Hospital Discharge Service

Interventions

Possible referrals are envisaged to be those admitted to hospital with no fixed abode or those who have accommodation but it is either no longer suitable or need aids/adaptations to ensure appropriate discharge.

A dedicated role with both support and housing expertise can provide a cost effective, patient centred service reducing 'Delayed Transfers of Care' and readmission rates. We would:

- Liaise with patient, hospital staff, public service practitioners and, where relevant, their family, to co-ordinate assessments and create plans that support timely discharge and sustainable accommodation in the community; and,
- Develop and implement practical solutions to the person's situation and circumstances, which are likely to lead to delayed discharge from hospital and/or repeat admissions.
- Communicates regularly between relevant agencies, for example, hospital's Discharge Team Occupational Therapy, Adult Social Care, housing providers.

Our experience

We currently provide a hospital discharge service on the Wirral and are looking to expand our offer utilising our accommodation, for example, or retirement living and extra care schemes, and support expertise. We currently provide support and housing solutions across the country to individuals, families and couples, with established links to a mixture of housing tenures such as social, supported and private rented housing and life-enhancing technology support solutions, where needed.

Our experience (Cont'd)

With this expertise, the role could provide housing/homelessness awareness sessions with hospital/medical teams were deemed useful, especially with the introduction of the Homelessness Reduction Act and the duty to refer for health services. Sessions could comprise of recent case studies and identifying improvements to embed facilitating continuous improvement.

Possible outcomes on outcomes-based commissioning contract

Examples of outcomes/measures that could be applied with a payment schedule are:

Outcome	Measure (example)
Better mental and physical health/Improved quality of life	Improved mental health via their well-being via outcomes star/WENWBS upon discharge
	Improved mental health via their well-being via outcomes star/WENWBS 3 months following discharge
Reduction in hospital (re)admissions	% of emergency readmission within 28 days of leaving hospital
Reduced length of stay in hospital	Number of DTOC's from hospital
Living independently and securely	Entering accommodation
	3/6/9/12 months in accommodation