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Date: 11th November 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 **Wednesday, 18th November, 2015** at **5.00 pm** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads '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 2nd November 2015.
- 4 Video - Dr Olivia's guide to the Pharmacy.
- 5 Hospital Discharge Task and Finish Group Draft Report.

Circulation:

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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 2ND NOVEMBER 2015 AT 5PM

PRESENT:

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

Councillors:

L. Ackerman, P. Cook, J. Gale and L. Gardiner

Co-opted Members:

Mrs M. Veater

Together with:

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

1. APOLOGIES¹

Apologies for absence were received from 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 14th October 2015 were endorsed and signed as a true record.¹

4. SEASONAL PLANNING PRESENTATION

Officers explained that the presentation outlined the plan in respect of managing hospital admissions and discharges during the winter period for the Gwent area. The presentation was prepared for the Deputy Minister and was submitted on a Pan Gwent basis on behalf of the five Gwent Local Authorities, Aneurin Bevan University Health Board and Welsh Ambulances Services NHS Trust.

The plan outlines arrangements to prepare the public, collaborative work and plan to optimise

care for service users and ensure that resources are used effectively.

Public Engagement

An outline of the public engagement plans for the winter was explained. There will be engagement of existing arrangements through promotion of 'Be Winter Wise', which reminds people to prepare for the coming months, via public events and flyers. The 'Choose Well' promotion will also ask people to consider the most appropriate destination when seeking medical advice or assistance.

Officers highlighted last year's Dr Olivia guide to A & E video which asks people 'Is really an emergency?' the video, through using children, people attending at A & E with ailments such as toothache or sprained ankles and advises to ring NHS direct. Studies have indicated that 70% of visits to A & E could be dealt with elsewhere. Members queried if this figure was accurate, officers stated in their experience 1 in 2 people at A & E could go elsewhere.

Members felt that this was an indicator that people may be dissatisfied with GP service and/or lack of 24 hour assistance. Officers commented that there is a need to have out of hours services to give alternatives to attending A & E.

Officers highlighted the other public engagement plans to use local media and social media, give messages to the public and staff throughout the winter, with local authorities promoting wellbeing and use of the Community Connectors project.

Admission Avoidance

Officers outlined plans to prevent admissions to hospital during the winter period. This includes a pilot scheme by one Surgery in Newport that will consider patients who are at risk of deteriorating and ensure that a pathway is put in place outlining where they should go/what they should do, known as anticipatory care planning.

Alternative plans will be drawn up for people who attend A & E on a regular basis, usually because they suffer from chronic conditions. The aim is for specialist nurses to triage the patients and direct them to more appropriate places. Members stated that there need to be advice available for families 24/7. Often GP's and ambulance staff will advise hospital admission when called out. Officers stated that the protocol for falls, for example, is to take to hospital, this needs to be revised. The '7 questions' approach is being developed in order to determine if that is the most appropriate response. The key is to ensure that the entire approach throughout the year is changed, need to ask – do they need to be here? – What services do they need? – What is available?

Officers informed the review group that a new 24/7 district nurses community service has been agreed recruitment has commenced, although at present it is unclear what role they will have in preventing admissions to hospital.

The falls response team will be working to help people stay at home and arrange any onward referrals. There will also be patient management at the A & E 'front door' to avoid admission, and arranging appointments at a later date.

Members asked if there are instances where families placing/leaving people in hospital during the 2 week Christmas period as they are seen to be in a safer environment than being home alone. Or care homes placing their residents where they have staffing difficulties during the Christmas period or they anticipate the resident may be unwell. Officers stated that there may be some truth but conversely there are some families who may take their family members home from hospital during the Christmas period but once the holiday is over will contact social services for assistance because they cannot cope and/or they have to return to work. It is important that all discharges are properly managed Anticipatory Care Planning is desirable, so there is a plan in place and arrangements are in hand before Christmas, however it should be accepted that some people need to be in hospital over the Christmas period. It is important to

avoid situations where people are sent home before Christmas and then return to hospital afterwards.

Members commented that preparing the population is important, such as having a winter stock of food, thinking about what you will do differently when there are icy conditions – risk assessment and take responsibility for personal wellbeing.

Operational Readiness

Officers stated that the presentation to the Deputy Minister outlined the operational readiness of the partner organisations. There has been modelling of likely demand which has been based on previous year's data. This will enable capacity planning for beds during the winter period. Officers had noted that Health considered Christmas last year to be the worst in terms of pressure on services, however that wasn't necessarily evident to social services. In fact the biggest pressure on social services was during the May and August months, which indicates a disconnection between the organisations of when the busiest times are. Officers felt that there is a need to have reliable data to understand what the actual situation is.

