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AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE MEETING

Date: Wednesday, 12 October 2016

Time: 6.30 pm

Place: Trafford Town Hall, Talbot Road Stretford M32 0TH

	A G E N D A	PART I	Pages
1.	**ATTENDANCES**		
	To note attendances, including Officers, and any apologies for absence.		
2.	**MINUTES**		1 - 6
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 13 July, 2016.		
3.	**DECLARATIONS OF INTEREST**		
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4.	**SINGLE HOSPITAL SERVICE UPDATE**		
	To receive a report of the Director of Strategic Projects, Central Manchester University Hospitals Foundation Trust.		
5.	**URGENT CARE CENTRE AT TRAFFORD GENERAL HOSPITAL UPDATE**		Verbal Report
	To receive a verbal update of the Director of Strategic Projects, Central Manchester University Hospitals Foundation Trust – report to follow.		
6.	**UPDATE ON THE GYNAECOLOGY UNIT AT TRAFFORD GENERAL HOSPITAL**		Verbal Report
	To receive a verbal update of the Director of Strategic Projects, Central Manchester University Hospitals Foundation Trust.		

7. **UPDATE ON PHLEBOTOMY SERVICES AT TRAFFORD GENERAL HOSPITAL** — Verbal Report

To receive a verbal update of the Director of Strategic Projects, Central Manchester University Hospitals Foundation Trust.

8. **TRAFFORD CARE COORDINATION CENTRE UPDATE**

To receive a report of the Chief Operating Officer, Trafford Clinical Commissioning Group – report to follow.
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9. **HEALTHWATCH UPDATE** — Verbal Report

To receive a report of the Chairman of HealthWatchTrafford.

10. **CQC INSPECTION OUTCOMES - WYTHENSHAWE**

To receive a report of the Deputy Chief Executive, University Hospital of South Manchester.

11. **EXECUTIVE'S RESPONSE TO THE HEALTH SCRUTINY COMMITTEE'S REPORT ON DIGNITY IN CARE** — 7 - 26

To receive a report of the Executive Member for Adult Social Services and Community Wellbeing.

12. **EXECUTIVE'S RESPONSE TO THE HEALTH SCRUTINY COMMITTEE'S REPORT ON DELAYED TRANSFERS OF CARE** — 27 - 44

To receive a report of the Executive Member for Adult Social Services and Community Wellbeing.

13. **JOINT HEALTH SCRUTINY COMMITTEE UPDATE** — Verbal Report

To receive a verbal update of the Vice-Chairman of the Health Scrutiny Committee meeting.

14. **GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE** — Verbal Report

To receive a verbal update of the Vice-Chairman of the Health Scrutiny Committee.

15. **TASK & FINISH GROUP UPDATE** — Verbal Report

To receive a verbal update of the Chairman of the Health Scrutiny Committee.

16. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, L. Walsh, Mrs. V. Ward and M. Young (ex-Officio)

Further Information
For help, advice and information about this meeting please contact:

Alexander Murray,
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This agenda was issued on **Tuesday, 4 October 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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HEALTH SCRUTINY COMMITTEE

13 JULY 2016

PRESENT

Councillor J. Harding (in the Chair).
Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, L. Walsh, Mrs. V. Ward and M. Young (ex-Officio)

In attendance

Stephen Gardner	- Director of Strategic Projects, CMFT
Gina Lawrence	- Chief Operating Officer, Trafford CCG
Dianne Eaton	- Director of Integrated Care (Pennine Care and Trafford Council)
Ann Day	- Chairman of HealthWatch Trafford
Maria Slater	- Child and Adolescent Mental Health (CAMH) service Manager, CMFT
Sue Heatley	- Matron / Palliative & End of Life Care (Adults) Lead, CMFT
Jane Grimshaw	- Head of Nursing, Trafford Hospitals, CMFT
Chris Gaffey	- Democratic and Scrutiny Officer

1. MEMBERSHIP OF THE COMMITTEE 2016/17, INCLUDING CHAIRMAN AND VICE-CHAIRMAN.

RESOLVED: That the Membership of the Committee for the 2016/17 Municipal Year, as appointed at the Annual Meeting of the Council held on 25 May 2016 and set out below, be noted:

Councillors Jane Brophy, Mrs Angela Bruer-Morris, Mark Cawdrey, Mrs. Denise Haddad, Joanne Harding (Chairman), Alan Mitchell, Kevin Procter, Sophie Taylor, Laurence Walsh, Viv Ward, Michael Young (Ex- Officio), Mrs. Patricia Young (Vice Chairman).

2. TERMS OF REFERENCE

RESOLVED: That the Committee's Terms of Reference, as agreed at the Annual Meeting of the Council held on 25 May 2016, be noted.

3. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Mitchell in relation to holding a Governor position with a Mental Health Trust.
- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.

4. MINUTES

Referring to minute 48, the Director of Strategic Projects for Central Manchester Foundation Trust advised he would look into CMFT's plans to move TB services from Altrincham to Trafford General Hospital and get back to the Committee to confirm.

Members enquired as to when they would receive the Safeguarding training mentioned in minute 46. Members also sought clarification on when they could expect the findings from the CAMHS consultation mentioned in minute 47 to become available.

RESOLVED: That the Minutes of the meeting held on 29 March 2016, be approved as a correct record and signed by the Chairman.

5. SINGLE HOSPITAL SERVICE

The Committee received a report of the Executive Member for Adult Social Services and Community Wellbeing providing a short summary of the current progress and status of the Single Hospital Service Review.

Members were sceptical as to whether the suggested service changes could be achieved by the target date of April 2017, and the Committee agreed that an extraordinary meeting would be scheduled to discuss the Single Hospital Service Review once more information became available.

RESOLVED:

(1) That the report be noted.

(2) That the Single Hospital Service Review be monitored and revisited at a future meeting.

6. TRAFFORD CARE COORDINATION CENTRE

The Committee received a presentation of the Chief Operating Officer, Trafford Clinical Commissioning Group (CCG) providing an update on developments of the Trafford Care Coordination Centre (TCCC).

Members were presented with the statistical outcomes of the first five months' TCCC referrals, which showed positive results. Basic errors in referrals had declined rapidly and 135 diagnostic tests had been arranged, reducing the need for follow up appointments. Work was ongoing on discharge management referrals, with an average of 30 patients being process through the system on a daily basis. Patient feedback had been positive, and the recently completed patient satisfactory surveys would be brought to a future Committee meeting for information.

Members were provided with the financial savings projections from the use of the referral and discharge managements systems, and a high level financial analysis could be brought back to the Committee at a future meeting.

The Chairman welcomed the presentation and requested that an update on the TCCC be added as a standing item on the agenda. It was agreed that further visits to the TCCC would be organised for interested Members.

RESOLVED:

(1) That the presentation be noted.

(2) That the customer satisfactory surveys be included in a future TCCC update.

(3) That an update on the TCCC be a standing item on the agenda.

(4) That visits to the TCCC be organised for interested Members.

7. ASCOT HOUSE

The Committee received a presentation of the Chief Operating Officer, Trafford Clinical Commissioning Group (CCG) and the Director of Integrated Services for Trafford Council & Pennine Care, providing an update on intermediate care at Ascot House. It was noted that intermediate care beds were light in Trafford compared to national statistics, and that at any one time there was a number of patients delayed from entering the next stage of treatment.

The objective would be to convert Ascot House into a dedicated intermediate care facility, bringing a number of provisions under one roof. Members were advised of the opportunity to convert all of the current 36 beds to provide intermediate care, with potential for a further 9 beds.

Discussions were ongoing as to what would be the most appropriate delivery model, and Members were advised of the importance of a holistic approach to intermediate care. The preferred approach would be to have a mixture of both nurse and therapist led treatment, and the Chief Operating Officer CCG would bring Members more information on the scope of both models at a future meeting.

Officers confirmed that approximately 27 beds were currently operational, with the next 9 beds hopefully up and running in the next 6-8 weeks. The next phase would depend on recruitment, and a completion date for this phase had not been set for this reason. The intention would be to have as many beds as possible operational for winter.

Visits to Ascot House would be organised for interested Members, and the Committee would be provided with progress reports as the model grew in relation to staffing.

RESOLVED:

(1) That the presentation be noted.

(2) That visits to Ascot House be organised for interested Health Scrutiny Committee Members.

(3) That the Committee receive progress reports on the development of the service.

