

**Lead Officer: Head of Policy and Executive Office**

**Agenda Item No**

**Scrutiny Review of  
Support for Older People Leaving Hospital**

**1 RECOMMENDATION**

- 1.1 The Committee is asked to consider the findings, agree the recommendations of this review and if accepted to commend them to the next meeting of the Scrutiny Sub-Committee for a Healthy and Caring Croydon on 16.09.03 and forward them to the Cabinet.

**2 INTRODUCTION**

- 2.1 At its meeting of 10.07.02 the Housing and Social Services Scrutiny Sub-Committee agreed to conduct a cross-cutting review of Support for Older People Leaving Hospital and the 10.09.02 Sub-Committee meeting approved its terms of reference. This final report summaries the work undertaken and sets out the findings and recommendations for this review.

**3 DETAIL**

- 3.1 It was agreed that the review should focus on the experiences and views of those using services, their carers and of those organisations supporting them. These findings were then shared (anonymously) with those providing services and discussions were held to further examine the issues raised, to formulate recommendations and explore their feasibility.
- 3.2 Members of the Sub-Committee received a briefing on Hospital Discharge procedures and the day to day operation of the hospital care management from the Care Management Service Manager for Older People on 24.11.02. This gave Members some considerable insight into the issues involved and present and planned ways of working.
- 3.3 Information was sought and obtained from other boroughs and agencies. Comparisons with this data demonstrated that Croydon's hospital discharge arrangements for older people are effective and among the best at avoiding delayed discharges. The staffing levels in the three Community Care Management Teams are however lower than those in comparable authorities.

- 3.4 Visits to local organisations were undertaken. Service users, volunteers and staff generously gave their time and assistance and the Sub-Committee would like to formally record their thanks for this positive assistance. These are listed in appendix A.
- 3.5 At the 07.01.03 Housing and Social Services Sub-Committee a voluntary sector witness gave a flavour of the issues raised by users of the Age Concern Advocacy Services. Members questions and her responses demonstrated the ordinary concerns that older people have when unwell and away from home in hospital. The most frequent issue that people in this situation were concerned about was the payment of bills and money management generally. This did not just apply to people living on very limited incomes but to many people whose financial arrangements had been disrupted and who returned home to final demands and unsympathetic correspondence.
- 3.6 Other local and national agencies were contacted and supplied information, and many documents were reviewed, see Appendix A.
- 3.7 The findings and draft recommendations were discussed with health and social services colleagues. Many of the issues were taken up and changes have already been made, or are in the process of being made.

### 3.8 **FINDINGS**

The findings of the review broadly fall into two categories - communications and resources.

#### **Communications**

- 3.8.1 The information given to older people, who are about to be discharged from hospital and their carers, does not always include all of the available options and possible costs to the individual. It is recognised that the wide range of services and support agencies are continuously developing. This makes it difficult for each member of staff to be completely up to date and to have sufficient time to explain all options. This information is usually given at a time when workers need to really listen and work sensitively with people who are vulnerable, while themselves being under considerable pressure regarding timescales and the volume of work.
- 3.8.2 Many older people recall that hospital stays used to be longer and that if convalescence was required a stay at a convalescent home, often in the country or at the sea-side could be arranged. This is not to say that lots of older patients are not keen to return to their own homes but that the relationship between the health services and patients has changed from the period before and immediately after the introduction of the National Health Service when this generation's expectations were forming. Gratitude for freely available health services and the general acceptance of 'doctor knows best' encouraged many patients to be passive recipients, but this did come with the expectation that the individual would be completely cared for.

- 3.8.3 Relationships have clearly changed since the 1940s and are more equal and business like between agencies and users. The desire and need for patients to clearly express their wishes is a change in itself notwithstanding the changes to the types of care available, the jargon that is used to describe them and the procedures to access them. Information on step-down, intermediate and respite care, including costing/funding, is not easy to access from any one point of contact and was not publicly available.
- 3.8.4 Users and Carers consulted during the review frequently commented that they had difficulty with the format of bills received for care services, with respect to itemising, legibility, wording and numerical notation. The main issues regarding home care were that each visit was not separately itemised. An aggregate figure for the whole week was the norm, making it very difficult to pursue queries about single visits which were cancelled or changed. The eyesight of this age group is generally not as acute as that of the rest of the population and this needs to be reflected in the format of bills and accompanying information in terms of font size and clarity. Figures given showing the services provided include half hours and other fractions which are shown in the now usual decimal notation e.g. 0.5. This is not readily understood by all in this age group and has reportedly led to some confusion.
- 3.8.5 The huge network of statutory, voluntary and private provision is difficult for any individual to understand and assimilate. While people's physical needs are invariably addressed the social needs of users and carers over the longer term do not have such a high profile. Isolation, for example, particularly when an individual's mobility has reduced, is a negative factor that does affect people's well-being. Therefore it was surprising to find that more cross agency referrals were not being made. For example there is unused capacity at the Eldon Day Centre which, while welcoming everyone in its catchment area specifically tries to address the needs of ethnic elders. Voluntary bodies including those providing contracted services could also refer on to agencies providing less formal support, such as the many local neighbourhood care associations. Older people and their carers reported that once they knew where to go for support things started to improve. If those who are articulate in English and able to advocate for themselves say this, then how much more difficult it must be for those with little English and those not able to advocate for themselves.

