

## London Borough of Barnet

### SCRUTINY TASK AND FINISH GROUP -

#### The Discharge to Assess Model

##### 1. Context

Thousands of Barnet residents are admitted to hospital every year with most (around 20,000) returning home without formal care and support from the council or community health. Of those that need further support:

- Around 600 will go on to NHS rehabilitation in a community hospital.
- Around 2,300 go home with short term social care support, community health services or, in most cases, both.
- A further 250 will be discharged to a residential or nursing care home.

The national policy directive encourages local health and care systems to follow a discharge to assess model and this has been in place across Barnet and the rest of North Central London since the start of the Covid-19 pandemic. In Barnet there is an integrated team, made up of council, Central London Community Healthcare (CLCH), Integrated Care Board (ICB) and Royal Free London (RFL) colleagues. Discharge to assess has been defined as:

“Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services, are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.”<sup>1</sup>

##### 2. Purpose/Objectives of the Review

To consider the impact of the discharge to assess model on the residents of Barnet and assess if there are any improvements that should be made.

The review will also consider the demand for services and the financial impact of support following hospital discharge for Barnet Council and the local NHS system.

##### Key lines of Inquiry:

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<sup>1</sup> <https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf>

- Receive information on the national, NCL system-level and local context and performance in relation to the discharge to assess model, including staffing and capacity.
- Listening to the experiences of residents, including carers, of the transfer of their care from hospital to home or another 'step down' setting.
- Financial data - from the council and NHS partners involved in discharge to assess.
- Listen to the experiences of operational and leadership teams of adult social care and NHS system partners.
- Consider variations of the model implemented in other parts of London / England and understand the advantages and disadvantages of these.

### **3. Outcomes Required**

A shared understanding of the effectiveness of the discharge to assess model, particularly with regard to resident experience.

The identification of areas for improvement and a plan as to how these can be realised.

### **4. Information Required**

National policy documents and reviews of best.

Details of pathways open to Barnet residents.

Performance and finance data.

Case studies

Witness evidence: likely to include:

- Residents and carers with lived experience of the discharge to assess system.
- North Central London Integrated Care Board (ICB).
- Primary Care.
- Adult Social Care.
- Community Health services.
- Acute hospitals.
- Voluntary sector.
- Patient Advice and Liaison Service (PALS).

### **5. Methods Used to Gather Information**

- Minutes of meetings
- Desktop research
- Officer reports

- Statistical data
- Presentations
- Examples of best practice
- Witness Evidence:

## **6. Co-Options to the Review**

To be confirmed

## **7 Considerations for Community Impact, such as health, equalities and human rights**

This Scrutiny Review will gather evidence with the aim of providing Scrutiny input into the Discharge to Assess model. It will look to put forward informed recommendations to all relevant parties.

The Scrutiny Panel, in having regard to the general equality duty, will be mindful of the protected characteristics when undertaking this scrutiny activity; so that any recommendations that it made could identify disproportionate and unintended potential positive and negative impacts on any particular sector of the community, including any potential mitigation required. This will be borne in mind as the Scrutiny progresses with the review and evidence is gathered.

In order that the Scrutiny obtains a wide range of views, a number of key witnesses will provide evidence as detailed in section 3 of this report.

Any recommendations about the discharge to assess model will consider impact and potential mitigation as appropriate and relevant across all protected characteristics. Impact assessments will be integral to any reports including actions plans.

## **8 Evidence gathering timetable**

Meetings to commence in July 2023 with a view to a report returning to the Committee in January 2024.

## **9. Responsible Officers**

To be confirmed.

## **10. Resources and Budgets**

To be agreed.

**11. Final report presented by:**

Completed by Chair of the Task and Finish Group. Presented by the Chair of the Adults & Health Overview and Scrutiny Sub-Committee to the Overview and Scrutiny Committee and then to Cabinet and council.

**12. Monitoring procedure:**

Review the impact of the report after approximately six months.