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Date: 27th October 2015

Dear Sir/Madam,

A meeting of the **Hospital Discharge Task and Finish Group** will be held at the **Ebbw Room, Penallta House, Tredomen, Ystrad Mynach** on **Monday, 2nd November, 2015** at **5.00 pm** to consider the matters contained in the following agenda.

Yours faithfully,

Chris Burns

Chris Burns
INTERIM CHIEF EXECUTIVE

A G E N D A

1 To receive apologies for absence.

2 Declarations of interest
Councillors and Officers are reminded of their personal responsibility to declare any personal/or prejudicial interest(s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, Councils Constitution and the Code of Conduct for both Councillors and Officers.

3 To approve and sign the following minutes: Hospital Discharge Task and Finish Group held on 14th October 2015.

4 Seasonal Planning - Presentation.

Circulation:
Councillors L. Ackerman, Mrs P. Cook, Ms J. Gale, L. Gardiner, C.J. Gordon (Chair) and J.A. Pritchard (Vice Chair)

Co-opted Members
Mrs B. Bolt and Mrs M. Veater

And Appropriate Officers

HOSPITAL DISCHARGE TASK AND FINISH GROUP

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE ON 14TH OCTOBER 2015 AT 5PM

PRESENT:

Councillor C. Gordon – Chair
Councillor J. A. Pritchard – Vice-Chair

Councillors:

P. Cook and J. Gale

Co-opted Members:

Mrs M. Veater

Together with:

J. Williams (Assistant Director, Adult Services), B. Griffiths (Service Manager, Adult Services), C. Hill (Team Manager, Hospital Discharge) and C Forbes-Thompson (Scrutiny Research Officer).

1. APOLOGIES

Apologies for absence were received from Councillors L. Ackerman and L Gardiner, and Co-opted Member Mrs B Bolt.

2. DECLARATIONS OF INTEREST

There were no declarations of interest made or during the course of the meeting.

3. MINUTES

The minutes of the meeting held on 2nd September 2015 were endorsed and signed as a true record.

4. HOSPITAL DISCHARGE PRACTICE AND PERFORMANCE PRESENTATION

Officers reminded Members of the key issues identified at the last meeting and explained that the presentation aimed to take these into account. Therefore the presentation would give an outline of the background data on hospital discharges, an explanation of failed hospital discharges and delayed transfers of care.

Background Data

The review group were informed that the data included covered a 6 month period between 1 January 2015 to 30th June 2015 and was sourced from Aneurin Bevan University Health Board, CCBC Social Services and Gwent Frailty Portal, based on patients over 18 years old that were admitted due to a physical health issue and including people with dementia, which are the main client group dealt with by the joint hospital discharge team.

Members were informed that Caerphilly residents are discharged from a number of different hospitals, within ABUHB there is the Royal Gwent Hospital which is the largest, in addition are, Ysbwty Ystrad Fawr, St Woolos and Neville Hall. However discharges can also come from Prince Charles and Royal Glamorgan (Cwm Taf), Llandough, Rookwood, Velindre and University Hospital Wales (Cardiff and The Vale). The Princess of Wales in Bridgend and Morriston in Swansea. However it was noted that discharges can also come from areas as far as Bristol and further afield.

Members were informed that during the 6 month period there were 1215 discharges for elective procedures, these are planned procedures. 4400 discharges for emergency admissions, 1027 from obstetrics (mothers and babies) and 245 transferred to other hospitals, outside Gwent area, for specialist treatment not provided at hospitals within Gwent.

The review group were informed that of 5614 discharges, 373 were referred to social services for support. These 373 referrals were broken down into 104 requests (for 81 people) asking for existing services to be re-started and of these 19 people had their care restarted twice or more, usually because they have chronic conditions that can often require re-admission. Plus 269 new assessments to support hospital discharge, because their ability to care for themselves had deteriorated.

Members sought clarification on the services that were re-started. Officers explained that when a person is admitted to hospital the care agency will notify social services. The care package is retained for 14 days when it will be cancelled unless notification is received that the person has returned home with no change to their care needs, when it will re-start within 24 hours.

The review group were given a breakdown of the overall number of assessments and types of assessments completed during the period, there were 2278 assessments carried out and of these as stated previously 269 were for hospital discharge, there were also 287 reablement assessments but unfortunately there is no data to identify how many of these were to prevent admission or enable discharge to or from hospital.

Members asked for further detail on the discharge process, specifically who carries out assessments and who decides if a referral is required. Officers clarified that an assessment is made at the hospital by the key worker or nurse, who will assess if the patient will need support or if they have family or friends to support them. If they don't have sufficient support and are likely to recover, they will be referred to reablement, if however they don't consider they will improve they will refer them to the hospital discharge team.