8. CQC INSPECTION OF CMFT RESULTS

The committee received a presentation of the Child and Adolescent Mental Health (CAMH) service Manager at CMFT. The service had been rated as “Outstanding” in the CQC assessment, and the various strengths that had contributed to the overall rating were described. The success of the services was attributed to good leadership, effective organisation, and high professional standards.

It was noted that the local CAMH service in Trafford was not provided by CMFT. There was currently a "patchwork" of provision of CAMH services across Greater Manchester, with variable standards of provision, and there may be potential for the new GM Devolution processes to address these inconsistencies.

The Committee also received a report of the Matron / Lead for Palliative & End of Life Care (Adults) and the Head of Nursing, CMFT, providing an update on End of Life Care (EoLC) for adult patients following the publication of the Care Quality Commission (CQC) report for Trafford Hospitals, June 2016. It was noted that Trafford General Hospital and Altrincham Hospital were both rated as “Good” in their own right.

The inspection rating for CMFT as a whole was ‘good’, with many individual areas receiving a rating of ‘outstanding’, however it was agreed that work needed to be done in the area of End of Life Care, which was rated as ‘required improvement’. Members were disappointed with the inspection’s findings in this area, particularly in respect of the lack of T34 Mechanical Infusion Devices and the lack of 7 day cover.

Since the inspection, CMFT had trained numerous members of staff in the use of T34 syringes, and the training had now been incorporated into medical devices study days. A T34 library had also been established on the Trafford Acute Medical Unit to ensure hospital wide access to pumps 24 hours a day, and a robust tracking system was now in place to ensure the syringes were returned to the library. To enable the service to provide 7 day cover, three new full time equivalent posts had recently been agreed by the service. The recruitment process was ongoing for a band 6 nursing post as well as a consultant post, but a band 7 nursing post had been successfully filled.

The Director of Strategic Projects for CMFT recognised that legitimate issues around EoLC had been raised in the CQC inspection, and agreed that improvements were required. He hoped that the report demonstrated to the Committee that these improvements were now ongoing, and advised of the importance of external inspections from bodies like the Health Scrutiny Committee and HealthWatch.

The Chairman thanked the CMFT staff for their presentation and report, and confirmed that the Committee would require a further update on EoLC in the future.

RESOLVED:

(1) That the presentation and report be noted.

(2) That the Committee receive a further update on End of Life Care services at CMFT in future.

9. HEALTHWATCH TRAFFORD ANNUAL REPORT

The Committee received the 2015/16 Annual Report of HealthWatch Trafford. Members welcomed the report, and were impressed by the level of consultation work in which the organisation were engaged. The Chairman reminded Members of the importance of working and engaging with local communities.

The Chairman of HealthWatch Trafford confirmed that the 2016/17 work programme had now been agreed and could be circulated to Members. HealthWatch would be visiting Trafford General Hospital in November to review their End of Life Care provision, and also planned to visit CAMHS to investigate reports of issues with accessing their service.

RESOLVED:

(1) That the report be noted.

(2) That the HealthWatch Trafford 2016/17 work programme be circulated to Members.

10. JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Vice-Chairman of the Committee provided an update form the recent Joint Health Scrutiny Committee (JHSC) meeting on 5 July, 2016, where she was in attendance. The meeting focused primarily on the New Health Deal for Trafford.

The Vice-Chairman advised that CMFT were currently considering changes to the Urgent Care Centre and Walk in Centre at Trafford General Hospital. Consultations would focus on the two different models being considered; a nurse led minor illness and injuries service, and a more advanced model using extended nursing roles. The selected model would be taken to the next JHSC meeting in September, but the Committee had already indicated their preference of adopting the second model as this would provide a more comprehensive service.

RESOLVED: That the verbal update be noted.

11. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Vice-Chairman of the Committee provided an update form the recent Greater Manchester Joint Health Scrutiny Committee (GMJHSC) meeting on 13 July, 2016, where she was in attendance.

Members were updated on the Healthier Together programme, with four hospitals to be nominated as centres of excellence in dealing with surgery for high risk patients from April 2017. Members were also told that NHS England were considering the closure of Cladderstones – a site currently with 60 occupants, but a capacity of 223 beds – and would be looking to move patients into care in the community where possible. The Vice-Chairman had requested that each local

authority's Health Scrutiny Committees be approached to discuss these matters individually, as these types of decisions would affect each locality differently.

RESOLVED: That the verbal update be noted.

12. TASK AND FINISH GROUP FOLLOW UP

Members received the reports of the Health Scrutiny Committee on Dignity in Care and Delayed Discharges, considered by the Executive on 20 June, 2016. The Executive would be required to provide a formal response to the recommendations set out in the reports in due course.

It was noted that the review of stroke services had not progressed significantly, and this would be revisited at a later date. Cllr Mrs Bruer-Morris would provide an update on the District Nursing review at the next meeting.

RESOLVED: That the update be noted.

13. COMMITTEE WORK PLAN 2016/17

The Committee received a report on the proposed Health Scrutiny work programme for the 2016/17 municipal year. Members agreed that two task and finish group reviews should be undertaken; one on Young People's Wellbeing within Trafford, and the other on End of Life Care within Trafford. Members were invited to register their interest in participating in each review with Democratic Services.

The Chairman advised that the work programme would need to be flexible to allow for any in year changes or additions.

RESOLVED:

(1) That the report be noted.

(2) That a task and finish group be formed to review Young People's Wellbeing within Trafford.

(3) That a task and finish group be formed to review End of Life Care within Trafford.

The meeting commenced at 6.30 pm and finished at 9.16 pm

TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **12th. October 2016**
Report of: **Executive Member for Adult Social Services and Community Wellbeing**

Report Title

Executive's Response to the Dignity in Care review – Follow Up recommendations made in March 2016

Summary

At the June 2016 meeting of the Executive, a report from the Scrutiny Committee, setting out their recommendations from the follow up of the dignity in care review carried out in 2013 was received and a verbal response given.

The Executive values the contribution that the Scrutiny Committee has made to dignity in care and the experience of discharge from hospital and fully supports their findings and recommendations.

The Executive is committed to improving the experience of Trafford residents who receive hospital care and treatment and to contributing to a smooth discharge process.

Responses have been sought from CMFT, UHSM and SRFT on progress to date and the responses will be reported at the meeting.

Recommendation(s)

It is recommended that this report is noted and approved.

It is further recommended that the progress made by the hospital trusts are noted.

Contact person for access to background papers and further information:

Name: Karen Ahmed
Extension: 1890

Background Papers:

Report to Health Scrutiny Committee 15th. March 2016
Dignity in Care – follow Up

Implications

Relationship to Policy Framework/Corporate Priorities	N/A
Financial	N/A
Legal Implications:	N/A
Equality/Diversity Implications	N/A
Sustainability Implications	N/A
Staffing/E-Government/Asset Management Implications	N/A
Risk Management Implications	N/A
Health and Safety Implications	N/A

Background

1. The Health Scrutiny Committee carried out a comprehensive review of dignity in hospital care which reported back in December 2013.

2. Follow-up meetings were held in February 2016 and March 2016 which led to a series of recommendations which were referred to Executive in June 2016 (Appendix 1).

3. The report and the recommendations were welcomed by the Executive. In addition it was noted that the work continues to be on-going.

4. The Executive notes that the majority of recommendations are for health partners to implement and as such UHSM, SRFT and CMFT were asked to provide further reports on their progress to provide assurance to both the Executive and the Health Scrutiny Committee of their recognition of the importance of hospital discharges.

5. Comments and observations on the recommendations are detailed below.

Response of the Executive

Recommendation 1:
The NHS Trust discharge procedures continue to be reviewed on an annual basis and refreshed when required.

6. The Executive notes that work on discharges from hospital is subject to on-going improvement and that the CCG, Council and Pennine Care have worked together to improve hospital discharges, with a particular emphasis on Wythenshawe Hospital where delayed transfers of care are an issue.

7. As such the Executive notes that there has been extensive review of the discharge procedures with a view to improving the safe and timely transfer of care from a hospital setting to a destination where the patient's needs can be better met.

Recommendation 2: That Trafford Council Adult Social Care, CMFT and UHSM work with Trafford Healthwatch in meeting the recommendations set out in their report.

8. Issues identified by Trafford Healthwatch continue to be addressed by the Council and the CCG in increasing community and residential and nursing capacity within the community. Pennine Care have also begun providing an intermediate care facility at Ascot House which will be fully open by the 1st October.

