HEALTH, SOCIAL CARE AND WELLBEING COMMITTEE - 6TH DECEMBER 2016

SUBJECT: HOSPITAL DISCHARGE TASK AND FINISH GROUP UPDATE

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES OFFICER

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1. PURPOSE OF REPORT

1.1 To inform members of progress made on the work undertaken by the elected members task and finish group on hospital discharge, which conclude in June 2016.

2. SUMMARY

2.1 The report will update information on the following priority areas as identified by the task and finish group:

- Performance
- Communication
- Intermediate Care Funds
- Winter Planning

3. LINKS TO STRATEGY

3.1 The report contributes to the following Well-being Goals within the Well-being of Future Generations Act (Wales) 2015:

- *A healthier Wales*
- *A resilient Wales*
- *A more equal Wales*
- *A Wales of cohesive communities*

4. THE REPORT

4.1 In terms of performance, Delayed Transfers of Care (DToC) is seen as the main reporting mechanism and is the judgement used by Welsh Government to determine how well a Health Board and Local Authority are performing. It is universally acknowledged this is an arbitrary measure that counts people rather than percentage of the population for each authority which has been raised with Welsh Government on several occasions.

4.2 In 2013/2014 Caerphilly was ranked 22 out of the 22 local authorities in Wales and was seen as the worst performing authorities in terms of delays for social care reasons. 2014/2015 saw a dramatic improvement with Caerphilly being ranked 13th, 2015/2016 has seen a further improvement with Caerphilly ranked 10th out of the 22 Local authorities in Wales. This position reflects the continued efforts and hard work across health and social care to ensure people don't stay in hospital any longer than necessary.

4.3 A national audit of intermediate care services has commenced, this covers services primarily provided by the Community Resources Team (frailty). This audit looks to establish benchmarking data so comparisons can be made with England where this study has been undertaken for several years and is able to provide evidence that investment in preventative services produces savings in the longer term and improves outcomes for individuals and their carers. Data is currently being collated to respond to this audit.

4.4 Communication was the main feature of the discussions at the task and finish group meetings with all concurring this was the most important area that had to be got right for individuals and their families. Members were involved in providing feedback on a range of information leaflets for use on the wards, giving people basic information on the wards roles and responsibilities explaining the function of a multidisciplinary team etc. There was also a specific leaflet explaining the choice of accommodation policy for people who are entering long term care placements from hospital. Work is ongoing in this area as Welsh Government have recently indicated their wish to support this work nationally in terms of explaining to people why they can't stay in hospital when they require a long term placement, as the issue of choice is seen as one of the main codes reported in terms of DToC.

4.5 Work is progressing locally in readiness for the implementation of the single integrated IT system across Health and Social Care which should improve exchange of information and prevent duplication in terms of people having to repeat their stories/details more than once.

4.6 The Intermediate Care Fund (ICF) has been used primarily to focus on hospital discharge and services to prevent unnecessary admission to hospital and / or long term care. Welsh Government allocated further ICF funding this year to the region making some changes to the criteria as funding can now to be used on children with complex needs, people with learning disabilities and autism as well as older people. Subsequently further funding was allocated to the Joint Hospital Discharge Team (JHDT) to pilot an early supported discharge model enabling staff to follow people from hospital to the community. An Occupational Therapist and Social Worker have been appointed and commenced in post to enable this way of working to be evaluated in terms of outcomes for people, reducing length of stay, and reducing readmissions to hospital.

4.7 ICF funding was also allocated to Patient Flow coordinators, 15 posts have been established and recruited to, these staff are employed by health and based on the wards with an aim of improving communication, identifying people where discharge planning can start, liaising with families/cares , coordinating specialist assessment arranging meetings with families and providing up to date accurate information.

4.8 Caerphilly has a specific post also funded by ICF who works as part of the JHDT providing regularly communication to wards in all hospitals regarding progress with discharge enabling social workers and nurses in the team to concentrate on assessments and discharge planning. A survey has been undertaken to establish views on previous methods of communication and participants will be resurveyed in 12 weeks to see if the new ways of working are better. Anecdotal feedback is very positive to date.

4.9 It has just been agreed to allocated some funding to the Deprivation of Liberties Safeguard (DoLS) Team as more individuals in hospital are requiring specialist assessments around capacity and best interest decisions.

4.10 Winter planning is well embedded with actions plan submitted to Welsh Government which is updated regularly.

The plan has a focus on delivery of improvements in 3 stages of the pathway;

- Discharge Planning
- Reduction in delays to transfer
- Front door processes.

The Health Board is fully engaged with Welsh Government seasonal planning events and a series of local winter plan sessions with relevant partners will continue throughout the period, these are aimed at consistently reviewing progress and adoption of the key improvements identified.

4.11 Representatives of the Local Authority and Health Board attended the National Programme for Unscheduled Care and have subsequently become part of a network for sharing learning and good practice.

5. WELL-BEING OF FUTURE GENERATIONS

5.1 This report contributes to the Well-being Goals as set out in Links to Strategy above. It is consistent with the five ways of working as defined within the sustainable development principle in the Act in that it describes investment in preventative services improving outcomes for individuals and their carers in the longer term. We have been involving service users and carers as changes have been implemented and will continue to do so to understand if the new ways of working are better. Collaboration between social care and health is a key aspect of our approach as exemplified by the Joint Hospital Discharge Team, contributing to shared outcomes and integrated across a number of Well-being Goals.

6. EQUALITIES IMPLICATIONS

6.1 The report is for information, there are no equalities implications identified.

7. FINANCIAL IMPLICATIONS

7.1 There are no specific financial implications associated with the report it is an update on work being undertaken. It is acknowledged that this is a significant area of work and any changes to current practice would be subject to individual reports.

8. PERSONNEL IMPLICATIONS

8.1 There are no specific personnel implications associated with this report.

9. CONSULTATIONS

9.1 The report reflects the views of the consultees

10. RECOMMENDATIONS

10.1 Members note the work undertaken following the report from the members task and finish group.

11. REASONS FOR THE RECOMMENDATIONS

11.1 Update report was requested, Welsh Government have a clear focus on this area of the authorities and its partners performance.

Author: Jo Williams Assistant Director Adult Services willij6@caerphilly.gov.uk
Consultees: Cllr Robin Woodyatt Cabinet Member Social Services
Chris Hill Team Manager Joint Hospital Discharge Team
Richard Desir Senior Nurse Aneurin Bevan University Health Board
Adult Service Management Team
Senior Management Team