

**CHANGE AGENT TEAM
RECORD OF PRACTICE IDEAS AND INNOVATIONS**

Name of Organisation: Hackney Social Services	
Service: <i>(e.g. physiotherapy, care management)</i> Hackney Social Services Provided Services.	
Contact: Janice Wightman email address: jwightma@gw.hackney.gov.uk	Tel No: 020 8356 4768
Key Words <i>(3-4 words which sum up the service, for cataloguing purposes)</i> Delayed Discharges Project.	
<i>Brief description of the 'new practice/bright idea'</i> The aim of the Hackney project is to minimise delayed discharges for Hackney residents from the Homerton, Barts /Royal London Hospitals where housing issues are the sole cause of delay. This could be due to incomplete housing improvements or the need to fit equipment e.g. grab rails or whilst waiting for Supported Living Scheme nominations. Service users who are identified on the ward as possible discharges are referred by the ward Social Workers to the project by using the referral form and by submitting a Community Care Assessment and Care Plan. This will assist in determining the level of support that is to be provided once admitted into the project. Assistance is offered with personal care, food preparation and domestic support. However the project aims to maximise people independence.	
<i>Impact of the introduction of the change/development</i> The project has helped to manage the number of delayed discharges and will have a positive impact when Cross Charging comes into force in January 2004. Service users who could be potential "bed blockers" are identified during the weekly Multidisciplinary Discharge meetings and the weekly Discharge Planning meeting. The aim of the project is to provide a period of stay no longer than six weeks until service user's accommodation has been adapted. The project manager plays a key role liaising with the Housing Department, Housing Association, OT service to ensure that the work is carried out. The project also provides an opportunity to maximise users' physical functioning and confidence to re-equip them with the skills they need to live safely and independently at home(e.g. home, sheltered housing, supported living scheme), and plan any on-going support required.	

Why did this change/development 'work'? Could it be replicated?

The project has assisted the Department in continuing to reduce the numbers of delayed discharges. The request for this service is increasing and its likely to expand in the near future as it also provides Hackney residents breathing space to decide about their future care and accommodation needs. 45% of service users entering the project have moved back to their previous accommodation after adaptation work has been carried out.

The project is now part of Hackney Social Services mainstream services that responds to discharge planning.

It represents the Department's commitment to partnership working with the City and Hackney PCT and Homerton University Hospital. Its continued development is part of our response to proposals relating to cross charging and maintaining the low numbers of delayed discharges which has been successfully achieved at the Homerton University Hospital.

Has the practice been formally evaluated? Please describe briefly.

Comparisons have been made with the number of beds days lost due to housing issues prior to the introduction of the service.

The potential cost of cross charging has been weighed up compared to the cost of running the scheme.

Questionnaires have been developed to explore the views of the users of the service, their carers and relatives

Questionnaires have been developed to explore the view of staff involved (medical staff, care staff, social workers etc.)

Overall there has been a reduction in the number of people entering residential care directly from hospital.

Submitted by: **Janice Wightman**

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Email back to Tempcat@doh.gsi.gov.uk