

## **TRAFFORD COUNCIL**

**Report to:** Health Scrutiny Committee  
**Date:** 12<sup>th</sup>. 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.