Members received information to illustrate the levels of support needed prior to admission to hospital for the 269 new assessments carried out. It was noted that 47% received no support, however following discharge there were only 2% that required no support indicating that following hospital admission most people require additional support and have increased care needs, this figure does not include those referred to reablement. Members also noted that 17% of those discharged required residential care and 27% required nursing care. This was further broken down to show that 47% received nursing care and 36% residential care in county. With 10% and 7% receiving nursing and residential care out of county respectively.

The review group were informed of the number of vacancies across the county borough in residential, nursing, and EMI care as at 18th September 2015. This was compared to local

authorities across Gwent. It was noted that EMI nursing need is the highest need within the county borough and there were 7 vacancies as at 18th September.

Members received an explanation of the definition of a failed discharge notification, which includes failure to maintain dignity, omission of discharge instructions, palliative care support not in place and reablement team not informed. The Joint Hospital Discharge Team has put in place reporting arrangements to record instances of discharge failures since January 2015. To date there have been 23 reports, however it is suspected that there is significant under reporting of this issue and there has been efforts to raise awareness of the importance of reporting. The review group were informed that all reports are logged according to the hospital, ward where the discharge came from and these are reported to the health board who will investigate. However it was noted that in some cases there are failed discharges as some patients will say they can manage or that they have support because they want to leave hospital, in these cases there can be a training need for staff to help them identify those circumstances.

Members queried if it was possible to provide information on the impact since the carers fund was transferred from social services to the health boards. Officers stated that the intention behind the transfer of the fund was to raise the profile of carers and for the health boards to undertake assessments, however it is not possible to see the impact of the transfer as there is no evidence of this impacting on DToC assessments undertaken by the local authority primarily.

An explanation of the DToC reporting arrangements were outlined, Members learned that a system is in place to carry out a census on a designated day (every 3rd Wednesday of the month) when all patients in hospital that are deemed medically fit for discharge but cannot leave due to a non-medical reason, are counted. These figures are then validated jointly and reported both locally and nationally across Wales. CCBC and ABUHB are working together and looking at developing a more consistent approach. It was noted that CCBC has put significant effort towards improving its ranking in national results on this issue moving from 22nd to 13th.

Members stated that the use of actual numbers when reporting DToC is not a fair means of reporting, they felt that a percentage based on population would reflect the true picture. Officer stated that this is one of the issues under discussion with Welsh Government.

Members asked if there is any evidence of a spike in numbers on the Tuesday before census day or before a bank holiday. Officer stated that they are now proactive in working with health boards to ensure that sufficient time is allowed for assessments once a person is identified, so that the DToC figure are not reflecting unfairly upon social services. The census day allows inclusion up to and including 12 noon on the day of the census, however there has been some success for example not including where a person is due to be discharged the day after census day.

The review group discussed the continuing health care approach in England, where patients can be discharged to a care home, whilst awaiting assessment for CHC. Officers stated that should health wish to pursue this approach, in order to reduce DToC, they would need to consider commissioning beds where patients can move to (possibly temporarily) whilst assessment is carried out. This has been tried in Cardiff but it has subsequently stopped. There would be concerns around moving vulnerable people more than once and also quality of care.

Members asked about the CHC process, and the average length of time. Officers stated that new guidance was received last year which aimed to standardise the practice. The assessment can take up to 2 months, although the aim is to complete is quicker. There are some delays in the system, for example the CHC team only meet weekly, and although CHC can be recommended, the final authorisation can be delayed while clarification is asked for by the ABUHB funding panel.

Members asked how the decision is made on whether a patient is a social care or CHC case. Officers stated that the framework has specific triggers that help to determine this and a decision is made by a multi-disciplinary team.

The review group asked how involved are patients and carers or advocates are in the process. Officers stated that patients and carers or advocates are always involved and provided with feedback, there is new documentation which has clear pathways and plans.

Members discussed how communication around hospital discharge could be improved, as that appeared to be one of the main issues around failed discharges. Officers stated that many different approaches have been tried, there is a need to ensure that key workers take a lead, however they cannot always be on duty so there needs to be a back-up. In addition there is a lack of internet access on wards for people to look up care options, and research through CSSIW the 'Good Care Guide' for example.

The review group asked what role the voluntary sector can play as advocates, it was agreed that they can be invaluable, however they cannot always be available and people often want consistent and readily available support. Officers stated that planning a discharge needs to start upon admission, there needs to be flexibility in planning and the larger hospitals can be a challenge with regard to communication.

The meeting closed at 18:35

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 2 November 2015 they were signed by the Chair.

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CHAIRMAN