Health will carry out capacity planning for use of beds during winter months and will make extra beds available before Christmas to ensure they are there if needed. They also look at staff rostering, reducing elective surgery and plan day cases for January. They will create additional capacity and ring fence beds for stroke patients and community hospitals. In addition plans are in place in order to manage any outbreaks of infectious diseases and the out of hours service are considering salaried GP's and overnight nursing service.

Patient Flow & Discharges

Officers informed the review group that a review of patient flow processes has been carried out. There are daily meetings to plan discharges and tracking of data of patients with complex needs and daily discharge targets including measuring the length of hospital stays.

There are plans to support discharge through daily ward rounds, weekend discharge teams, investment in ward based pharmacy, dedicated ambulances and targeted occupational therapy. Members commented that perhaps a standard checklist should be adopted when discharging patients which could be given to patients, so they know what they should expect. Officers commented that this should be covered under 'passing the baton' and patients should all receive basic personal care and by defining every element in a list, there is a risk that this will be an excuse if something is left off the checklist.

Members were informed that 'Step up Step Down' services will be used across the region and daily multi agency communication.

Members commented that hospitals seem reluctant to engage with the voluntary sector, officers stated that volunteers are used at hospitals CHAT volunteers are recruited from retired NHS staff.

Human Resources

Officers stated that E rostering will be used to support efficient staffing during the winter period by health. Local Authorities have data on the numbers of vacancies in the long term care sector that indicate there is sufficient capacity to meet winter demand. Long term care vacancies are circulated across the region and there are unprecedented numbers of vacancies. However there are concerns regarding number of EMI nursing beds, there were no beds in this category available last week.

Health Boards are recruiting staff, including staff from overseas – Italy. They are increasing the numbers of health and wellbeing staff and examining the type of duties they carry out.

They are promoting the 'bank' and additional hours system, where staff can work additional shifts. They are using agency staff, managing their sickness absence procedures and ensuring that staff wellbeing services are in place and promoted, such as encouraging take up if the flu vaccine. Members asked why there aren't enough people trained in this country, officers commented that previously there was a joint work force planning strategy and recruitment issues tend to relate to certain areas of work for newly qualified nurses. Members commented that often newly qualified nurses and doctors will move abroad for better working conditions, but conversely there are probably qualified medical staff arriving here from abroad from place such as Syria.

Members asked how the problem of lack of trained staff can be overcome. Officers advised this was raised at the meeting with the Deputy Minister and the need for this to be looked at nationally.

Communication

The review group were informed that there are multi-agency strategic and operational meetings to exchange information. In addition daily conference calls occur between Local Authorities, Ambulance Services and Health Board. The promotion of the flu vaccine is a key issue for all partners and there is open dialogue between agencies to try to resolve issues before they escalate.

Officers commented that a key problem is the separate IT systems in the health sector. GP's are independent and will have their own systems.

Local Authority Actions

Officers stated that the Local Authority is working to promote wellbeing in the community. We are awaiting guidance from Welsh Government on use of the remaining Intermediate Care Fund in respect of potential of commissioning beds in the private sector by Health to aid discharge. There is a need to put this in context of category of care beds that are vacant many are residential care beds, whereas the need is for EMI and /or nursing beds.

Members commented that there are too few EMI and nursing beds available, officers stated that this is a national issue and the private sector is slow to react, the trend is towards providing more care at home hence residential placements are dropping. Officers stated that they will review the admissions criteria to access assessment beds during times of escalation of additional need. There is also a role for the voluntary sector in supporting hospital discharge for those people primarily deemed as not eligible for social care intervention.

The capacity of nursing and residential homes is an area that needs to be addressed nationally this is currently being looked at by the nationally commissioning group and the care homes steering group.

Local authorities agreed to standardise response times for assessments to start within 48 hours and retain packages of care for 2 weeks following admittance to hospital.

Members suggested that the provision of home care at times convenient to service users was difficult to achieve, with calls very early morning or late morning being offered.

A Member stated that a food box service has been introduced at some hospitals in England for people being discharged to an empty house. Officers stated that they were not aware of this service, but felt that it is better to provide a service from an organisation such as Crossroads, who will ensure the heating is on and there is food available etc. The importance of using voluntary organisations were emphasised such as Red Cross transport who will take people home and ensure they are settled.

Members asked what other voluntary organisations were used, officers stated that Age Concern are used for shopping where service users don't qualify for services and don't have support from family or friends.

The Local Authority has also been promoting take up of the flu vaccine amongst staff, we now use vouchers so that staff can use them at certain pharmacies, which has resulted in an increase in take up. Officers stated that it was important to remember that care staff will also need to take holidays during the Christmas period, as the annual leave year ends at 31 December.