9. Where residential or nursing homes have concerns that they are unable to meet the needs of patients, Pennine Care now provide the Community Enhanced Care service which provides the homes with the reassurance that they need.

Recommendation 4: That UHSM have a representative attend the Residential/Nursing Home forums

10. As part of the review of the discharge procedure at UHSM, Pennine Care and the Council work closely together, and now manage the discharge process. Close links with the residential and nursing forum are maintained through the Council and CCG commissioners.

Recommendation 9: That Trafford Council discuss locality locations of the Trafford Carers Centre with NHS Trusts

11. The Trafford Carers Centre have been in discussion with the Council and the CCG regarding the co location of carer centre staff. They currently have a presence at Trafford General and will in the future be starting to work at Wythenshawe hospital and the TCC.

Response from Salford Royal Foundation Trust

Recommendation 7: That SRFT inform Trafford Health scrutiny committee of the results of the new Transfer of care form and if successful (and appropriate) to help other trusts implement a similar form.

12. SRFT report that the Transfer of Care form is still in the pilot phase. It has now been rolled out to all nursing homes who have been asked to complete one for each patient. This is checked at annual review by the social worker or the NHS funded care team and there is an additional form which confirms that the Transfer of Care form has been evaluated and is up to date.

13. Work is on-going in embedding the use of the form as part of the standard process. The form should be scanned in on arrival at the hospital, and this does not always happen. The pilot is currently being audited by the consultant geriatrician at Salford Royal.

Response from UHSM

14. The response from UHSM is attached at Appendix 2

Response from CMFT

15. The response from CMFT will follow.

Recommendations

16. Health Scrutiny Committee are asked to :
    - Note and approve the report
    - Note the progress made

TRAFFORD COUNCIL

Report to:	**Health Scrutiny Committee**
Date:	**15th March 2016**
Report of:	**Chairman and Vice Chairman of Health Scrutiny Committee**

Report Title

Dignity in Care Review – Follow up

Summary

To review the findings of the Dignity in Care report completed by the Committee December 2013.

Recommendation(s)

That the Committee agree the following recommendations and refer the report to the Executive:-

1) **That NHS Trust discharge procedures continue to be reviewed on an annual basis and refreshed when required.**

2) **That Trafford Council Adult Social Care, CMFT and UHSM work with Healthwatch Trafford in meeting the recommendations set out within their report.**

3) **That CMFT and UHSM discharge team managers meet on a quarterly basis in order to share best practice.**

4) **That UHSM have a representative attend Residential/Nursing Home forums.**

5) **That the minutes of forums attended by Residential/Nursing Homes and Hospital representatives be sent to Trafford Health Scrutiny Committee for information.**

6) **That CMFT look into broadening the scope of their Patient Passport for Learning Disabilities with support from UHSM.**

7) **That SRFT inform Trafford Health Scrutiny Committee of the results of the trial of the new Transfer of Care Form and if successful (and appropriate) to help other trusts implement a similar form.**

8) **That UHSM look into developing their relationship with Trafford Carers Centre with support from CMFT.**

9) **That Trafford Council discuss locality locations of Trafford Carers Centre with NHS Trusts.**

10) **That the TCCC is consulted by all trusts when making changes to communications procedures and/or technology.**

Contact person for access to background papers and further information:

Name: Alexander Murray

Extension: 4250

Background

1. In December 2013, Health Scrutiny Committee approved a comprehensive report based upon the work of a topic group (Appendix 1). The group was formed to look at the treatment of Trafford residents within the hospitals which provide them with care. The Committee agreed to follow up the recommendations of that review and this report sets out the findings of that process.

Scope

2. As this was a follow up review rather than a full Task and Finish Group topic the Committee gathered evidence from Nursing and Residential Homes, a report from Healthwatch Trafford (Appendix 2) and evidence made available by the trusts online e.g. complaints information. Once the evidence had been gathered representatives from University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester Foundation Trust (CMFT), Salford Royal Foundation Trust (SRFT), Trafford CCG, Trafford Council Adult Social were asked to the Committee meeting 10th February 2016 to answer questions formulated by the committee. The questions that the councillors asked focused upon areas that they deemed the most pressing given the information obtained.

3. UHSM, CMFT and SRFT representatives were sent copies of the evidence in advance of the meeting along with the most pressing questions that the Councillors had. UHSM and CMFT sent responses to the written questions in

advance along with a number of documents. Representatives then attended the meeting and answered further questions from Committee Members. The representatives of SRFT gave their apologies for the meeting and were sent the questions following the meeting via email.

Responses

4. Below are the responses received from each Foundation trust in response to the questions posed prior to and during the meeting. Due to the wide scope of the issues at hand and the integrated nature of health and social care services within Trafford there are also responses from Trafford Council and Trafford Clinical Commissioning Group included.

5. The Responses have been grouped into 4 Issues that were highlighted by the evidence gathered. These four issues are; effective discharge procedures, effective communication with nursing/residential homes, families and carers, Health in Hospital and Care of Patients with Dementia.

Issue 1: Ensure that there are effective discharge procedures

6. Prior to the meeting all three trusts were asked for copies of their discharge procedures.

7. Both UHSM and CMFT have had problems with the number of delayed discharges. This issue is being tackled by a separate Task and Finish Group of the Committee and all responses relating to that issue will be present in the separate report generated by that group.

8. The Councillors noted that the Discharge Procedures of both UHSM and CMFT had recently been refreshed in keeping with the recommendations of the original Scrutiny report. Each discharge policy was exhaustive in terms of details on all aspects of the discharge procedure.

UHSM

9. Representatives of UHSM assured the Committee that the length of the discharge policy was not an obstacle to it being followed. Each ward has a discharge nurse who knows the procedures “inside and out” and is responsible for seeing that the policies are carried out for each patient.

10. UHSM use a discharge lounge system for the discharge of patients. Councillors noted that the opening hours of the discharge lounge did not match those of hours for discharge from the hospital. UHSM responded that they try to avoid late discharges, after the lounge hours, if possible and that they are considering

extending the discharge lounge hours in line with the policy. It was also noted that when a discharge is not happening from the discharge lounge then those who are collecting the patient are informed of the alternate arrangements.

11. UHSM has recently commissioned Saint John's Ambulance Service for the discharging of patients. Healthwatch Trafford noted the services excellent manner in working with patients.

12. When discharging a patient to a care home UHSM's discharge nurses provide updates to the home of the status of their resident, often 24hrs prior to discharge. This has been agreed by UHSM's Heads of Nursing and Matrons as good practice.

13. Despite the excellent discharge policies Healthwatch Trafford did note a number of problems during their observations. Within the report are recommendations for work to alleviate these problems.

CMFT

14. Since the discharge policy was re-launched in 2015 a large scale training regime has been undertaken to ensure staff are familiar with the practices.

15. Trafford General does not have a discharge lounge but still ensures that patients are discharged in a timely and dignified manner. If any patient is discharged outside of the hours stated within the policy then an incident report is raised.

16. In Trafford General all nursing/residential homes assess patients for suitability prior to acceptance; therefore all homes are aware of any patient transfers that have been agreed, including discharge date. A printed copy of the discharge letter is provided for nursing/residential homes on discharge.

17. Once CMFT's new discharge team manager is in post they will attend an established Trafford residential/nursing home forum, aiming to improve communication between partners in relation to patient admission and discharge arrangements. Another forum which is facilitated by Trafford Council will have representation from Trafford General in future.

18. Healthwatch Trafford noted that Trafford General had excellent discharge procedures and noted areas of good practice within their report. However there were a number of areas for improvement linked to the creation of packages of care as laid out within the report.

SRFT

19. All newly qualified nursing staff take the Preceptorship Programme 2 year course for Patient Flow & Discharge Planning. SRFT also make staff aware of the policies via the Trust's intranet site synapse. Work is directly being undertaken within wards around discharge planning & patient flow through the Patient Pathway Managers.

20. Nursing & Care Homes attend the hospital and assess patients and inform SRFT when they have bed capacity and availability. The date is always agreed in advance as it is the care/nursing homes that inform the Trust as to availability. SRFT take this approach as it is understood that they are a private business and won't, for example, take patients on a Friday, take patients over the weekend or take more than 3 admissions a day. Where possible SRFT try to negotiate what time the patient will be discharged to the care home. SRFT aim for discharges to be conducted as early as possible but this is dependent upon transport.

