


Non-Executive Report of the: Health and Adult Scrutiny Sub-Committee 3rd February 2025	 TOWER HAMLETS
Report of: Facilitating smooth and efficient discharge to community services	Classification: Unrestricted

Originating Officer(s)	Julie Dublin, Ageing Well, Integrated Commissioning
Wards affected	All wards

1. Summary

This report provides an update of the discharge transformation programme and outlines the progress made to date. Tower Hamlets Together (THT) identified discharge as one of their priorities for delivery in 24/25.

2. Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the paper and associated presentations in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

3. Introduction

- 3.1 The hospital discharge process is the final stage in an individual's journey following completion of their acute medical care, when they leave an acute setting and move to a place best suited to meet any ongoing health and care needs. This can range from going home with little or no additional care or more complex discharge. Dependent on need, home would also include nursing or residential care.
- 3.2 The four discharge pathways under the discharge to assess model are described below:
 - **Pathway 0:** discharges home or to a usual place of residence with no new or additional health and/or social care needs
 - **Pathway 1:** discharges home or to a usual place of residence with new or additional health and/or social care needs
 - **Pathway 2:** discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support

- **Pathway 3:** discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances

This paper only focuses on adult discharges and excludes mental health and paediatrics.

4. Developing the discharge framework

4.1 A workshop was held involving stakeholders from Tower Hamlets Council, Royal London NHS Trust, East London Foundation Trust and the Integrated Care Board to map existing arrangements and process. The exercise considered findings from the Newton Review, Local Government Association, Discharge to Assess Transformation and NEL Discharge Priorities. The following priorities were identified:

1. Address risk-averse decision making and over provision of homecare in pathway 1
2. Improve knowledge of discharge to assess (D2A) process for patients, families and carers
3. Improve engagement with families/carers
4. Address complex discharge issues earlier in the planning process
5. Streamline and accelerate process for reviewing high-cost packages of care
6. Encourage better use of reablement service, reducing inappropriate referrals, promote goal-focused therapeutic input in reablement

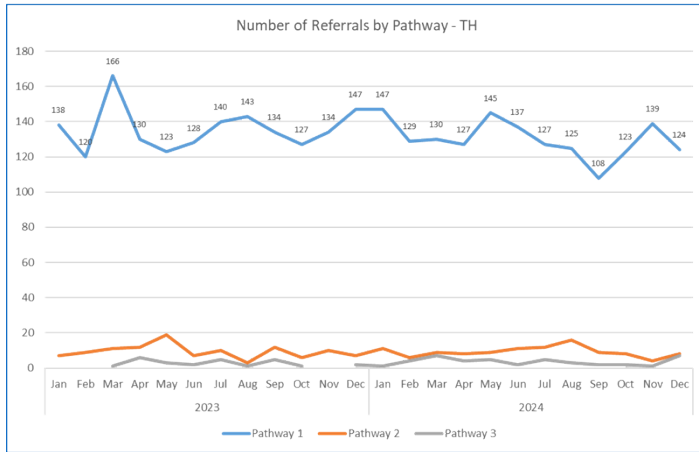
4.2 The activities underpinning the priorities are listed in the framework - see appendix 1, which shows progress against each scheme.

5. Progress update

5.1 The programme covers Royal London Hospital, which provides care for people within and outside of Tower Hamlets. The Transfer of Care Hub plays a key role in co-ordinating discharges for. The following data set shows activity for a 12-month period over two years from January – December 2023 and 2024. Below follows a high level review of the data contained in the graphs below.

5.2 A comparison of the number of Tower Hamlets referrals received across all pathways in the ToCH shows a decrease in 2024 to 1,713 compared to 1,771 in 2023. – see Graph A.