### **Resources**

- 3.8.5 The differentiation of staffing recommended in the 2002 Best Value Review of Adult Care Management was aimed at making the optimum use of the most qualified and experienced staff while avoiding delays for people needing lower levels of service. As has been stated above, the Mayday Care Management team work very effectively in avoiding delayed discharges. Many of the packages of care that are organised at the time of discharge will be time limited. While this is appropriate it does mean that as circumstances change, for example when an older carer is no longer able to undertake physical support tasks after the care package has ended, a new referral will need to be made to the relevant Community Care Management team. These are now aligned with GP practices, a development which has been warmly welcomed as it facilitates timely communication. Much praise was given regarding the growing ability to arrange non-medical help via the familiar local GPs surgery. However the

capacity of one care manager to support several community practices does seem stretched. It would be easy to speculate whether more resources in the community could prevent some hospital admissions, especially as several users acknowledged their reluctance to ask for help prior to their hospital admission.

- 3.8.6 When speaking to carers and their support agencies, it soon became apparent that the increased acknowledgement of their role and contribution and the practical support that has become increasingly available to them is greatly appreciated. However, the phrase that was used, again and again regarding the current charging policy for day services was that the local authority 'is giving it with one hand and taking it back with the other'. Day services offer respite for carers while promoting continued community involvement and personal independence directly with older people. Many of those needing this service would not have to pay the full cost if their income is low. However the stigma of means testing is still with this generation and many refuse to undergo the financial assessment necessary to ascertain their eligibility for reduced day care charges. Carers who are able to afford to pay are often willing to pay this charge for their cared for person. However it is the user who has to be assessed and charged and if they refuse this does cause friction between carer and the would-be service user. Day centres reported a reduction in number of days individuals attended, and that some individuals unwilling or unable to pay £19 a day, had ceased to attend altogether.
- 3.8.7 Carers and others supporting older people after hospital discharge reported that distress and confusion can result when prescribed medication is not provided in a consistent format. For example individuals are often discharged with a supply of medication from the hospital Pharmacy and advised to use it up and obtain further supplies from their local Pharmacy. On having the follow-up prescription filled at their local chemist (very often collected by a third party) real uncertainty and distress can arise if the 'little white tablets' have been replaced by different looking medication e.g. yellow capsules. Examples were given by Carers who, having checked that the prescription was in fact correct, had been unable to convince their cared for person that this was the case. Older people living alone had in some instances stopped taking the prescribed medication because it was 'different', until their next visit from a nurse, home carer or relative often many days or even weeks later. While the community Pharmacy will have faithfully complied with the prescription, purchasing practices, including the desire to save the NHS money, often result in several different forms of the same drug being prescribed. Older people are not usually conversant with the names of their medication and a change in format does cause anxiety and can lead to non-compliance.
- 3.8.8 The demand for step-down, intermediate and respite care is not predicted to reduce in the foreseeable future. The proposed legislation on delayed discharge fines, although now postponed for six months, will continue to keep up the pressure to get people who are medically fit to leave hospital promptly. Those commissioning services are trying to build the capacity to be able to respond more quickly in arranging non-medical support.

Users and carers need to consider their options, sometimes visit residential provision or have detailed assessments of their ability to cope in their own homes, and, come to terms with their changed circumstances. The difficulty of having to make far-reaching decisions quickly at such a time should not be underestimated, particularly decisions which can not be reversed, e.g. selling one's home.