21. If a patient is going home with a Package of Care and will require assistance administering medications this should be identified during the assessment by the social worker and details of those medications should be included within the care plan for the care agency. For patients who require assistance with medications arrangements can be made for the TTO's to be in a dosette box which indicates what medication is to be taken when in order to support care providers with administration. For patients requiring more complex support with medications such as Tinzaparin a District Nurse Treatment sheet should be sent to ask District Nurses' to administer.

Issue 2: Ensure effective communication with nursing/residential homes, families and carers e.g. ensuring documents submitted by these parties on admission stay with patients.

UHSM

22. When documents are submitted with a patient during their admission UHSM tries to ensure that those documents follow the patient to the ward. UHSM have a standard set of discharge documentation already in place but they expressed their willingness to make changes to these documents following a discussion with carers/care providers.

23. UHSM are currently looking at implementing a new electronic records management system. This system will enable staff to scan all documentation that is presented with the patient which will then be added to that patients file. The project team have weekly telephone conversations with the Trafford Care Coordination Centre (TCCC) to ensure that the new system will work with the TCCC to maximise its effectiveness.

24. UHSM are currently trialling a “Patient Passport” on the acute admission wards, which was initiated by the acute discharge nurses. The Patient Passport is a document that is filled out by medical staff, discharge nurses, social workers, ward nurses, therapists, the patient and/or their relatives/carers. The Patient Passport remains with the patient on discharge and provides an overview of their stay in hospital and contains details of each and every intervention. At the meeting CMFT commented that they would like to bring in a similar document and UHSM said they would be happy to help.

25. The gap in communications between UHSM and patients families/carers was one of the main issues identified by Healthwatch Trafford. Whilst UHSM did state that they are willing to liaise with carers there is no clear conduit in place for this to happen such as the rapport which has been established by CMFT.

CMFT

26. CMFT have made a number of strides to improve the levels of communication between the trust, families, carers and social care professionals. Healthwatch Trafford noted the high levels of communication between CMFT, TMBC and community services within their report.

27. Trafford General Hospital is working closely with Trafford Carers Centre following appointment of their new CEO. A Trafford Carers Centre key worker spends 1 day per week in the hospital engaging with carers, supporting discharge processes. She will report to and work alongside the discharge team as of February 2015. The Carers Centre are keen to demonstrate the effectiveness of this work and are collating carer/patient outcome information. Carer feedback has been positive to date.

28. Urgent Care Centre (UCC) staff have been requested to ensure that any patient documentation provided on admission accompanies the patient once admitted. Trafford Hospital has agreed care planning documentation that is used for all patients to support the delivery of person centred care. At present there are no arrangements in place for return of the original care plan provided by the resident/nursing home. The Discharge Team Manager will be asked to discuss discharge arrangements and provision of information at the appropriate nursing/residential home forum.

29. There is a well-established individualised passport for Learning Disability patients, which remains throughout the inpatient stay, accompanying the patient on discharge. Trust staff contribute to the passport content as required.

SRFT

30. If a care plan arrives with the patient, it is kept with their Emergency documentation whilst they are in ED (Emergency Department). RNs are expected to read accompanying paperwork and the information contained may assist in the completion of ED paperwork (electronic). As a patient leaves ED and is admitted to the admissions unit or ward, the paperwork sent in with the patient is scanned onto the Trust Electronic Patient Record system, where it is available to be viewed by other Trust staff.

31. SRFT already have a Hospital Passport which can be used in a community setting as well. The family or carer for any patient with a cognitive impairment is offered one to complete to support care delivery. This is kept with the person at the bedside and is designed to be referred to before any care is delivered.

32. The hospital passport has an emphasis on personal information e.g. events from the patients past or their previous occupation etc. and how to keep them safe. Staff try to ensure contact details are kept up to date for who to involve in care, if needed, and who knows the patient best. This passport should be scanned into the electronic patient record and the original taken away with the patient. In this way if there are future admissions the information just has to be updated and not started again.

33. The SRFT Emergency Village have begun discussions with Salford CCG Safeguarding to pilot a standardised document to be used when patients attend ED from care homes. This Transfer of Care form has been designed in consultation with the Safeguarding Provider Forum, NWAS, SRFT, Care of the Housebound Group and Multi Agency Network. The aim is for the care homes to complete the form for each resident and review it on a monthly basis to ensure accurate interpretation of needs.

34. The transfer of care form will be kept in the front of the patients file, so that it is easily accessible, and given to NWAS prior to them leaving the care home. NWAS will pass this information to ED staff on arrival at hospital. The aim of the document is a one way process, with no requirement for the documentation to be returned to the care home once the patient is discharged from hospital, on the basis that a new transfer of care form is to be completed on readmission to the care home to reflect the changing needs of the patient.

35. The form has been designed to be utilised in all care homes within Salford. 2 nursing homes and 1 residential home have agreed to pilot the document.

36. When a patient is discharged from a general ward, a discharge summary is supplied and any significant changes to care are included. Ward staff will ring the

care home, usually a day or 2 before discharge, to discuss any changes in condition or care.

Trafford Council

37. Trafford Council are currently looking at the configuration of Trafford Carers Centre. The Acting Director for Education, Health and Care Commissioning stated that the council would be happy to discuss the community location of the carers centre with carers and the three NHS Trusts in order to redesign the service in a way that reflects the needs of service users and carers.

Trafford CCG

38. The implementation of the Trafford Care Coordination Centre is to be the key to the development of communications within Trafford. If correctly utilised the TCCC has the potential to align all aspects of Health and Social Care within Trafford and to utilise the data gathered to develop smarter ways of working. It is hoped that care homes and home care providers within Trafford will be able to sign up to the TCCC so that records will be consistent across all areas of health and social care.

39. The Health Scrutiny Committee recognises the pivotal role that the TCCC is to play within the future developments of the health landscape within Trafford. Because of this they were particularly happy to hear that UHSM consult with the TCCC on a weekly basis regarding the creation of their new records management system and highlighted this communication as an example of best practice.

Issue 3 – Patient Health in Hospital

UHSM

40. UHSM assess all patients on admission to Hospital around their activities of daily living, which includes assessing their safety. All patients are encouraged to be as independent as possible in line to what they are assessed as being able to do; in some cases this can be a multidisciplinary assessment which would include therapy input.

41. UHSM use the red tray system whereby patients who are identified as requiring assistance with eating or as having lost weight are served their food on a red tray so that staff are aware of their requirements.

CMFT

42. On admission patients undergo a comprehensive nursing assessment including an evaluation of the patient's usual baseline in maintaining their activities of daily living. On the Acute Medical Unit patients are considered for referral to the Community Enhanced Care Team within 72 hours of admission to promote early discharge.

43. A number of wards accept direct admissions, including stroke rehabilitation, neuro rehabilitation, complex discharge and fragility fracture/rehabilitation. All wards are supported with Allied Health Professional staff, physiotherapist and/or occupational therapist whose role involves assessment, goal planning and implementation of a plan for discharge. Patients where possible are encouraged to mobilise and engage in normal social activities, to promote and encourage independence and a sense of wellbeing.

44. CMFT also use the red tray system for those identified as needing assistance eating or having lost weight.

45. Both UHSM and CMFT strive to respond to weight loss of patients, by making adjustments to policy and the way that food is prepared and offered to patients, it is recognised by all that Hospital is not the best environment for people to be in. As such CMFT, UHSM, Trafford CCG and Trafford Adult Social Care are working together to minimise patient's length of stay and avoiding unnecessary admissions to hospital in order to reduce the impact on residents health.

46. Both UHSM and CMFT confirmed to the Committee that Catheterisation of patients during their stay only occurred for clinical reasons. Both Trusts keep a log of all patients that are catheterised and should any carers believe that a patient had a catheter fitted for no reason then this should be raised with the trust.

SRFT

47. All SRFT patients are individually assessed and plans of care are developed following that assessment. Where patients are able to do this unaided SRFT, as a nursing service, ensure that this is understood. Where patients need support and assistance then this too is assessed against the patient's individual needs. At all times maintenance of independence is considered a priority.