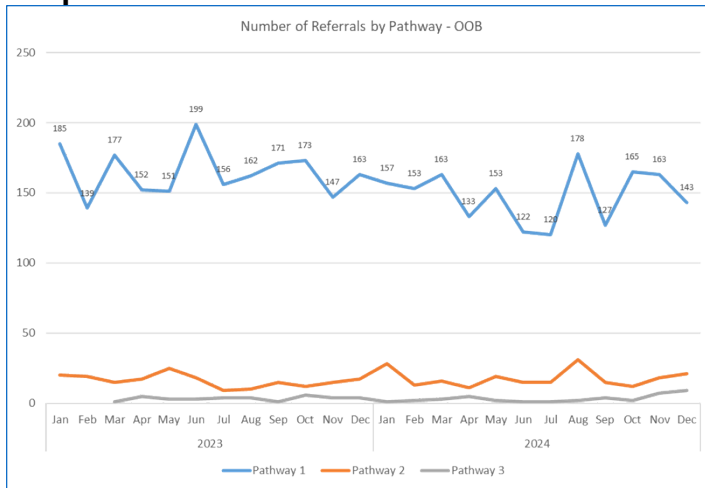
Graph A



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	138	7	1
Feb	120	9	
Mar	166	11	1
Apr	130	12	6
May	123	19	3
Jun	128	7	2
Jul	140	10	5
Aug	143	3	1
Sep	134	12	5
Oct	127	6	1
Nov	134	10	
Dec	147	7	2
2024			
Jan	147	11	1
Feb	129	6	4
Mar	130	9	7
Apr	127	8	4
May	145	9	5
Jun	137	11	2
Jul	127	12	5
Aug	125	16	3
Sep	108	9	2
Oct	123	8	2
Nov	139	4	1
Dec	124	8	7
Grand Total	3191	224	70

A similar trend is evidenced in the total number of referrals by pathway 2 for out of borough activity.in Graph B

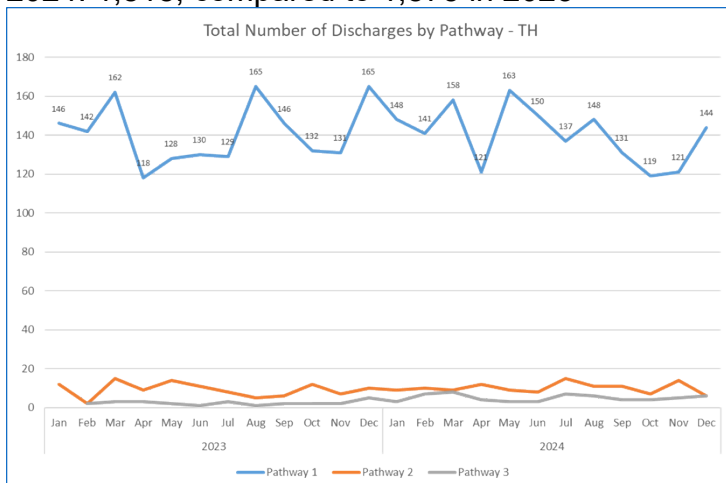
Graph B



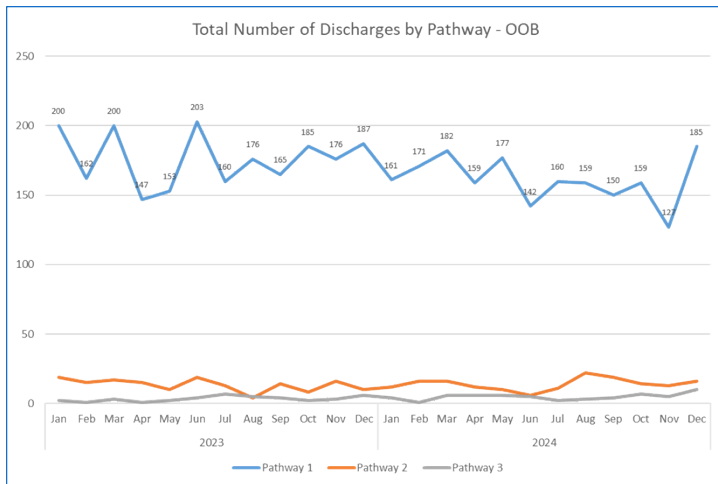
Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	185	20	
Feb	139	19	
Mar	177	15	1
Apr	152	17	5
May	151	25	3
Jun	199	18	3
Jul	156	9	4
Aug	162	10	4
Sep	171	15	1
Oct	173	12	6
Nov	147	15	4
Dec	163	17	4
2024			
Jan	157	28	1
Feb	153	13	2
Mar	163	16	3
Apr	133	11	5
May	153	19	2
Jun	122	15	1
Jul	120	15	1
Aug	178	31	2
Sep	127	15	4
Oct	165	12	2
Nov	163	18	7
Dec	143	21	9
Grand Total	3752	406	74

Graph C

There was a reduction in the number of discharges for Tower Hamlets residents in 2024. 1,818, compared to 1,875 in 2023



