceed, whatever their budget, to avoid local authorities and health trying to outbid one another; and that Government should be pressed to accede to this.	Social Services Authorities; Primary Care Trusts; Witham, Braintree and Halstead Care Trust; NHS Hospital Trusts; Department of Health and providers
c. That each Social Services Authority should determine for itself its policy on the provision of in-house residential accommodation.	**Social Services Authorities**
d. That all public agencies in the health and social care system should safeguard residential and nursing care provision, through steps such as spot contracts, block contracts and the development of clinical training and support for care homes.	Social Services Authorities; Primary Care Trusts; Witham, Braintree and Halstead Care Trust

5.4.2 Domiciliary care packages

We endorse the view that there should be a shift to more domiciliary care in future, and **recommend**:

RECOMMENDATION 9	**ACTION BY**
That domiciliary care provision be developed in the following respects:	
a. That where staffing falls short of requirements, pay might be flexible by locality and by type of home care support required, eg as between a doubly incontinent client and a continent client (that is, over and above the greater amount of time the former client requires).	**Social Services Authorities** **Independent sector**
b. For those domiciliary care staff who are directly employed by Social Services Authorities, there should be better career ladders as a matter of policy, enabling them to enjoy occupational progression in terms of training, responsibility and pay within domiciliary care. There should also be opportunities for clear transfer routes where appropriate into the allied professions of nursing and social care or related auxiliary services. We recommend this approach as good practice to the independent sector.	Social Services Authorities; Strategic Health Authority; Primary Care Trusts; Witham, Braintree and Halstead Care Trust; Department of Health; Independent sector providers
c. That disability assessments for interim care packages should be based upon immediate equipment needs for a client to live downstairs in their own home, prior to the completion of longer-term home adaptations.	Social Services Authorities
d. That the three Social Services Authorities should develop intensive domiciliary packages in warden supported homes, in liaison with social housing providers.	**Social Services Authorities** **Housing Authorities** **Social housing providers**