Wales Ambulance Service Trust Actions

Officers outlined the actions for the ambulance service in respect of helping hospital discharge. The service is adhering to a 5 step plan and is now achieving better performance by managing its demand. The presentation outlined plans for specialist paramedic practitioners, a falls response team and is considering alcohol treatment centres.

The Chair thanked Officers and Members for their contribution and confirmed that the next meeting of the task and finish group is planned for the 18th November 2015.

The meeting closed at 18:25

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 18th November 2015 they were signed by the Chair.

CHAIRMAN

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HOSPITAL DISCHARGE TASK AND FINISH GROUP – 14/11/2015

SUBJECT: HOSPITAL DISCHARGE TASK AND FINISH GROUP REPORT

REPORT BY: SCRUTINY RESEARCH OFFICER

1. PURPOSE OF REPORT

- 1.1 To summarise the work carried out by the Hospital Discharge Task and Finish Group in order to inform and develop the report, conclusions and recommendations.

2. SUMMARY

- 2.1 The Education for Life Scrutiny Committee established a Task and Finish group to examine hospital discharge arrangements and decided at its first meeting to prioritise communication and discharge planning.
- 2.2 This attached draft report (appendix 1) outlines the main findings of the review group to enable the group to draw its conclusions.

3. LINKS TO STRATEGY

- 3.1 The operation of Scrutiny is a requirement of the Local Government Act 2000.

4. THE REPORT

- 4.1 The Hospital Discharge Task and Finish Group were set up to investigate hospital discharge arrangements within the county borough. The attached report (appendix 1) outlines the main issues discussed and summarises these in order to develop the final report of the task and finish group prior to submission to Health Social Care & Wellbeing Scrutiny Committee.
- 4.2 Members identified the need to scrutinise the plans in place to establish their impact on persons and carers experience, performance and expenditure. It is suggested therefore that a further meeting of the task and finish group is scheduled for April/May 2016 to review the seasonal plans and implementation of the Choice Policy to ascertain what impact they have had. This could then be reported back to scrutiny committee as part of the forward work programme.

5. EQUALITIES IMPLICATIONS

- 5.1 This report is for information only.

6. FINANCIAL IMPLICATIONS

- 6.1 This report is for information only.

7. PERSONNEL IMPLICATIONS

7.1 This report is for information only.

8. CONSULTATIONS

8.1 This report is for information only.

9. RECOMMENDATIONS

9.1 The task and finish group comments on the draft report and determines its conclusions and recommendations.

10. REASONS FOR THE RECOMMENDATIONS

10.1 In order to develop the final report of the task and finish group.

11. STATUTORY POWER

9.1 Section 21 of the Local Government Act 2000

Author: Catherine Forbes -Thompson - Scrutiny Research Officer
Consultees:

Background Papers:

Appendices:

Appendix 1 of 4: Draft Report Hospital Discharge Task and Finish Group

DRAFT

SUBJECT: HOSPITAL DISCHARGE TASK AND FINISH GROUP

REPORT BY:

1. PURPOSE OF REPORT

- 1.1 To provide members of the Health Social Care and Well-Being Scrutiny Committee with information of the work undertaken by a task and finish group looking at hospital discharge

2. SUMMARY

- 2.1 The task and finish group had a series of meetings to look at the following areas of practice:
- Discharge process including what contributes to a well-planned discharge.
 - Performance measures including national indicators, failed discharges, and volume of work in context of social services activity.
 - Seasonal planning, to look at preparations for the winter period, across both organisations to prevent admission in the first instance, then reduce length of stay in hospital and number of people classified as a delayed transfer of care on census day.

3. LINKS TO STRATEGY

- 3.1 The operation of Scrutiny is a requirement of the Local Government Act 2000.
- 3.2 The Welsh Assembly Government is very clear that Local Authorities and Health Boards must work together to reduced delayed transfers of care and length of stay in hospitals for people.

4. THE REPORT

- 4.1 Initially work focused on discharge process and what was integral to achieving a positive experience for people and carers/families. Members were very clear in terms of identifying that good communication was essential at all stages in someone's journey to ensure everyone was informed and contributed to decision making.
- 4.2 Members were provided with documentation that should underpin discharge planning which should start at point of admission such as "Passing the Baton".(please refer to appendix 1) Particular issues were identified in respect of people moving to long term care from hospital. The revision, launch and training on the Choice Policy should have a positive impact on this, particularly the use of the third sector in terms of training CHAT volunteers to assist with the process of decision making and then following people up in their new homes.
- 4.3 Members received a presentation which covered background data to hospital discharge, failed discharges and delayed transfer of care. Full details can be found in appendix 2.

