

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 UHSM 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 the Health Scrutiny Committee receives regular updates from the TCCC as to the progress of all other recommendations.
Adult Social Care Referrals**
- 2) That a comparison of referral processes at SRFT, CMFT and UHSM is conducted to identify opportunities for improvement and that similar exercises are conducted on a regular basis.**
- 3) That the details of the training programmes to be offered to care workers be brought to Health Scrutiny Committee for information once designed.**
- 4) That the Health Scrutiny Committee is informed of the new model of Homecare once the design is completed.**
- 5) 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.**
- 6) 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.**
- 7) 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.**

- 8) 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.
- 9) 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.
- 10) That the review of the old reablement model and the evaluation of the new model be shared with Health Scrutiny Committee for information.
- 11) That the Council requests UHSM to ensure that their new policy, encouraging patients to consider their discharge from hospital, 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.
- 12) 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.

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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 University Hospital of South Manchester NHS Foundation Trust (UHSM). There were two reasons for this decision; firstly that UHSM has the highest numbers of delays¹ and secondly that UHSM treats the majority of Trafford residents.

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 UHSM.

3. As the problems at UHSM 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 (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.
8. The development of the Trafford Care Coordination Centre (TCCC) and the impact that it will have in the development of all aspects of the Health and Social Care environment within Trafford was a continual thread throughout the groups work. In light of this the group members agreed that the TCCC be consulted and information from it should feed into all of the recommendations within the report.

Recommendations

1) That the Health Scrutiny Committee receives regular updates from the TCCC as to the progress of all other recommendations.

Adult Social Care Referrals

9. 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.
10. Pennine Care had a process analyst review Trafford's referrals processes at UHSM. 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.
11. 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 UHSM and working in hubs throughout the hospital.
12. In responses, Trafford Council hired two additional social care assessors and a contact officer to be based at UHSM. A solution to Trafford's IT problems at UHSM 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 UHSM.
13. 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 was identified as 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

14. 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.

15. 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

- 2) **That a comparison of referral processes at SRFT, CMFT and UHSM is conducted to identify opportunities for improvement and that similar exercises are conducted on a regular basis.**

Recruitment and Retention of Care Workers

16. 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.
17. 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

18. 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

- 3) **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

19. 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.
20. 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.
21. 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.
22. 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

23. 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.
24. 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.
25. 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

- 4) **That Health Scrutiny Committee is informed of the new model of Homecare once the design is completed.**

- 5) 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

26. 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.
27. 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.
28. 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.
29. 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.
30. 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 is currently in the position where they have to place residents in out of borough homes. UHSM have similarly found that there is a of lack homes with EMI provision available to meet the demands of an aging population within Trafford.
31. 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 patients overall health and life expectancy.
32. 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.

33. 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

34. 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.
35. 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

- 6) 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.**
- 7) 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.**
- 8) 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

36. 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.
37. 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 has 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.

38. 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.
39. 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

40. The group welcome the steps that Trafford CCG has 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

- 9) 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

41. 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.
42. 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.
43. UHSM stated that they feel that as the capacity of this service increases it will become the first call of service. Adults Social Care is 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

44. 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 of the municipal year.

45. 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

- 10) 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

46. 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.
47. 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 UHSM brought in specifically to aid people in finding a suitable home.
48. 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.
49. 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.
50. 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.
51. 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

52. 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.
53. The Councillors are happy to aid in tackling this issue where possible and will use their connections with the community in this regard.

Recommendations

- 11) That the Council requests UHSM to ensure that their new policy, encouraging patients to consider their discharge from hospital, 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.**

**12) 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.**