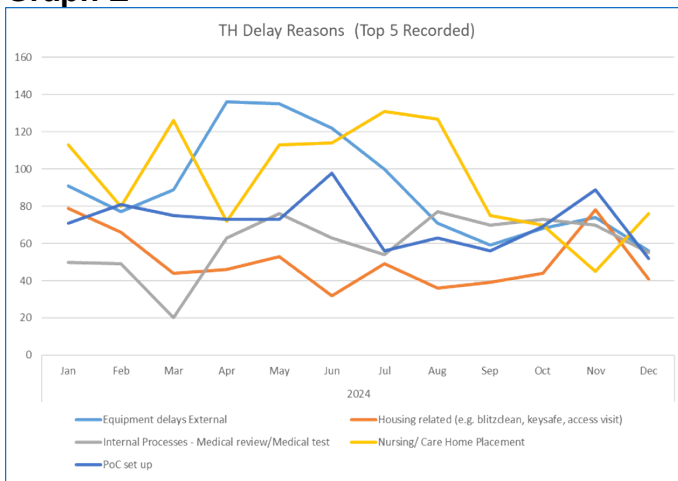
Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	146	12	
Feb	142	2	2
Mar	162	15	3
Apr	118	9	3
May	128	14	2
Jun	130	11	1
Jul	129	8	3
Aug	165	5	1
Sep	146	6	2
Oct	132	12	2
Nov	131	7	2
Dec	165	10	5
2024			
Jan	148	9	3
Feb	141	10	7
Mar	158	9	8
Apr	121	12	4
May	163	9	3
Jun	150	8	3
Jul	137	15	7
Aug	148	11	6
Sep	131	11	4
Oct	119	7	4
Nov	121	14	5
Dec	144	6	6
Grand Total	3375	232	86



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	200	19	2
Feb	162	15	1
Mar	200	17	3
Apr	147	15	1
May	153	10	2
Jun	203	19	4
Jul	160	13	7
Aug	176	4	5
Sep	165	14	4
Oct	185	8	2
Nov	176	16	3
Dec	187	10	6
2024			
Jan	161	12	4
Feb	171	16	1
Mar	182	16	6
Apr	159	12	6
May	177	10	6
Jun	142	6	5
Jul	160	11	2
Aug	159	22	3
Sep	150	19	4
Oct	159	14	7
Nov	127	13	5
Dec	185	16	10
Grand Total	4046	327	99

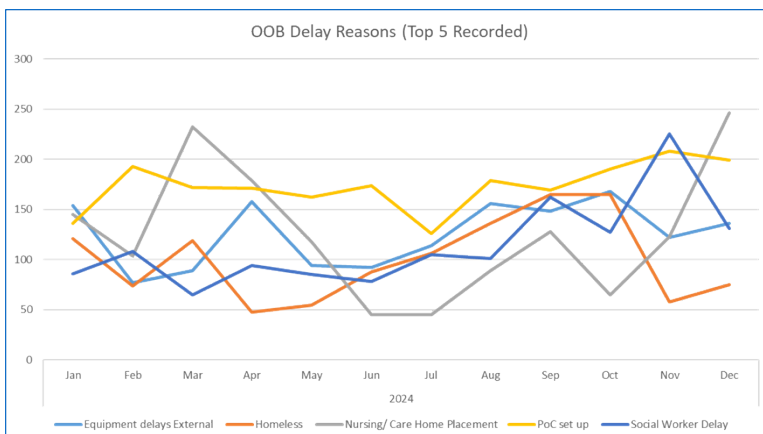
The top 5 issues contributing to discharge delays are recorded in Graphs E and F below. Nursing / Care Home placement ranked as the top reason for Tower Hamlets residents. For out of borough discharges nursing or care home is replaced by homelessness as a reason for delay, which incorporates people who are sofa surfers, asylum seekers or have no recourse to public funds.

Graph E



Date	Equipment delays External	Housing related (e.g. blitzclean, keysafe, access visit)	Internal Processes - Medical review/Medical test	Nursing/ Care Home Placement	PoC set up
2024					
Jan	91	77	79	113	71
Feb	77	66	49	80	81
Mar	89	44	20	126	75
Apr	136	46	63	72	73
May	135	53	76	113	73
Jun	122	32	63	114	98
Jul	100	49	54	131	56
Aug	71	36	77	127	63
Sep	59	39	70	75	56
Oct	68	44	73	70	69
Nov	74	78	70	45	89
Dec	56	41	55	76	52

Graph F



Date	Equipment delays External	Nursing/ Care Home Placement	PoC set up	Social Worker Delay
2024				
Jan	154	121	145	86
Feb	77	74	104	108
Mar	89	119	232	65
Apr	158	48	179	94
May	94	55	118	85
Jun	92	88	45	78
Jul	114	106	45	105
Aug	156	136	89	101
Sep	148	165	128	162
Oct	168	165	65	127
Nov	122	58	123	225
Dec	136	75	246	131

6. Next Steps

- Develop plan to deliver the remaining activities quoted in (slides 3 to 5)
- Integrated working with the local authority (slide 6) including
- Incorporate the NEL Integrated Care System Homeless Strategy, framework, developing plans that address local population needs.
- Review of the integrated discharge hub to ensure model is consistent with 9 priorities London care transfer hubs