48. It was noted within the original report that SRFT had excellent dietary support in place. However, they have also been striving to reduce patients' length of stay (LoS) and over the last year they have achieved a reduction for both elective and non-elective LoS when compared to the previous year. Reducing LoS was designed into many work streams within this financial year which has supported

the reduction. These include; the redesign of the patient flow team to support complex discharge arrangements, reconversion of surgical activity from inpatient to day case, redesign of pathways to support weekly discharge with support from primary and community services.

49. The SRFT's position regarding catheterisation is that a patient will only be catheterised when there are clinical indications that a catheter is required. If a catheter is in situ for any other reason than those defined by the Catheter Urinary Tract Infection Collaborative it would be deemed as inappropriate and there would be an expectation that the catheter would be removed at the earliest opportunity.

50. The latest Safety Thermometer Data indicates that on average approximately 18% of hospitalized patients within SRFT have a catheter (this is a reduction from approximately 22% in the last 18 months).

Trafford Council

51. Trafford Council has recently introduced a Stabilise and Make Safe (SAMS) service which is showing promising results and Trafford plan to commission additional resource in this area. Trafford Council is also looking at improving the homecare service provision in order to streamline the process so patients can return home quicker.

Trafford CCG

52. Trafford CCG has commissioned an additional 18 intermediate care beds at Ascott House and is looking to expand this service further. Trafford CCG has also re-shaped their Continuing Health Care (CHC) procedures to ensure that Trafford has one of the most efficient CHC teams in the Country.

Issue 4 - Care of Patients with Dementia

UHSM

53. UHSM have dementia champions on their elderly patient wards and are looking to expand this. UHSM have implemented a Nurse training scheme where by those nurses on a band five can receive dementia speciality training so they can move up to a band six within a year.

CMFT

54. All medical wards at Trafford Hospital have a Registered Nurse and Nursing Assistant designated as dementia champions. Monthly meetings have commenced for dementia champions to support development of the role.

55. The Trust works closely with the Whitworth Art Gallery and a number of activity boxes have been made available to ward areas where patients with dementia are cared for i.e. Arts and Craft boxes. Staff and carers are encouraged to utilise the

boxes to engage with patients. A number of hospital volunteers are also trained to use the activity boxes. Recently it has been agreed that each ward will advertise and recruit a Nursing Assistant with a particular interest in activities to optimise patient experience for this patient group.

56. 225 members of Trafford Hospital staff have attended a 1 day dementia study day since April 2012. Age UK have also delivered training to 90 members of staff over the last 2 years on 'behaviours that challenge and therapeutic activities'. Dementia was chosen as a Hot Topic in March 2014. This comprises of a 1 hour training session, delivered twice daily throughout the month. 262 members of staff attended with excellent feedback. 'Barbara's Story' will be launched as a Hot Topic during 2016 to raise awareness of the impact of the healthcare system on patients with dementia and how we can enhance patient experience.

SRFT

57. There is a dementia link nurse on every ward at Salford Royal Hospital. This has been the standard procedure for the last three years.

Health Scrutiny Response

58. The Health Scrutiny Committee members were happy with the responses given by all those who attended the meeting and those received from SRFT via email. Councillors were also impressed by the level of work that was evident from the documents provided. All of the organisations showed that they are continually striving to improve performance and there were clear signs of integration in all areas of work.

59. The work by CMFT to set up communications with Trafford Carers Centre and working with Trafford Council in establishing communications with Nursing and Residential Homes were two areas that the Committee would like to highlight. This work goes a long way to overcoming the standard silo approach which has been taken to Health and Social Care in the past and creating a truly integrated service within Trafford.

60. UHSM's work with Trafford CCG and Trafford Council is another area that the Committee recognised as a sign of working collaboratively in order to tackle the challenges that the sector faces. This was most evident within the meeting itself where every single response to each question involved representatives from multiple organisations. The Committee welcomes and encourages this relationship and hopes that it can help play a role in furthering its development.

61. The Committee are very interested in the development of the Transfer of Care Form being developed by SRFT and would like to be informed as to how successful it is during the trial with the two care homes. With their responses SRFT have shown that they carry out best practice across the board which is

reflected in the small number of recommendations which apply directly to them. Because of the high standards at SRFT the Committee hopes that SRFT will adhere to those recommendations that request the sharing of information and best practice amongst trusts.

62. Despite the positive nature of the responses given by the trusts the Committee would like to point out that while gathering their evidence for this review there were still worrying accounts of instances where patients were falling through the gaps. The committee recognises the volume of work that is being done within Trafford and that the instances which were reported are the statistical anomalies that make up a tiny proportion of the cases that each organisation deals with.

63. Whilst the instances may be statistically insignificant those cases are extremely significant to the people it happens to. It is the role of Health Scrutiny to ensure that patients are at the heart of all health and social care practices, policies and decisions so the Committee will continue to scrutinise all Health and Social Care organisations whenever such cases are brought to them. The Committee hope that when instances do occur in the future that the trusts respond in the swift positive and open manner with which they responded to both the original report and this subsequent review.

64. The Committee recognise that it is practically impossible to remove all errors from the process. However, It is hoped that by continuing on the path of collaboration and spreading communication networks to encompass carers, residential and nursing homes and homecare providers that instances where things go wrong will be reduced and gaps within policies, procedures and practices will be identified and resolved as quickly as possible.

65. Finally the Committee would like to thank Healthwatch Trafford and their volunteers for the role they played in the gathering of evidence for this review. The report that they produced and the recommendations made within it were of great help to the Committee in the preparations for and creating of this follow up report.

Recommendations:

1) **That NHS Trust discharge procedures continue to be reviewed on an annual basis and refreshed when required.**

2) **That Trafford Council Adult Social Care, CMFT and UHSM work with Healthwatch Trafford in meeting the recommendations set out within their report.**

3) **That CMFT, UHSM and SRFT discharge team managers meet on a quarterly basis in order to share best practice.**

4) **That UHSM have a representative attend Residential/Nursing Home forums.**

5) **That the minutes of forums attended by Residential/Nursing Homes and Hospital representatives be sent to Trafford Health Scrutiny Committee for information.**

6) **That CMFT look into broadening the scope of their Patient Passport for Learning Disabilities with support from UHSM and SRFT.**

7) **That SRFT inform Trafford Health Scrutiny Committee of the results of the trial of the new Transfer of Care Form and if successful (and appropriate) to help other trusts implement a similar form.**

8) **That UHSM look into developing their relationship with Trafford Carers Centre with support from CMFT and Trafford Council.**

9) **That Trafford Council discuss locality locations of Trafford Carers Centre with NHS Trusts.**

10) **That the TCCC is consulted by all trusts when making changes to communications procedures and/or technology.**

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Date: 5th September 2016

Karen Ahmed
Director of All Age Commissioning
Children, Families & Wellbeing – All Age Commissioning
Trafford Council
Trafford Town Hall
1st Floor Extension
Talbot Road
Stretford
M32 0TH

Dear Karen

Trafford Health Overview and Scrutiny Committee Recommendations

Thank you for your email dated 12th August 2016, sent whilst I was on annual leave.

We thank you for the opportunity to respond, from this reply I hope you will recognise that following the February 2016 Trafford Health Overview and Scrutiny Committee meeting, UHSM provided email response to several questions and reports prior to and following the meeting. UHSM completed all actions and offered assurance that when the new national guidance and template policy is published we would amend our Discharge Destination Policy in line with the new Choice Agenda.

We advised the Committee that UHSM were working closely with the NHS Delivery Team acting as a pilot site and was actively working with the team that developed the Quick Guide. Following receipt of the new guidance and template policy UHSM have adopted the line taken by developing a new Choice Policy that shares the aims of managing discharges effectively and in a timely manner, so as to alleviate pressures on acute hospital trusts, also aiming to "ensure that choice is managed sensitively and consistently throughout the discharge planning process". The draft Choice Policy is currently out for internal comment and will be circulated to our partners for comment shortly.

The next stage will be for the Policy to go through UHSMs internal ratification process and once ratified, Patient Flow will hold training sessions for both internal staff and external partners. Full implementation is unlikely to be embedded into practice until November 2016.

Should you require any further information, please do not hesitate to contact me.

Kind regards

Silas Nicholls
Chief Operating Officer / Deputy Chief Executive

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TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **12th. October 2016**
Report of: **Executive Member for Adult Social Services and Community Wellbeing**

Report Title

Executive's Response to Delayed Discharges Task and Finish group recommendations made in March 2016

Summary

At the June 2016 meeting of the Executive, a report from the Scrutiny Committee, setting out their recommendations from the follow up of the dignity in care review carried out in 2013 was received and a verbal response given.

