

MEETING	Services Scrutiny Committee
DATE	17.03.16
TITLE	Progress made against the recommendations of the From Hospital to Home Scrutiny Investigation - Part 2
PURPOSE	To submit an update to the Services Scrutiny Committee on the progress made.
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1 The decision sought/purpose of the report:

To give members of the Services Scrutiny Committee an update on the progress made against the recommendations of the 'From Hospital to Home Scrutiny Investigation - Part 2'

2 Introduction

The 'From Hospital to Home - Part 2' report was submitted to the County Forum on 15.07.15 and it included seven main recommendations. This report informs the Services Scrutiny Committee of the latest progress made against the previous recommendations, and where possible, responds to some of the observations in the 'Tracking Interviews'.

The report was prepared jointly between the Council and the Betsi Cadwaladr University Health Board and observations are made on each recommendation.

3 Relevant Considerations

N/A

4 Reasons for recommending the Decision

Recommendation 1 - Address some of the weaknesses of the patient transfer arrangements giving due focus where necessary to drawing up a new Care Plan or adapting the current Care Plan soon after the patient arrives at Hospital.

We are glad that it has received positive feedback during the Tracking Interviews and generally we believe that work is progressing very well in this field - both on an operational and strategic level. As part of the attempt to work in an integrated way across the Care and Health field, a general change of emphasis has now been established when assessing individuals. The principle that the assessment should be carried out in the best possible circumstances for the individual is agreed with, and very often that is in their homes - normally this is where they are most familiar with and comfortable in. Therefore, this is an obvious attempt to move away from the previous traditional way of assessing in the hospital.

The new way of working that is being trialled in the Eifionydd area is offering initial positive outcomes when transferring patients. The removal of the panel arrangements means that decisions are made sooner and in a more timely way for the patient. Thus far, there is no evidence that the removal of this panel arrangement has led to any increase in expenditure. The new way of working in an integrated way and rationalising documents for assessments means that we are starting to see a substantial reduction in the paperwork for staff on the Ward in Ysbyty Alltwen. This reduction means that the staff have more time to care for and support patients, whilst at the same time facilitates the transfer process in general.

Currently, the new way of working is only operational in Eifionydd, and further work is to be done over the coming months to establish the arrangements, e.g. on the Ward. Key discussions are currently being held between the Council and the Health Board to anticipate how the integrated structure will look in Gwynedd in the future. Therefore, it is expected that we will be in a position to confirm this image soon, and that we will then be able to roll-out the new way of working in other areas.

We know that there are practical problems in terms of transferring patients in some areas of Gwynedd, such as in Meirionnydd. We are seeking a joint-response to these concerns and from the Council's perspective, appointments have recently been made and also staff have been moved there temporarily to assist with the situation. However, there are concerns about some of these problems in the longer term - if the situation is to be resolved, strategic planning between the two authorities will need to continue. As part of the attempt to do so, a new project was commissioned under the Strategic Plan by the Full Council on 03.03.16 that will seek to respond to the challenge in terms of the Care and Health regime in its entirety. The concerns highlighted in the Meirionnydd area are of course a part of a broader problem - e.g. there are some areas where local and family networks are scarcer than in other parts of the County. Alongside this, the lack of job opportunities for the young means that young

people have left the area and consequently, the population can be older than in other areas. The 'Hospice in the Home' provider has also identified the lack of carers in Meirionnydd and in response to this, has funded more carers specifically to offer end of life support. Currently, we are in the process of recruiting and the intention is to ensure close collaboration between all partners in the field locally.

Recommendation 2 - Support the Third Sector to co-ordinate preventative and specialist support services in the community and ensure that they have adequate resources to address this and to increase the frontline workers' knowledge and awareness of third sector services.

We are glad to report, on a strategic level, that positive collaboration is taking place between all partners who are represented on the Third Sector Liaison Group. Although there has not been a substantial change in the situation since the above-mentioned recommendation was made in July 2015, the relationship with the third sector is generally good. Jointly, we are developing the strategy to respond to the statutory requirements of the Social Services and Well-being Act. The work progressing with Dewis Cymru and the mapping of community activities in the Eifionydd area are a part of this. In addition, the G1 Care Challenge project in the Strategic Plan also seeks to identify the strength of communities and encourages community action. We expect to succeed to do so by working with the communities, the third sector and other key partners.

