

29 June 2015

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, ACCESS AND PUBLIC PROTECTION

INTEGRATING HEALTH AND SOCIAL CARE TWO SCHEMES TO REDUCE THE LENGTH OF STAY IN HOSPITAL

Purpose of the Report

1. To provide an update on progress with regard to two integrated Health and Social Care Schemes: the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS) which have reduced the length of hospital stays. The report also recommends that a further update report be presented to the Committee in 12 months.
2. At the Committee meeting, Members will hear from a member of the public, who went through the SCOPES scheme.

Information and Advice

Background

3. Both schemes seek to improve the persons' pathway within the two schemes. The SCOPES scheme works with people diagnosed with cancer and those with a poor prognosis or for palliative care. The EOSS works with people with diagnosed orthopaedic conditions whose treatment is hip/knee/shoulder/ankle replacements who need support on discharge. The schemes assist:
 - To reduce the length of acute hospital stay for people and any potential delays in their discharge home
 - Provide better support to people and their carers to access timely support, maintain independence and improve quality of life
 - Improve communication / information available for people undergoing cancer treatment or orthopaedic surgery.

SCOPES

4. Nottinghamshire County Council (NCC) Adult Access Service undertakes assessments of frail older people over 70 years of age. The people seen at the SCOPES clinic based at the City Hospital Nottingham, covers the whole county and also from the City and out of county. They are people who have been recently diagnosed with Upper Gastro-intestinal and Oesophageal cancer who will be undergoing radiotherapy, chemotherapy, and/or surgery with a poor prognosis or who may need palliative care. The adult care and support assessment identifies what social care needs the person has pre-operatively, post-operatively or both and deals with any unplanned situations and arranges the appropriate support needed swiftly. The person has a comprehensive geriatric assessment in the SCOPES clinic which determines a frail elderly person's functional, medical and psychological capability as a possible way of improving outcomes for them.
5. The aim of the Council is to assess the person at clinic, as early as possible in the process; people attending the clinic may be resident in the County, City or out of County. As part of the assessment process advice and guidance and referral to other services may be used, for example, referrals to the NCC Benefits team to review current benefits or support with completing a DS1500 fast track attendance allowance form. Other outcomes from the assessment could also include access to the Carers Support Service, referral for a Blue car badge assessment or to the Reablement service. Those people that do not have a social care need and may not meet the criteria early on in the process are given an information pack to take away. The SCOPES Nurse Practitioner will also re-refer patients that may need support following any treatment at a later stage.
6. A Community Care officer (CCO) from Adult Social Care, Health and Public Protection (ASCH&PP) department, who is funded by Macmillan/Clinical Commissioning Group/Age UK, attends the SCOPES clinic one day per week. Clinic appointments are pre-arranged and an indication of the number of patients to be seen is emailed to ASCH&PP in advance. Social care representation at clinic prevents multiple referrals being made by different professionals therefore reducing duplication of work. The CCO worker is assigned to the person and supports the person throughout the SCOPES process from assessment in the clinic, to treatment, admission to hospital, and subsequent discharge home. The SCOPES multi-disciplinary team consists of a Consultant Geriatrician, Registrar, Project Manager, Specialist Nurse Practitioner, Physiotherapist, Occupational Therapist, Dietician and Community Care Officer from ASCH&PP.
7. The scheme was also commended at a recent conference of the Royal College of Surgeons, where a SCOPES patient gave comment on their Cancer journey and the positive impact that SCOPES has had on his health and well-being.

EOSS

8. The Elective Orthopaedic Surgery Scheme (EOSS) based at the City Hospital Nottingham, was developed as an integrated health and social care pilot to streamline the ward to home hospital discharge process and also to reduce the person's length of stay in hospital. Pre-EOSS all people post operation, who had been identified as requiring support on discharge, would be referred to the hospital Integrated Discharge Team (IDT) which would in turn refer on to the hospital based social work for assessment. This

internalised hospital process can take between 24 to 48 hours to be completed, thus adding an increased stay in the hospital bed.