The Executive values the contribution that the Scrutiny Committee has made to the experience of discharge from hospital and fully supports their findings and recommendations.

The Executive is committed to improving the experience of Trafford residents who receive hospital care and treatment and to contributing to a smooth discharge process.

Recommendation(s)

It is recommended that the agreement with the findings and recommendations of the Task and Finish Group on delayed discharges be noted.

It is recommended that the progress against the recommendations also be noted.

Contact person for access to background papers and further information:

Name: Karen Ahmed
Extension: 1890

Background Papers:

Report to Health Scrutiny Committee March 2016
Task and Finish Group – Delayed Discharges

Implications

Relationship to Policy Framework/Corporate Priorities	N/A
Financial	N/A
Legal Implications:	N/A
Equality/Diversity Implications	N/A
Sustainability Implications	N/A
Staffing/E-Government/Asset Management Implications	N/A
Risk Management Implications	N/A
Health and Safety Implications	N/A

Background

1. A Task and Finish group made up of four Councillors from Trafford Council's Health Scrutiny Committee conducted a review of hospital discharges at Wythenshawe Hospital. This followed the identification of delayed discharges as an area of concern in June 2015.

2. The Task and Finish Group chose to focus their review on the delays at Wythenshawe Hospital firstly because Wythenshawe had the highest number of delays and because Wythenshawe treats the majority of Trafford residents.

3. The Task and Finish group reported back to the Health and Scrutiny Committee at its meeting in March 2016 and a number of recommendations were made.

4. The findings and recommendations were presented to Executive in June 2016 and a verbal response provided.

Response

5. The Executive confirm their agreement to the recommendations and thank the Health Scrutiny Committee for undertaking this important work.

6. The Executive recognises the importance of both reducing unnecessary hospital admissions and improving the experience of discharge from hospital and in particular ensuring that they are timely and well planned.

7. The Executive is pleased to note that there has been significant progress in improving delayed transfers of care from Wythenshawe Hospital since the report in March 2016.

   Recommendation 1 :
   That a comparison of referral processes at SRFT, CMFT and UHSM be conducted to identify opportunities for improvement and that this be carried out on a regular basis.

8. The referral processes continue to be scrutinised as the number of inappropriate referrals to the hospital discharge team continues to impact negatively on the availability of social work time.

9. Work has been undertaken to redesign the referral form and mechanisms to improve the conversion rate (the number of referrals that result in a care package, and this has shown some improvement as demonstrated in the table below.

2015/16	Apr-15	May-15	Jun-15	Qtr 1	2016/17 Variance
Number of Referrals	314	304	294	912	-29
Packages of Care	98	90	85	273	+155
Conversion Rate	31%	30%	29%	**30%**	+18.6%

2016/17	Apr-16	May-16	Jun-16	Qtr 1	YOY Change
Number of Referrals	317	228	338	883	-3%
Packages of Care	182	121	125	428	+57%
Conversion Rate	57%	53%	37%	**48%**	+62%

Recommendations 2 and 3 : Training for care workers, and the new model of homecare

10. These workstreams are underway and will be addressed both on a Trafford level and as part of the Greater Manchester adult social care transformation programme.

Recommendation 4 : Homecare providers and staff are treated as key partners in the hospitalisation and discharge process of service users as laid out in the NHS England Better Use of care at Home Quick Guide.

11. There are a number of developments in commissioning home care which seek to build on our existing relationships with homecare providers and current models of care provision. These include the Stabilise and Make Safe service, which includes a discharge to assess component and advance planning for winter resilience.

12. The number of providers on the framework was increased over the summer through a competitive process, and resulted in two new providers. In addition the CCG and the Council shared their community resources to enable capacity to better meet the summer demand. Providers estimate a 30% loss of capacity over the summer and this fluctuation in supply will need to be addressed not just through closer working relationships, but through commissioning a different model of support.

13. The Council continues to hold regular meetings with individual homecare providers to ensure a continued supply of good quality provision, recognising

that capacity within the market needs to be supported, and with wider meetings with the market as a whole.

Recommendation 5: The results of the negotiations of the price of placements between Adult Social Care and Residential and Nursing Home providers be shared with Trafford Health Scrutiny Committee.

14. The results can be found at https://democratic.trafford.gov.uk/documents/s11697/Res%20Care%20and%20Nursing%20Care%20-Exec%20report%20-FPFC.pdf

Recommendation 6: That Residential and Nursing Care Workshops with representation from Adult Social care, Trafford CCG, UHSM and Residential and Nursing Home Managers be held on a regular basis.

15. The Executive can confirm that regular meetings are held with Residential and Nursing Home managers, the Council and Trafford CCG. The meetings cover a variety of issues.

Recommendation 7: That the Chairman of Trafford Council's Planning Committee facilitates communication between Trafford CCG, UHSM and building developers regarding the current gaps in Nursing home and EMI provision

16. The Executive supports this decision and notes that the Council and the CCG have worked with new providers in Trafford to ensure that new developments are built to best practice standards to offer a homely environment,

Recommendation 8 : The Council requests that Trafford CCG inform Trafford Health Scrutiny Committee of the developments of the proposed expansion of the intermediate care services at Ascot House

17. Trafford CCG have confirmed their intention to commission a 36 bedded intermediate care model at Ascot House. The provision will be operating at full capacity from the beginning of October 2016.

Recommendation 9 : **The review of the reablement model and the evaluation of the new model be shared with the Health Scrutiny committee for information.**

18. The Stabilise and Make Safe model is monitored regularly and as stated in the March report, this approach will be fully evaluated at the end of the financial year.

19. A review of the redesigned reablement service will also take place.

Recommendation 10: That Council requests UHSM to ensure that the new policy encouraging patients to consider their discharge meets as many of the 30 points of the checklist laid out in the Quick Guide; Supporting Patient's Choice to Avoid Long Hospital stays as possible.

20. UHSM have recently updated their discharge policy and the Council have requested that the policy meets the criteria. UHSM have advised that they considered the checklist and that the final policy has now been ratified by their legal department.

    Recommendation 11: That Councillors use their connections with communities in order to help Health and Social Care Representatives understand why delays due to Patient choice have increased.

21. The Executive fully supports this recommendation and further requests that any information on the increase in delays due to patient choice that Councillors may be aware of, is passed on to the Executive Member for Adult Social Services and Community Wellbeing.

Recommendation

22. The Executive recommends that the agreement with the findings and recommendations of the Task and Finish Group on delayed discharges be noted.

23. The Executive recommends that the progress against the recommendations also be noted.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 24th March 2016
Report of: Health Scrutiny Committee
Report Title

Task and Finish Group – Delayed Discharges

Summary

A Task and Finish Group made up of four Councillors from Trafford Council's Health Scrutiny Committee conducted a review of Hospital Discharges at Wythenshawe Hospital in order to identify the reasons behind the high levels of delays. The Group met with representatives from Trafford Council Adult Social Care, Pennine Care, Trafford CCG and UHSM to look at each aspect of discharges from a Health and Social Care perspective resulting in the recommendations below.

Recommendation(s)

That the Executive agree to the following recommendations:

1) **That a comparison of referral processes at SRFT, CMFT and UHSM be conducted to identify opportunities for improvement and that this be carried out on a regular basis.**
2) **That the details of the training programmes to be offered to care workers be brought to Health Scrutiny Committee for information once designed.**
3) **That Health Scrutiny Committee be informed of the new model of Homecare once the design is completed.**
4) **That Homecare providers and staff are treated as key partners in the hospitalisation and discharge process of their service users as laid out in NHS England Better Use of Care at Home Quick Guide.**
5) **That the results of negotiations of the price of placements between Adult Social Care and Residential and Nursing Home providers be shared with Trafford Health Scrutiny Committee.**
6) **That Residential and Nursing Care Workshops with representation from Adult Social Care, Trafford CCG, UHSM and Residential and Nursing Home Managers be held on a regular basis.**
7) **That the Chairman of Trafford Council's Planning Committee facilitates communication between Trafford CCG, UHSM and building developers regarding the current gaps in Nursing Home and EMI provision.**

8) **That the Council requests that Trafford CCG inform Trafford Health Scrutiny Committee of the developments of the proposed expansion of the intermediate care services at Ascot House.**
9) **That the review of the old reablement model and the evaluation of the new model be shared with Health Scrutiny Committee for information.**
10) **That Council requests UHSM to ensure that the new policy encouraging patients to consider their discharge meets as many of the 30 points of the checklist laid out in the Quick Guide: Supporting Patient's Choice to Avoid Long Hospital Stays as possible.**
11) **That Councillors use their connections with communities in order to help Health and Social Care representatives understand why delays due to Patient Choice have increased.**

Contact person for access to background papers and further information:

Name: Alexander Murray

Extension: 4250

Background

1. Delayed discharges were identified as an area of concern by Trafford Health Scrutiny Committee in June 2015. Delayed discharges of care have become a national talking point in the course of the last year. The statistics show that
    - 5,000 patients have been delayed, up from 4,500 a year ago (11.1% increase)
    - The proportion of delays attributable to social care is up to 32.2%, compared to 26.3% a year ago (22.4% increase).
    - There has been a 34% increase in delays for patients awaiting a care package in their own home.
    - There have been 154,100 total days delayed, up from 139,000 a year ago (10.9% increase).