It should be noted that the Council has approved cutting a total of £100,000 in the budget that is allocated to the third sector, and also ensure efficiency savings of £65,000. This of course highlights the challenge facing the sector, and underlines the need to collaborate as closely as possible and share resources for the benefit of Gwynedd's residents.

In particular, in terms of establishing a single point of contact, as has been reported already in relation to Recommendation 1, the work is currently being developed in the Eifionydd area and we will have then progressed to implement it in the other areas after the new way of working is established. The Integrated Team that is operational in the Eifionydd area will be the 'single point of contact' for the residents of Eifionydd, and this model will then be duplicated across the county. The emphasis continues on being person-centred and this is at the core of establishing a 'single point of contact'. Again, as a part of trialling the new way of working in the Eifionydd area, the third sector, and particularly the Care and Repair officer, is now a part of the team that is located in Ysbyty Alltwen.

Recommendation 3 - Assess the success of the *Intermediate Care Project* and ensure follow-up following the end of the grant to deal with any shortcomings

which remain in terms of maintaining the service of the hospital discharge teams and the community teams in full at weekends.

We are glad to report that the government has decided to continue to fund the most successful projects of the 'Intermediate Care Project'. Therefore, the new way of working in Eifionydd continues to be funded as well as the work of further improving the hospital discharge teams, along with how to provide support over the weekend (working seven days). In order to address the needs of all of our residents, there is a need for the Health and Care system in reality to be able to offer a full service over the weekend, unfortunately, the current historical arrangements do not allow for this to happen at the moment. However, as the increasing focus is on ensuring that the customer is central to everything we do, it can be seen that this principle places increasing pressure on us to change the previous historical arrangements. Unfortunately, the reality is that it is not always easy to make such changes. Nevertheless, we continue to be of the belief that we will ultimately succeed to ensure suitable arrangements for the future that will allow us to maintain focus on our residents' needs at all times. The aim is to be able to offer a full and consistent service throughout the week, which would mean that there would be no need to worry about any unequal workloads on some days of the week compared to others. This change is undoubtedly substantial and we will ensure that suitable arrangements are in place to support the workforce along the journey.

In terms of the observations heard in the Tracking Interviews regarding the documents, we believe that the new way of working that is being developed across Adult services and the Health Board will succeed to challenge unnecessary bureaucracy, and in a number of cases it has already led to the rationalisation of forms. In addition, we will be very glad to receive any further suggestions regarding how we can avoid further duplication, or see whether or not it will be possible to submit and receive information in an alternative and more effective way again. It is worth noting that the Council and the Health Board are breaking new ground with this aspect and at times are offering alternative solutions to the regional procedure by abolishing unnecessary forms.

We are glad to hear positive observations regarding 'Step up / Step down' and following discussions we are also glad to report that the previous obstruction of GPs not being free to support patients outside their practice areas is not a problem anymore.

Recommendation 4 - Collaborate with Hywel Dda Health Board to agree on an arrangement with the Ysbyty Bronglais Discharge Team to discharge patients to South Meirionnydd.

The Health Board, and Ffion Johnstone the Area Director in particular, has a strong link with the Hywel Dda Health Board. In addition, Morwena Edwards, Corporate Director, and Gareth Roberts, Cabinet Member, are attending the 'Mid Wales Health Collaboration Board', a body that is also attended by the Health Board's Chief Executive and Chairman.

We are glad to report that the relationship is positive but also note that the observations from the Tracking Interviews suggest that this can be improved further.

Recommendation 5 - It is given to understand that work is underway to improve the situation regarding the shortage of doctors and nurses and that the schemes need to be developed and communicated clearly and immediately, specifically focussing on the critical situation in Dwyfor and Meirionnydd.

The Health Board and the Council are collaborating in an attempt to respond to this concern. As part of the Betsi Cadwaladr University Health Board action plan and through the learning commissioning process, a specific application has been submitted to Welsh Government to train 280 additional nurses up to 2019. In addition, Morwena Edwards, as Statutory Director of Social Services, and on behalf of the North Region partnership, has written to Albert Heaney, Director of Social Services, Children and Families, expressing concern about the current situation. No formal response has been received from Albert Heaney to date.

