

Dignified Care?

The experience of older people in hospitals in Wales

Gwynedd Council Social Services' response to recommendation number 5

Note that the recommendation regarding the safe and effective discharge from hospitals is in two parts:

Firstly, it is noted that services should be commissioned in a more specific and effective manner, including services for people with dementia.

Secondly, it is noted that Social Services staff should be more positively engaged in the process of hospital discharges, through multi disciplinary teams on a ward level.

This response has been prepared following discussions with Health officials within acute and community hospitals.

1 Gwynedd Council has conducted a review of residential services in the county. As a result of this work it has been recognised that less traditional residential provision is necessary, and that more specialist residential services for people with dementia and a few more general nursing beds and beds for dementia are needed.

The Project Board has been established to fulfil this vision by transforming the current provision. Gwynedd Council currently has 14 residential homes.

A member of Betsi Cadwaladr LHB is a full member of this Board, representing the Health Board's interests in the project.

During the term of the project the following has been fulfilled:

- Establishing two specialist units for people with dementia in two homes (one in Blaenau Ffestiniog and one in Tywyn, Meirionnydd)
- Establishing one specialist residential home in Caernarfon for people with dementia
- Work has begun on building Additional Care Homes in Bala, Meirionnydd. One unit in this new provision will be an Intermediate Care unit commissioned jointly by Health and Social Services.

It is further noted that there has been an improvement enabling us to discharge patients safely from hospitals following the establishment of the above services. (the reader is referred to hospital discharge figures (DToC))

During May 2012 discussions have been held between Gwynedd Council Social Services' officials and Betsi Cadwaladr Health Board regarding the best way forward from the standpoint of Mental Health services for older people, especially since the dementia care units in Pwllheli and Dolgellau have been temporarily closed due to the lack of suitable doctors.

We have agreed to co-operate on the scoping exercise with the result that a sustainable model of care in the south of the county has been identified (Dwyfor and

Meirionnydd areas). This model will reflect the rural nature of this part of Gwynedd and the emphasis will be on community support.

It is acknowledged that dementia is a chronic condition (under the Control of Chronic Conditions system) and we will strengthen this relationship between community psychiatric nurses and the rest of the multi disciplinary teams in the areas.

A comprehensive review of day care is currently being conducted. Although the work is being driven by savings, it is obvious that much better use could be made of current resources and we will be engaging fully with Health on a number of levels – from senior management to leading teams in areas which are chaired by GPs in the three areas. .

The model of providing day care for people with dementia in Pwllheli hospital has been successful, and this model could be extended.

It is noted that the third sector has an important contribution to make and could also be included.

Gwynedd Social Services has established a main stream Enabling service for adults over 18 years old across the county since April 2010. This runs side by side with the Intermediate Care service which is available in Arfon, Dwyfor and parts of North Meirionnydd. A meeting will be held in June 2011 to consider how to extend this service jointly throughout the county and to strengthen the relationship with the Enabling service.

The developments in 2011/12 also includes the extension of the Enabling system to all home care providers (currently only the Internal Provision Services in Gwynedd offers this service), and the establishment of a specialist unit in a residential home for Enabling. It is hoped that no individual will be admitted to a residential home directly from hospital, but that they will receive an additional opportunity to recuperate and gain independence for a period of up to 6 weeks in sheltered accommodation.

2 There are a number of community hospitals in Gwynedd, and one acute hospital, Ysbyty Gwynedd. Due to the nature of the county a number of patients also go to hospitals outside the county, to Bronglais, Aberystwyth, Maelor, Wrexham , Glan Clwyd a Llandudno.

Historically older people tend to return to the community hospitals following a period in an acute hospital. Social work service is provided by community teams. During 2011 we have strengthened the relationship with community hospitals and GP surgeries by establishing touch down offices for social workers. This has been done through a Flexible Working pilot scheme where social workers work either from home or from touch down offices rather than from an area office. This pilot has generally been welcomed and Health staff have stated that they are pleased with the development.

Touch down sites: Ysbyty Blaenau, Ysbyty Tywyn, Ysbyty Alltwen, Bala Surgery, Barmouth Surgery. We are evaluating the pilot and intend to extend the scheme throughout the county. The sites are linked to the county's computer system. Technical systems need to be further developed to facilitate this system of joint working. However we are pleased with the progress so far.

As a result of the development of locality working we are working on strengthening the relationship between Health and Social Services teams. Although regular meetings are held between community nurses and social workers in many areas, GPs are not included in these discussions in every area.

Three surgeries in Gwynedd have piloted systems to identify patients who are deteriorating so that early intervention is provided to avoid hospital admissions. Regular meetings are held in the surgeries between all professionals and the initial forecasts indicate fewer hospital admissions from these surgeries as a result of these developments.

Gwynedd has also produced, jointly with Health officials, a handbook on multi disciplinary work which has recently been published and it is hoped that it will be adopted throughout North Wales.

In the acute hospital we have brought the social workers from Ynys Môn, Conwy and Gwynedd together to create one team. It is led and managed by Gwynedd Council. Streamlining the referral process to wards allows us to maintain and develop a better relationship with the ward teams. We are currently piloting a Customer Care system in the hospital, enabling us to respond to referrals in a more suitable way. It releases our resources to respond to more complicated issues. A similar system exists in Ysbyty Glan Clwyd and it has proved to be effective. The arrangement ensures that a member of social care staff is always available to receive referrals and to analyse them, responding immediately to requests for information etc. Only complicated cases are referred to social workers in order to maximise their time.

There is also an opportunity here to consider referrals for intermediate care (in accordance with the needs in the areas) and this possibility will have to be considered once an evaluation of the new system has been completed (Timetable: September 2011)

Within the hospital Predicted Date of Discharge weekly meetings are held and the leader of the Social Work team is a member of these meetings. There is a constructive relationship between the department and the discharge co-ordinators. There is an agreement in principle that it would be beneficial for these co-ordinators to be located with the social work staff in the hospital. This will have to be discussed in the coming year.

During 2010 the Out of Hours Team has moved into the acute hospital. We hope that this will strengthen out of hours work especially if we can move to more flexible working in the areas – not only from the standpoint of locations but also working hours. A working day of 8am to 8pm is foreseen and a combination of day/night work.

This move has been made possible due to moving some social workers from the hospital to the community. Field workers follow patients in and out of hospital. This works well in the areas nearest to the hospital but some work is needed to ensure smooth arrangements every time. The review shows that the system itself does not pose difficulties, but staff practice needs attention. It is acknowledged that any change is difficult and takes time to establish. We hope that the Customer Care system will address this issue.

Joint meetings have been held between Betsi Cadwaladr LHB, Ynys Môn County Council and Gwynedd Council to discuss cases which are difficult to discharge and to try and solve any difficulties. This has been difficult because local information and information about the cases are needed to contribute fully to any discussion. The relevant officials from the standpoint of Gwynedd Council would be Area Managers. In a rural area it's difficult to release officials to attend meetings because of travelling times and an agenda which serves two authorities. We need to look at how technological systems can support us in such situations and we are considering the use of tele conferencing.

On the whole, Gwynedd Social Services has faced the challenge of ensuring sustainable services through service restructuring, the establishment of Flexible Working and Chronic Conditions Management systems. We are pleased with the progress made jointly with partners in Health and the Third Sector. It is acknowledged that it's essential that we continue to be flexible in the way we work in order to meet changing needs and expectations.

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