Scope

2. Whilst there are issues with delayed discharges across Greater Manchester the Task and Finish Group chose to focus their review upon the delays at Wythenshawe Hospital. There were two reasons for this decision; firstly that Wythenshawe has the highest numbers of delays[1] and secondly that Wythenshawe treats the majority of Trafford residents.
3. As the problems at Wythenshawe had been identified as being a combination of issues between Trafford Adult Social Care, Pennine Care NHS Foundation Trust (Pennine Care), University Hospital of South Manchester NHS Foundation Trust (UHSM) and Trafford Clinical Commissioning Group

[1] Of 1526 bed days lost due to delayed discharges in June 2015 from all hospitals which receive Trafford residents 1018 of these were at Wythenshawe Hospital.

(Trafford CCG) the Task and Finish Group decided that the review had to involve each of these organisations.

Process

4. When the Task and Finish Group had decided upon the scope of the review they contacted the related organisations informing them of what the group were looking at and asking them to meet in order to discuss this issue. It was suggested that they meet with Trafford Adult Social Care and Pennine Care in the first instance.
5. The group had two meetings with representatives of Adult Social care and Pennine Care. During these two meetings the model for processing referrals and issuing packages of care were discussed. At the point of the second meeting the number of delays for Trafford residents had dropped dramatically and it seemed as though the new measures implemented by Trafford Council and Pennine had resolved the issues.
6. In December, the group became aware that there had been a dramatic increase in delayed discharges and that the number of residents delayed had reached similar levels as in June. Due to this a third and final meeting was arranged this time with representatives of UHSM, Trafford Adult Social Care, Pennine Care and Trafford CCG in attendance. The change in attendees reflected the change in the reported causes of the delays which as of October 2015 included NHS delays.

Task and finish Group findings

7. During the three meetings that the group members had with Health and social care representatives a number of different causes of delays were identified. These causes were; Adult Social Care Referrals, Recruitment and Retention of Care Staff, Home Care Provision, Residential/Nursing Home and EMI Provision, Intermediate Care Provision, Reablement Services and Patient Choice. Below is a description of each of these issues, the way that they are being tackled is listed and the group's response and recommendations are given.

Adult Social Care Referrals

8. This cause of delays was the first identified by Trafford Council as being the major reason for the disproportionate ratio that Trafford residents represented out of the total number of delays at UHSM.
9. Pennine Care had a process analyst review Trafford's referrals processes at Wythenshawe hospital. The process analyst found a number of issues. An issues log was created which listed each of the issues, the actions that required doing and the officer responsible. By the time of the group's first meeting in August the majority of these issues had already been addressed.

10. The analyst used Manchester Council's Social Care Team as the basis for comparison. Whilst conducting the analysis three main differences were identified. These differences were; having a Contact Officer in place, having full access to Council computer systems at Wythenshawe Hospital and working in hubs throughout the hospital.
11. In responses, Trafford Council hired two additional social care assessors and a contact officer to be based at Wythenshawe Hospital. A solution to Trafford's IT problems at Wythenshawe Hospital was developed and implemented. Finally Trafford, Manchester and Stockport worked together to develop an Integrated Social Work Discharge Team at UHSM. This new model used Manchester's hub design but included staff from all three Councils working together in order to maximise efficiency and utilisation of the resources all three Councils have based at Wythenshawe Hospital.
12. As of the follow up meeting in October 2015 the changes that had been implemented had started to take affect and the number of delayed discharges of Trafford Residents had been significantly reduced from the position in June to the point where they were in line with Manchester Residents. There had been an increase of delays whilst these changes were being made but this had been identified as being the result of a lack of Homecare provision during the summer months. Trafford Council procured additional resources in this area and the delayed discharges fell in line with other Councils. Due to the success of this process Pennine Care had begun a similar approach at Trafford General Hospital.

Task and finish Group response

13. The task and finish group recognise the excellent work done by Trafford Adult Social Care and Pennine Care in tackling this issue. The use of Manchester City Council as a comparison and the resulting collaboration between Trafford, Manchester and Stockport Councils were examples of excellent practice and communication.
14. However, in January 2016 there were a total of 242 (131 Trafford and 111 Manchester) bed days lost due to Adult Social Care referrals. Whilst the Trafford numbers were comparative to those of Manchester City Council residents there is still a large difference between the delays for the same reason at Central Manchester Foundation Trust (77 total for Manchester and Trafford Residents) and Salford Royal Foundation Trust (0 delays due to this reason). Whilst these differences may be due to the demographic of patients that attend these hospitals rather than process it is felt that a further comparison exercise is required.

Recommendations

1) **That comparisons of referral processes at SRFT, CMFT and UHSM be conducted to identify opportunities for improvement and that this be carried out on a regular basis.**

Recruitment and Retention of Care Workers

15. An area that has been identified as a problem across all of the provisions of care both locally and on a national level is the difficulty in recruiting and retaining care staff. Care staff have a large amount of responsibility due to the large impact on the lives of service users. When compared to jobs of similar pay it is understandable why this is an issue for the care profession.
16. Trafford Council and UHSM have stated that they are committed to working with Care Providers, Care staff and Skills 4 Care in order to make care work a more attractive option for new employees and to offer a desirable career path for those already within the service.

Task and finish Group Response

17. The Group recognise the hard work that homecare workers do and are in full support of the plans of Trafford Council and UHSM to make home care a more attractive profession and to increase the prospects of carers. It is hoped that in providing this training the communication links between Care staff and health and social care staff will become stronger.

Recommendations

2) **That the details of the training programmes to be offered to care workers be brought to Health Scrutiny Committee for information once designed.**

Home Care Provision

18. There was a severe lack of carers available during the summer months which lead to Trafford having to perform a quick procurement exercise resulting in the addition of two additional Home Care providers to the Trafford Framework.
19. During the meeting in February 2016, a number of issues regarding the provision of homecare were highlighted to the Group. Since the model of Homecare was first developed Trafford has significantly changed the way that services are delivered. The largest of these changes has been the integration of Health and Social care through the implementation of the new locality model. Trafford will be looking at redesigning the current model of the commissioning of homecare so that it is aligned with the locality model. The details of how this redesign will look are currently unavailable as the new model is being formulated.

20. The group were also informed of a new checking in system called CM 2000 which the council will be looking to deploy during the coming year. With this system Home Carers check in and out of service users homes so that the council will be able to accurately monitor the length of visits. This will ensure that the council is only paying for visits that do occur and that users are receiving the amount of care they need.
21. The Councillors were informed that following discussions between Trafford Council, UHSM and Providers a new process was being put in place allowing packages of care to remain and be reactivated by the hospitals without re-assessment for up to 72 hours after admission.

Task and Finish Group Response

22. The Group were surprised to hear that the Trafford Model for Homecare needed improvement. The members were pleased to hear that this gap in service is being addressed and would like the proposed new model to be presented to Health Scrutiny once the design has been agreed.
23. The Group would also like to see efforts made by Trafford Council Social care and UHSM to involve Homecare providers and staff more within the hospital admission and discharge process as laid out in the NHS England Quick Guidance.
24. The members welcomed the implementation of the CM 2000 system as this will enable the Council to accurately monitor the length and frequency of visits and provide assurance to the council that the correct levels of care are being given to users.