The Health Board, the Council and all relevant partners are continuing to collaborate closely in response to the current challenge. Although we agree with the Committee's recommendation, it should be highlighted that we should not depend solely on traditional support and that there are alternative ways of meeting needs. Other professional groups can be used to satisfy the needs of individuals and the Health Board has received 'Primary Care Strategy' funding to consider the possibilities of developing multi-disciplinary teams. In particular specialist nurses, pharmacists, therapists, audiologists, who would specialise in management of chronic conditions, community care, and the use of technology to facilitate allowing patient to stay in their home.

In particular in terms of observations, attention was drawn during the Tracking Interviews to the number of vacant posts across the north. Currently, in the north-west, it is noted that 7 registered nursing jobs are vacant and the rest are associated with the advertising process. This ties in to the observations already made in this report; it can be reported that it has been difficult to appoint nurses in the Tywyn area. For example, the Health Board has advertised externally four times and is yet to receive any applications.

In the longer term, you will be aware that a piece of work has been commissioned by the Health Board and the Council, through the arrangements of the Local Services Board (Anglesey and Gwynedd) to look at options in terms of various care and health models that could be considered in the future. The Council has a number of internal residential homes and the intention of the work that has been commissioned is to identify options that are open to the Council in terms of the most suitable use for beds in these homes, in order to strengthen the provision on a local level and in areas where the population density is lower. This work will report back to the Local Services Board in terms of progress as well as to the individual bodies.

Furthermore, the new project has also been commissioned by the Full Council on 03.03.16 in an attempt to respond to the current problems in terms of providing care and health for older people in Gwynedd. By coordinating this project again with the Health Board, we will seek to ensure that we have a suitable procedure in place across this field in the future.

Recommendation 6 - Review the Discharge Protocol by consulting with key stakeholders including the patients and the public in line with the Language Policies of Gwynedd Council and the Health Board.

The Discharge Protocol has now been adopted by the Health Board.

Recommendation 7 - Assess the success of the work that is underway on Lean/Vanguard at Ysbyty Alltwen to address the current bureaucratic arrangements to free staff's time to deal with their main duties of providing care and nursing.

The Services Scrutiny Committee is holding a specific investigation into this work in the Eifionydd area. One of the main aims of the work is to challenge unnecessary bureaucratic arrangements in order to release staff time, and there is now substantial evidence that this proposal can be achieved. As noted in accordance with Recommendation 1, work is progressing and we anticipate that we will soon be in a position to confirm which area the new way of working will be rolled out next. It should be confirmed of course that the Eifionydd area has been selected as an area for commencing the new way of working and that Ysbyty Alltwen is used as a location for the Integrated Team - Teams in other areas will not necessarily be located in Community Hospitals.

We see benefits in the quality of care given by working in an integrated way. The observations of one service user, aged 98, possibly summarise and convey the advantages excellently:

"The County's services are second to none I'd say, and I'm not just being flattering, I'm telling the truth. I know how important the individual contact is to keep people confident to carry on living their lives as they want to live. And if they can't, there is somebody there to give some support and advice - rather than having to go from one to another, and not knowing exactly who is who and who's responsible for what."

The side-effect of focussing on the best possible care for the user and seeking to achieve what really matters, is that we are now starting to see a reduction in the traditional patterns of care commissioned in the Eifionydd area, e.g. Domiciliary Care.

In particular, in terms of the observations on language in the 'Tracking Interviews', it should be noted that whilst the language policies of the Council and the Health Board are different, that both organisations adhere to the principles of 'More than Words', namely the Government's Strategic Framework. In terms of the Health Board, and subject to recruitment difficulties, appointing bilingual staff is considered to be desirable.

It is fair to note that the specialist support received from external consultants has been at the core of the work's success to date. However, we consider that the work of developing the internal specialist capacity will mean, in time, that there will be less dependency on external consultants. It must also be borne in mind that grant funding for improving services was used to fund the external support, rather than core budgets.

5 Next steps and timetable

To be confirmed

6 List of Appendices/Bibliography

N/A