



Reference Number: FOI-101004678138

Response provided under: Freedom of Information Act 2000

Request and Response:

- 1. Please provide information including any policies relating to needs assessments undertaken by hospital specifically relating to discharges to care homes by onward care team under auspices of rapid assessment/light touch assessments. These relate to assessments undertaken by onward care for a discharge to care homes rapidly without a full assessment undertaken by social worker or case co.**

Please see attached document outlining the discharge pathway

- 2. Please also supply details as to how long people have to wait on average for a full assessment or review by community team.**

As per clarification from the requestor this information has been provided over the last 12 months. Community Team in this instance is either the hospital based worker, if completing a full needs assessment in the community, or the community based social worker completing the assessment following discharge. The request covers all assessments but broken down into those persons discharged to care homes, those discharged home with an interim package of care and those returning home with no package of care but later provided with a package of care following a full assessment. The main request relates to those discharged following a rapid assessment.

The average time between the completion of a Rapid Response discharge and the start of a full Needs Assessment or Review are:

For those discharged to a care home = 19.7 calendar days

For those discharged home with an interim package of care = 19.2 calendar days

Those discharged home with no package of care but later provided with a package of care following a full assessment = 19.2 calendar days

This is based only on those discharged via Rapid Response that have received a subsequent Full Needs Assessment or review.

Please note that during the times specified within our response the Service User may already be in their given care setting i.e. a care home or in their own home, whilst awaiting a full needs assessment.

All discharges to home have been included as having an interim package.

Only those with a subsequent purchase order for a Package of care (following their full needs assessment/review) are included under later provided.

3. Please can you also supply details as to the policy for arranging advocacy for these rapid assessment/discharges under S67 Care Act 2014.

The provision of an independent care act advocate as set out in Section 67 of the Care Act 2014 is delivered by SEAP (Support Empower Advocate Promote) in Cornwall.

Please see link below for further details:

<https://www.seap.org.uk/local-authority/cornwall.html>

4. How are these placements funded prior to financial assessment undertaken by LA including any policy relating to charging for care when there are delays arranging a discharge back home due to allocation of a community worker to complete a full needs and financial assessment as well as lack of availability of packages of care.

People are not charged until a full needs assessment has taken place. Service users will then receive a financial assessment and charges will apply from the date of the completed needs assessment. Upon discharge from hospital, individuals are advised that, subject to eligibility, charges will apply following completion of the needs assessment.

Information provided by: Adult Social Care

Date of response: 16 December 2019

DISCHARGE PATHWAY