## **3.9 Recommendations**

### **Communications**

- 3.9.1 To improve the information given to older people in hospital, and their carers, in good time before they are discharged from hospital, regarding all of their options and the costs of these for the individual. The service is looking at producing written information to support the front line staff in this regard which should provide more comprehensive information to individual users and carers and ensure a more consistent service to all. New leaflets are being produced by the Care Management Service for older people leaving hospital.
- 3.9.2 That all the currently available options for step-down, intermediate and respite care and supportive housing options together with general costing/funding information is made publicly available. The general public have an understanding of 'home helps' and residential care and/or nursing homes but little of the other post hospital options available, e.g. special sheltered housing. This could enable potential users and their families to consider these issues before an acute need arises.
- 3.9.3 That the format of the bills sent to older people is reviewed in respect of itemising, legibility, wording and that numerical items are not just shown in decimal figures. The Social Services Department is already working on this and were happy to accommodate suggestions from the review. However as it is a contractor that sends out and processes the financial transactions it may require more time and incur expenditure to complete this process.
- 3.9.4 That all the agencies working with older people in Croydon have up to date information on what is available and more actively consider referring to each other where appropriate especially where an individual is isolated. This should specifically include agencies representing and working with ethnic minority groups and people who have communication difficulties.

### **Resources**

- 3.9.5 That further consideration be given to the level of staffing resources in the community care management teams for older people to strengthen the capacity for preventative and maintenance of independence work.
- 3.9.6 That the possibility of augmenting advice and support services on financial matters be considered. In fact since the review was begun the Social Services Department has increased its funding to Age Concern to enable them to sustain their advocacy project.

- 3.9.7 That the impact of the current charging policy for day services, providing respite for carers and promoting community involvement and independence with older people, be re-evaluated in overall economic and social terms.
- 3.9.8 That secondary care pharmacy services and primary care community pharmacies take into account the presentation of any generic medicines supplied to older people to try to ensure that they are consistent in appearance with the majority of the generic suppliers of a particular medicine. If they differ to any great degree, the older person or carer is counselled regarding the difference in appearance.
- 3.9.9 That options for step-up, step-down, intermediate and respite care, together with supportive housing options continue to be an area for development in the strategic planning of service provision.

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#### **4 CUSTOMER FOCUS CONSIDERATIONS**

There are no Customer Focus considerations arising from this report.

#### **5 FINANCIAL CONSIDERATIONS**

There are no financial considerations arising from this report.

#### **6 PERSONNEL CONSIDERATIONS**

There are no personnel considerations arising from this report.

#### **7 EQUALITIES AND ENVIRONMENTAL CONSIDERATIONS**

The Council is committed to providing services which are fully accessible to its diverse community. This Scrutiny Review will make recommendations for improvements to the quality of life for this group of Croydon's residents.

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Contact Person: As above on telephone extension 2160

#### Background Documents:

National Service Framework for Older People (NSF)

NSF Action Plan

The Carers Strategy

Strategy for Better Health & Social Care - Older People in Croydon 2001-2004

Health Improvement and Modernisation Plan 2002-2005

Croydon Intermediate Care Strategy 2002

**VISITS UNDERTAKEN**

09.09.02	Managers at Mayday Hospital
23.09.02	Primary Care Trust
17.10.02	Red Cross, Hospital to Home Team and Intermediate Care Pilot
12.11.02	Carers Support Officer, Social Services
21.11.02	Croydon Neighbourhood Care Association
17.12.02	Age Concern
18.12.02	Social Services Complaints Officer
02.01.02	Carers Contact Line
15.01.03	Eldon Day Centre
20.01.03	Older People's Network
24.01.03	Sanderstead Neighbourhood Care Association
28.01.03	The Parchmore Pop-in

**OTHER ORGANISATIONS WHICH SUPPLIED INFORMATION**

The Carers Centre,  
Staying Put, Environmental Services  
Sheltered and Special Sheltered Housing,  
Social Services and Housing Departments,  
Hill House Nursing Home

**DOCUMENTS REVIEWED**

National Service Framework for Older People  
NSF Action Plan  
Strategy for Better Health & Social Care - Older People in Croydon  
2001-2004  
Health Improvement and Modernisation Plan 2002-2005  
Croydon's Older People's Strategy  
Age Concern Policy Papers  
Carers Strategy  
Papers relating to:  
Timely discharge/Delayed transfer of Care  
Personal Care to enable people to remain in their own homes  
Long-term care in Residential