Recommendations

3) That Health Scrutiny Committee be informed of the new model of Homecare once the design is completed.
4) That Homecare providers and staff are treated as key partners in the hospitalisation and discharge process of their service users as laid out in NHS England Better Use of Care at Home Quick Guide.

Residential/Nursing and EMI (Elderly and Mentally Infirm) Home Provision

25. In January 2016 there were a total of 280 bed days lost due to patients waiting for a space to become available at a home. This represents the fourth largest cause of delays.
26. There has been a long standing issue regarding the cost of Homes in the area. The statutory position for the Council is that if someone cannot afford to pay to be in a care home then the Council will pay for them. The Council have a standard rate which users can then opt to top up if they so wish. Due to the

cost of many of the Residential Homes within Trafford the number of available affordable beds is limited.

27. Trafford are currently looking at a new way of commissioning beds in homes. This would involve the council block booking rooms at homes for the length of a contract (Usually 3 years). The idea behind this system is that it will provide homes with the stability of having guaranteed income from those rooms for three years and in return the council receives a discounted rate for those rooms. This was in the early stages of development at the time of the meeting and so a limited amount of information was available.
28. During the meeting Trafford CCG and UHSM identified the lack of available Nursing Home and EMI availability as a barrier to discharging patients. The NHS does not have the same limitations on funding that Trafford Council has so these issues are directly linked to the number of Homes available with sufficient facilities and staff expertise.
29. The increase in the number of referrals for Continuing Health Care (CHC) is evidence of the influx of patients with very complex cases that Trafford CCG are having to find places for. Trafford CCG are currently in the position where they have to place residents in out of borough homes. UHSM have similarly found that there is a lack homes with EMI provision available to meet the demands of an aging population within Trafford.
30. Whilst not desirable, there is an option with patients of a reasonable standard of health, to move them into a temporary home whilst they wait for a place at the home of their choice to become available. With both complex and EMI cases this solution is not an option as the disturbance of moving them twice has a large negative impact on them, their overall health and life expectancy.
31. Prior to the meeting Trafford Council arranged a workshop with providers and Health and Social Care representatives. Those at the meeting who had attended the workshop stated that it had been extremely informative and helpful to meet with the providers and to be given an insight into their side of the service.
32. Councillor Mrs Ward offered to act as a liaison, within her role as chairman of Trafford Councils Planning Committee, between Trafford CCG, UHSM and developers. The idea being that they could discuss the current gaps in provision with the developers so plans could be adjusted to meet these needs.

Task and Finish Group Response

33. The price of residential and nursing homes within Trafford has been known about for quite a long period of time. The Group hope that efforts made by Trafford Adult Social Care to offer stability to care providers in order to receive a reduction in costs pays dividends and would like for the results of this exercise to be brought to the Health Scrutiny Committee.
34. The Group were happy to hear of the workshop event organised by Trafford Adult Social care and urge that this be conducted on a regular basis and that

UHSM be invited to attend. Whilst it is not a solution in the short term, by making providers and developers aware of the lack of provision, through the workshops and by the Chairman of Trafford Council's Planning Committee facilitating liaisons with developers, the members believe that Trafford could eventually have a solution to this long standing issue.

Recommendations

5) **That the results of negotiations of the price of placements between Adult Social Care and Residential and Nursing Home providers be shared with Trafford Health Scrutiny Committee.**
6) **That Residential and Nursing Care Workshops with representation from Adult Social Care, Trafford CCG, UHSM and Residential and Nursing Home Managers be held on a regular basis.**
7) **That the Chairman of Planning Committee facilitates communication between Trafford CCG, UHSM and building developers regarding the current gaps in Nursing Home and EMI provision.**

Intermediate Care Provision

35. Intermediate care was identified as being an issue by Trafford CCG. As such they have used better care fund monies this year in order to greatly increase the number of available beds.
36. At the start of the 2015/16 municipal year there were just five intermediate care beds within Trafford, five beds in Manchester and another five virtual beds. Using the better care fund Trafford CCG have increased this number to 18 beds which are supported by Pennine Care. There are a number of vacancies available for nurses to support the expansion of this service but the CCG are confident they will be able to fill these positions.
37. As of February there were 17 patients waiting for intermediate care beds. Trafford CCG are working with the Council to look at further increasing the number of Intermediate care beds within Ascot house in order to extend the service. Trafford CCG has put together a business case for having up to 45 beds at Ascot house.
38. In addition to increasing the number of beds that are available Trafford CCG developed and implemented a new model of care which has greatly reduced the length of stay of patients.

Task and Finish Group Response

39. The group welcome the steps that Trafford CCG have taken in collaboration with the Council in order to address the gap identified in intermediate care services. The members support the proposed expansion of the service being offered at Ascot house and wish to be informed of the progress of the proposals.

Recommendations

8) **That the Council requests that Trafford CCG inform Trafford Health Scrutiny Committee of the developments of the proposed expansion of the intermediate care services at Ascot House.**

Reablement Services

40. A major review and redesign of the reablement service took place earlier this year. The new service is targeted at those residents who would benefit most from a reablement offer. New provision such as Home from Hospital volunteer service which provides a range of support like benefits application, shopping, dog walking and Stabilise and Make Safe (SAMS) are now being commissioned. A full evaluation of the new model will take place at the end of the financial year.
41. At the meeting in February the group were informed that due to the success of the SAMS service an additional 2 new providers were being commissioned, one at each end of the borough. 35 residents had completed the process 26 were fully self-sustained and 5 required homecare. On average the amount of care required by residents has been reduced by 7 hours.
42. UHSM stated that they feel that as the capacity of this service increases it will become the first call of service. Adults Social Care are also looking at upskilling the SAMS workforce to increase the support the service is able to offer. There has already been a meeting with the two new providers about stepping up the scale of the service provided within Trafford and they are keen to do so.

Task and Finish Group Response

43. As with the model of homecare the Councillors were surprised to hear that the previous model of reablement based at Ascot House was not delivering the required outcomes. The Group would like the results of the review which was carried out to be made available to the Health Scrutiny Committee so they can compare that information with the evaluation of the new services at the end the municipal year.
44. The group welcomed the news as to the early success of the SAMS service and the planned expansion of it. They were pleased to hear the support of UHSM of the service and that they recognised it as an improvement on the previous model.

Recommendations

9) **That the review of the old reablement model and the evaluation of the new model be shared with Health Scrutiny Committee for information.**

Patient Choice

45. In residential, nursing and EMI homes there are many instances where patient's families want a specific home and keep them in hospital waiting for a place to become available. This is a national trend where patient choice is quickly becoming the main reason for delayed discharges.
46. The problem with patient choice is that it is part of the very fabric on which the person centred model of Health and Social Care is built and so to interfere or deny it is undesirable. In response to this UHSM has employed 4 home finders. This is a new role at Wythenshawe Hospital brought in specifically to aid people in finding a suitable home.
47. The representatives of UHSM went through some examples of the way in which the Home Finders have aided in the discharge of patients either by facilitating the viewing of homes or by aiding patients in the decision making process.
48. UHSM are currently trying a new policy which encourages people to think about discharge throughout the period of their care and to be involved in the process.
49. If a person continually refuses to be discharged to a home that meets their needs it can get to a point where these incidents are seen as a safeguarding issue and the Council has to take legal action to have the person taken to a home. The Council tries to avoid this at all costs.
50. The representatives of Health and Social Care asked the Councillors for their input and help in relation to this issue. The reason for the sudden increase in delays due to patient choice is unknown and it is hoped that through Councillors connections with the community they will be able to ascertain any underlying causes.

Task and Finish Group Response

51. The Group recognise the extremely difficult nature of this issue as patient choice is a key element of Health and Social Care services. The Councillors support the approach taken by UHSM and have noted that the hiring of home finders was highlighted in NHS England's Quick Guide: Supporting Patient's Choice to Avoid Long Hospital Stays as good practice. In addition to the home finders the Quick Guide has a 30 point checklist and the policy which is to be implemented by UHSM should meet all of these criteria.
52. The Councillors are happy to aid in tackling this issue where possible and will use their connections with the community in this regard.

Recommendations

10) That Council requests UHSM to ensure that the new policy encouraging patients to consider their discharge meets as many of the 30 points of

the checklist laid out in the Quick Guide: Supporting Patient's Choice to Avoid Long Hospital Stays as possible.

11) **That Councillors use their connections with communities in order to help Health and Social Care Representatives understand why delays due to Patient Choice have increased.**