- 4.4 To put the work in context members were advised that for a 6 month period 1st January 2015 to 30th June 2015 there were 6686 discharges involving Caerphilly residents from a variety of hospitals, this excludes day cases, of these 123 requests were for restart of existing care provision, 269 were referred to the joint hospital discharge team for an assessment.
- 4.5 Information was provided in terms of support people require to be discharged, this included details on vacancies available in long term care across the region. Current vacancies position illustrate capacity in the care sector to meet levels of demand which is essential for seasonal planning purposes.
- 4.6 Failed discharges were discussed in terms of reporting, investigation and main reasons that a discharge was seen as poor or failed include medication management, providers not informed, medically unwell resulting in readmission, paperwork not available in relation to Continuing Health Care.
- 4.7 Delayed transfer of Care is seen as the main reporting mechanism and is the judgement used by Welsh Government to determine how well a Local Authority and associated Health Board are performing. This has been the subject of previous reports to the scrutiny committee hence will not be gone into in great detail here. Members recognised that this is an arbitrary measure that counts people rather than percentage of the population. However it was pleasing to note that the reasons for social care delays had improved dramatically from last year where we were 22nd in all Wales league tables, to now being 13th and below the target identified for delays.
- 4.8 Seasonal planning was discussed at some length as this is a key strategic priority for Welsh Government and Aneurin Bevan University Health Board. Plans have been submitted to the minister for winter pressures, and reducing both the amount of peoples classed as delayed transfer of care and the time they spend in hospital referred to as length of stay. Full details can be found in appendix 3
- 4.9 Plans are produced on a pan Gwent basis with a view to ensuring consistency for all health board users. Focus is on prevention of admission, this is the development of community services to ensure people are not admitted to hospital inappropriately, these include development of anticipatory care planning , use of step up/step down assessment beds development of frailty services such as screening by advanced nurse practitioners and use of emergency care at home scheme plus development of 24/7 nursing.
- 4.10 Where people are admitted to hospital daily meetings have been established to track individuals throughout their stay to ensure they are referred to social service at the right time and appropriate actions are taken to either pull people out of hospital early or meet their estimated date of discharge.
- 4.11 There will be a significant public campaign to help people “make the right choices” in terms of who to contact rather than go to A+ E , promote healthy life styles and increase up take of the flu vaccination.
- 4.12 Plans are in place in terms of staffing for the health board who have recognised a problem with recruitment to certain professions. i.e. Nurses and therapists, hence arrangements have been reviewed for the increase use of bank staff, use of agencies and recruitment from over seas has commenced as well as increased numbers of health and social care workers. The health board are also moving to electronic rostering for staff to improve efficiency.
- 4.13 Both agencies have actively promoted the flu vaccination for front line staff, to reduce sickness absence and prevent the spread of infectious diseases. This year the local authority is issuing vouchers to enable staff to get the jab done in a local chemist which is proving popular in terms of increasing up take and is more cost effective.

- 4.14 WAST have specific plans in place, to triage people who fall rather than take them straight to A+E and it is hoped this will have a positive effect on prevention of unnecessary admissions to acute hospitals.
- 4.15 Local authorities have agreed to standardise response time for commencing assessments to 48 hours and keeping packages of care packages open for up to 2 weeks to enable them to be restarted where an individuals needs remain the same.
- 4.16 The task and finish group recognised that hospital discharge is complex contributory factors include the number of discharging hospitals and health boards that relate to Caerphilly residents. The impact of other policies and national drivers that are specifically relate to the borough such as the repatriation Policy and reporting mechanism which puts different tensions in the system. The current highly politically focus on delayed transfers of care and winter pressures. The need to get things right for people and their carers/families, ensuring good communication to enable decision making. The need to work together across the statutory and third sector to ensure best use of scarce resources in a time of austerity where we need to influence public expectation and plan for increasing demographic pressures to ensure the system is fit for purpose going forward, with the development on preventative services.

5. EQUALITIES IMPLICATIONS

- 5.1 An equalities impact assessment is not required as report is for information only

6. FINANCIAL IMPLICATIONS

- 6.1 There are no specific financial implications associated with the task and finish groups work, however it is noted that winter pressures can have a significant impact on the budget.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no specific HR implications associated with this report.

8. CONSULTATIONS

- 8.1 All comments are included within this report

9. RECOMMENDATIONS

- 9.1

10. REASONS FOR THE RECOMMENDATIONS

- 10.1

Author:
Consultees:

Background Papers:
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Appendices:

Appendix 1 Passing the Baton

Appendix 2 Presentation on Hospital data

Appendix 3 Presentation on Seasonal Planning