**Wards:** All

**Agenda Item No:**

**Subject:** Report of the Overview & Scrutiny Committee Scrutiny  
Review of Support for Older People Leaving Hospital

**Lead Officer:** Head of Policy & Executive Office

**1 RECOMMENDATIONS**

**Communications**

- 1.1 To improve the information given to older people in hospital, and their carers, in good time before they are discharged from hospital, regarding all of their options and the costs of these for the individual. The Social Services department is looking at producing written information to support the front line staff in this regard which should provide more comprehensive information to individual users and carers and ensure a more consistent service to all. New leaflets are being produced by the Care Management Service for older people leaving hospital.
- 1.2 That all the currently available options for step-down, intermediate and respite care and supportive housing options together with general costing/funding information are made publicly available. The general public have an understanding of 'home helps' and residential care and/or nursing homes but little of the other post hospital options available, e.g. special sheltered housing. This could enable potential users and their families to consider these issues before an acute need arises.
- 1.3 That the format of the bills sent to older people is reviewed in respect of itemising, legibility, wording and that numerical items are not just shown in decimal figures. The Social Services Department is already working on this and were happy to accommodate suggestions from the review. However as it is a contractor that sends out and processes the financial transactions it may require more time and incur expenditure to complete this process.
- 1.4 That all the agencies working with older people in Croydon have up to date information on what is available and more actively consider referring service users to each other where appropriate, especially where an individual is isolated. This should specifically include agencies representing and working with ethnic minority groups and people who have communication difficulties.

### **Resources**

- 1.5 That further consideration be given to the level of staffing resources in the community care management teams for older people to strengthen the capacity for preventative and maintenance of independence work.
- 1.6 That the possibility of augmenting advice and support services on financial matters be considered. In fact since the review was begun the Social Services Department has increased its funding to Age Concern to enable them to sustain their advocacy project.
- 1.7 That the impact of the current charging policy for day services, providing respite for carers and promoting community involvement and independence with older people, be re-evaluated in overall economic and social terms.
- 1.8 That secondary care pharmacy services and primary care community pharmacies take into account the presentation of any generic medicines supplied to older people to try to ensure that they are consistent in appearance with the majority of the generic suppliers of a particular medicine. If they differ to any great degree, the older person or carer is counselled regarding the difference in appearance.
- 1.9 That options for step-up, step-down, intermediate and respite care, together with supportive housing options continue to be an area for development in the strategic planning of service provision.

## **2 EXECUTIVE SUMMARY**

- 2.1 At its meeting of 10.07.02 the Housing and Social Services Scrutiny Sub-Committee agreed to conduct a cross-cutting review of Support for Older People Leaving Hospital and its 10.09.02 meeting approved the terms of reference. The Scrutiny & Overview Committee, 15.07.03, considered the outcome of the review and agreed to commend its recommendations to Cabinet for consideration and approval. This report summaries the work undertaken and sets out the main findings and recommendations of this review.
- 2.2 It was agreed that the review should focus on the experiences and views of those using services, their carers and of those organisations supporting them. These findings were then shared (anonymously) with those providing services and discussions were held to further examine the issues raised. Many of the issues were already in the process of being addressed.
- 2.3 Users and carers at the point of hospital discharge, need to consider their options. They may have detailed assessments of their ability to cope in their own homes, and/or need to visit alternative accommodation and come to terms with their changed circumstances. The difficulty of having to make far-reaching decisions quickly at such a time should not be underestimated, particularly decisions which can not be reversed, e.g. selling one's own home.

### **3 DETAIL**

- 3.1 Members of the Sub-Committee received a briefing on Hospital Discharge procedures and the day to day operation of the hospital care management team. This gave Members insight into the issues involved and the team's way of working. Visits to local organisations were undertaken and service users, volunteers and staff generously gave their time. The Housing and Social Services Scrutiny Sub-Committee would like to formally record their thanks for this positive assistance. These organisations are listed in appendix A.
- 3.2 Information from other boroughs and agencies and comparisons with this data demonstrated that Croydon's hospital discharge arrangements for older people are effective and among the best at avoiding delayed discharges. The staffing levels in the three Community Care Management Teams were however lower than those in comparable authorities.
- 3.3 At the 07.01.03 Sub-Committee a voluntary sector witness outlined the issues raised by users of the Age Concern Advocacy Services. Members questions and her responses highlighted the ordinary concerns that older people have when unwell and away from home in hospital. The most frequent concern of people in this situation was the payment of bills and money management generally. This did not just apply to people living on very limited incomes but to many people whose financial arrangements had been disrupted and who returned home to final demands and unsympathetic correspondence.
- 3.4 The information given to older people about to be discharged from hospital and their carers, did not always include all the available options and possible costs to the individual. The wide range of services and support agencies are continuously developing which does make it difficult for each member of staff to be completely up to date and to have sufficient time to explain all usually at a time when they really need to listen and work sensitively with vulnerable people, while themselves being under considerable pressure of work.
- 3.5 It is important to remember that the health expectations of this age group were formed in the period before and immediately after the introduction of the National Health Service. Gratitude for freely available health services and the general acceptance of 'doctor knows best' encouraged many patients to be passive recipients, but this did come with the expectation that the individual would be completely 'cared for'.
- 3.6 Relationships have clearly changed since the 1940s. The need for patients to clearly express their wishes is a change in itself. Information on the types of care available, e.g. step-down, intermediate and respite, including costs and funding, was not easy to access from any one point and was not publicly available.
- 3.7 Users and Carers commented that they had difficulty with the format of bills received for care services, particularly with the itemising, legibility, wording and numerical notation. For example home care visits were not separately

itemised. An aggregate figure for the whole week made it very difficult to pursue queries about single visits which were cancelled or changed.