9. The EOSS focusses mainly on people over 70 years of age who attend the pre-elective orthopaedic surgery clinic in readiness for their respective hip or knee replacement surgery. This integrated pilot works jointly between with the hospital elective surgery teams and the Council, Short-term Assessment and Reablement (START) teams; the main outcome from START's intervention is to increase the person's independence, confidence and well-being and reduce the need for longer term support. In order to aid the pre-elective clinic and hospital ward staff, a specific START criteria was developed so that the profile of the people to be referred to START from the pilot would meet with ASCH&PP eligibility criteria.
10. One of the clinic's main focuses was for the hospital clinic based health Occupational Therapist (OT) to assess and gather information linked to the person's physical functional ability pre-operation and then where appropriate arrange delivery of relevant assistive equipment and minor adaptations in preparation for the person's post-operative recovery at home.
11. To aid the streamlined referral approach it was agreed that the hospital OT would now gather further social care needs type information at clinic, which would highlight the need for potential social care support needs at an early stage. This information would be added to the current clinic assessment information and the person's hospital records and be highlighted to the hospital ward staff on the day of admission. This new information would then be utilised by the hospital ward staff on the day of admission, to check with the person that along with their medical status their home situation was still the same, which would indicate the need for social care support post operation. It was agreed that the ward OT would be the best health professional to make the referral to the Council's START teams on the day of admission.
12. Initially the pilot was only able to refer to START teams in the south of the County but through the period of the pilot we have now been able to extend to all the START teams across the County.
13. As a result this streamlined the social care referral system, as the hospital discharge information was being communicated directly between the referring hospital ward and receiving social care (START) team.

Summary of Outcomes

14. Outcomes for the SCOPES scheme are as follows:
 - SCOPES has removed work that would otherwise go to district or hospital teams for assessment
 - Reduced waiting time for allocation and assessment for service users and carers
 - Reduction in multiple assessment interventions for the patient
 - A more personal service with people being tracked throughout the SCOPES process
 - Information provided is timely and qualitative
 - Social care representation at clinic supports collaborative working with Health and a better understanding of roles and responsibilities

- Assessment in clinic is a cost effective way of delivering a service reducing duplication of work and social worker travel time as this role is carried out by a Community Care Officer.

15. Outcomes for the EOSS scheme are as follows:

- Reduced length of stay in hospital
- Increased hospital bed availability and savings
- Reduced work load to hospital social work team
- Reduction in multiple assessment interventions for the patient
- Direct hospital referral process is timely and qualitative
- Health and Social Care teams working closely together, a greater understanding of each other's roles with a joint aim
- The health clinic assessor role is cost neutral to social care with a more efficient qualitative outcome.

Next steps

16. The next steps for the SCOPES scheme are as follows:

- The current project funding has been extended by Health from March 2015 to the end of June 2015. Funding beyond the end of June 2015 has recently been agreed by Macmillan for a further year
- The focus within the scheme is currently on upper Gastro Intestinal and Oesophageal Cancer. However over the next 12 months the focus will be broadened to include Colorectal Cancer
- The long term future plan is to embed the service into the Cancer pathway, to have an assessment for all frail older Cancer patients within the Trust, and to have a service that can be reproduced across the whole elective pathway.

17. The next steps for the EOSS scheme are as follows:

- Explore the rollout with the Health based clinic teams in order to increase the number of earlier referrals, to the START service and so reducing the length of stay in hospital for more people
- Share the current direct referral process within the EOSS with Nottingham City colleagues to expand the service further
- Share the current learning from the scheme with other Health and social care developments around the County Clinical Commissioning Groups in streamlining the hospital discharge process.

Other Options Considered

18. The report is for noting only

Reason/s for Recommendation/s

19. The report is for noting only.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

21. SCOPES is a Health led scheme, who fund the one day a week CCO post, monies are being recouped via the Adult Access Service budget.

RECOMMENDATIONS:

That the Committee:

- 1) notes the update on progress with the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS)
- 2) receives a further progress report in 12 months.

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Constitutional Comments

22. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 18/06/15)

23. The financial implications are contained within paragraph 21 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.