The eyesight of this age group is generally not as acute as that of the rest of the population and this needed to be reflected in the format, size and clarity of bills and accompanying information. Figures showing the services provided use decimal notation, e.g. 0.5, for half hours and other fractions which are not readily understood by all in this age group and has contributed to confusion.

- 3.8 There is a huge network of statutory, voluntary and private provision. While people's physical needs are invariably addressed, the social needs of users and carers over the longer term did not have such a high profile. Isolation, particularly when an individual's mobility has reduced, is a negative factor that does affect well-being. It was surprising to find that more cross agency referrals were not being made as there was unused capacity, e.g. at Eldon Day Centre which, while welcoming everyone in its catchment area specifically tries to address the needs of ethnic elders. Voluntary bodies too, could refer more individuals to other agencies providing less formal support, e.g. Neighbourhood Care Associations. Older people and carers particularly reported that once they knew where to go for support things really started to improve.
- 3.9 The Mayday Care Management team work very effectively in avoiding delayed discharges. Many care packages at the point of discharge will be appropriately time limited. This did mean that when circumstances change, for example when an older carer is no longer able to undertake physical support tasks, a new referral has to be made to the relevant Community Care Management team. These are now aligned with GP practices, a welcome development as it facilitates timely communication and enables non-medical help to be arranged via the familiar local GPs surgery. However the capacity of one care manager to support several community practices did seem stretched. As some service users acknowledged their reluctance to ask for help prior to their hospital admission, it is easy to speculate whether more resources in the community could prevent some hospital admissions.
- 3.10 Carers and their support agencies appreciated the increased acknowledgement of their role and contribution and the practical support that has become increasingly available. However the current charging policy for day services often prompted the comment that the local authority 'is giving it with one hand and taking it back with the other'. Day services offer respite for carers while promoting community involvement and independence with the older person. Many of those needing this service would not have to pay the full charge if their income were low, but the stigma of 'means testing' is still with this generation and many refuse to undergo the necessary financial assessment. Some carers would be willing to pay this charge, but it is the cared for person who has to be assessed and charged. If they refuse, this can cause friction. Day centres have reported a reduction in number of days individuals attended, and that some, unwilling or unable to pay £19 a day, had ceased to attend altogether.
- 3.11 Carers also reported on the confusion which can result when prescribed medication is not provided in a consistent format. Individuals discharged from hospital with a supply of medication from the hospital pharmacy are often advised to complete the course and obtain further supplies from their local

chemist. On having the follow-up prescription filled (often collected by a third party) real uncertainty and distress can arise if the 'little white tablets' have been replaced by different looking medication e.g. yellow capsules. Having checked that the prescription was correct, some carers had been unable to convince their cared for person that this was the case. Older people living alone had in some instances stopped taking the prescribed medication because it was 'different' and therefore 'wrong'.

- 3.12 The demand for step-down, intermediate and respite care is not likely to reduce and the legislation on delayed discharge fines, will continue to keep up the pressure on prompt discharges. Service commissioners are trying to build the capacity to be able to respond more quickly in arranging non-medical support.

#### **4 FINANCIAL CONSIDERATIONS**

- 4.1 There are no financial considerations arising from this report. As can be seen from the response of the Cabinet Member for Health & Social Care, the recommendations are already being addressed and funding for these has been identified in partnership with Croydon Primary Care Trust.

#### **5 LEGAL CONSIDERATIONS**

- 5.1 There are no legal considerations arising from this report.

#### **6 PERSONNEL CONSIDERATIONS**

- 6.1 There are no personnel considerations arising from this report.

#### **7 EQUALITIES CONSIDERATIONS**

- 7.1 This Scrutiny Review's recommendations are based on providing improved access to services and to the quality of life of this group of Croydon's residents.

#### **8 ENVIRONMENTAL CONSIDERATIONS**

- 8.1 There are no environmental considerations arising from this report.

#### **9 CRIME AND DISORDER CONSIDERATIONS**

- 9.1 There are no crime and disorder considerations arising directly from this report.

#### **10 HUMAN RIGHTS CONSIDERATIONS**

- 10.1 There are no direct human rights considerations arising from this report.

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Contact Person:

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