



# **Bristol and South Gloucestershire Older People's Voluntary Sector Services Network Meeting**

**28 March 2011**

## **Attended:**

Gareth Jones, British Red Cross; Shelagh Zahra, Housing 21; Amanda Robbins, Housing 21; Enid Smith, Black Carers Project; Pippa Lloyd, University Hospitals Bristol NHS Foundation Trust; Dale Cranshaw, Princess Royal Trust - The Carers Centre; Pat Roberts, Bristol Older People's Forum; Meryl Gaskell, Living; Gillian Seward, NHS Bristol/Bristol LINK; Babs Williams, NHS Bristol; Sam Lane, Black Carers Project; Judith Brown, BOPF; Christina Rees, Brunelcare; Diana Porter, North Bristol NHS Healthcare Trust (NBT); Lyn Mitchell, Bristol LINK; Derek Dominey, Alzheimer's Society; Martin Green, Age UK- South Gloucestershire; Dianne McCarthy, Age UK – Bristol; University Hospitals Bristol NHS Foundation Trust; Gillian Turner, Caroline Mcaleese, The Care Forum

## **Apologies:**

Lucy Scales, British Red Cross; Earle Kessler, South Glos Link; Debbie Fear, Princess Royal Trust - The Carers Centre; Amy Smith, PEYTU; Nicole Andan, Mental Health Matters; Bridget Moylett, B&Nes Link Admin; Zehra Haq, Dhek Bhal; Martin Howard, NHS Bristol; Bryony Campbell, British Red Cross; Julie Close, Southern Brooks Community Partnership; Maggie Cooper, Milestones Trust; Peter Iles, Age UK- South Gloucestershire; Sue Brooks, Milestones Trust; Carol Rowland, Dementia Care Trust

## **Speaker – Diana Porter, Head of Care Management, North Bristol NHS Trust on Hospital Discharge**

I am responsible for hospital discharge and need to be aware of what is going on in the community such as outbreaks of flu, novovirus. I am also the lead for relations with social services, safeguarding and a strategic view. It is important that the whole system is aware of discharge, so people can flow through and that the system is joined up. Lots of other organisations are part of the discharge process and are interdependent

To support the patient's journey we need to ask what information people need, what is available. Effective hospital discharge is really important as without it we can't do what we need to do.

Changes in the NHS over time mean that recuperation in hospital no longer happens. There is a drive for acute hospitals to provide specialist care with the rest of care provided in the community. We need services to be in the right place for that to happen. Hospitals get paid for the length of time the patient's condition is expected to take. So there are financial difficulties if people end up staying in hospital for too long because of hospital bugs or other problems. People don't need to be in hospital unless they need specialist care but care close to home is not yet fully developed. There is also a financial crisis on top of all these changes. The NHS must save 25% of cost over four years. Because the numbers of people needing services are increasing it will be a real cut of 25%. Budgets are not increasing. You can see it visibly as services are closing.

Q: What is the discharge process?

A: If you come in for a planned operation there should be a pre-assessment at the beginning looking at what will you need when you leave. It could mean a patient just being given a leaflet with information about what to do afterwards eg don't drive for six weeks. We should be thinking about discharge from the moment a patient arrives. They will be given an Estimated Discharge Date (EDD). Hospitals get paid for the average length of stay for each condition for example with a chest infection people are expected to move on in five days. As well as medical treatment occupational therapists (OTs) etc may become involved to ensure patients can leave on the date.

Q: Who records this information?

A: Nursing staff.

We have a leaflet which includes the name of the discharge worker and the Estimated Discharge Date (EDD). EDD is recorded on a white board in the ward and sometimes on bed boards. EDD can help people with the realisation that they will be feeling better in five days.

Q: Why then are there stories of people getting home and no-one realises they are coming?

A: It happens when people make errors. We apologise and try to make things better. It is not acceptable, but there are large numbers of discharges. 150 per day from hospital (not including A&E). We are doing a lot of work on processes but we can only go on what the patient tells us. We are improving our recording.

Q: Age UK is very concerned about the Friday situation. Services are often not there. People are discharged with no support and end up back in hospital or a care package is not in place.

A: People shouldn't go home if a care package has been agreed and is not in place. Hospitals run 24 hours seven days per week. Community services have not yet caught up. There is a huge influx into hospital at weekends and people do slip through the net. Patients don't want to stay in hospital and we can't override that if people have capacity. 20% of discharges are complicated. Residential nursing homes often won't take someone from Friday lunchtime to Monday morning. People have to stay an extra weekend and could catch bugs. Services in the community need to catch up.

Q: Do nursing staff and social work staff work together? There seems to be a lot of miscommunication in hospital.

A: It can be difficult if it takes a long time to set up services.

Q: You shouldn't be discharging people on Friday when very little care is available.

A: I agree people shouldn't be discharged if they need care but I reiterate that it is community services which need to develop so that services are available at the weekend.

Q: You talk about developing services out in the community but who pays for this?

A: Money goes from the government to the primary care trust (PCT) who purchase services for health care services. Social care is different. It is paid for by the local authority and people have to meet criteria to be eligible. The government has told PCTs to invest less in big hospitals and more in the community but the pot of money remains the same. How do you extract it from hospitals? The demand for hospital care hasn't dropped as people expected so the budget hasn't been swapped.

A: (UHB Commissioner) There are now more people coming in for hospital services but there is no money. The emphasis is on preventative services and investment in community services. We need to be really imaginative about how to reduce demand and increase capacity and how

to get people out of hospitals. Social care means working through councils with separate budgets and organisations and cultures. The voluntary and community sector offer a range of services but people in health and social care don't necessarily know about these services. If I know, for instance, about sitting services in the voluntary and community sector, I can call on them to hold the situation.

Q: Home from hospital - there is a pilot in South Glos?

C: The South Glos pilot is due to end this month. There are 300 referrals per year in Bristol. It helps with shopping, companionship. It is now taking referrals from Frenchay and Southmead hospitals and is working well but could be coming to an end.

A: When someone comes out of hospital where they have been living in a flat, regimented area it can be difficult for them to go home where there are doors, obstructions, different levels. There can be a lack of confidence and services such as home from hospital are helpful. We get a lot of panic calls on Fridays which fall off on Monday. The disparity between perceived and actual need. There is a gap between information which the hospital has and the community has.

A: We need to give people confidence in being at home. People are aware that they cannot get hold of their own GP on Fridays. We see admissions by ambulance from lunchtime Friday-Monday morning because of people's lack of confidence that services are available. IT is trying to develop systems where there are automatic flags for people known in the community.

UHB: We have people who don't fit in boxes. We've used the Red Cross frequently when people don't fit but clearly need some support. We are always looking for other services but don't have information.

Q: With discharge from hospital you are asked if you live with someone and if so they assume they can look after you. But older men often aren't used to cooking, caring and don't know how to do it.

A: We are developing a discharge questionnaire. I hope nurses ask if your husband is fit and well and able to care. Admission paperwork may be done in A & E and becomes more detailed with input from OTs and therapists. Everybody should have access to information across multi-disciplinary teams. In 48 hours we should have a good picture, but some people don't want to share information. If we have concerns we will go to person's GP. Over the last year we have developed more focussed ward rounds. Members of the multi disciplinary team are required to attend – the whole team every day. We are auditing the process to ensure attendance improves communication.

Q: Has Assertive In-Reach made a difference?

A: Documentation is important, but so is raising people's awareness. Is the carer willing to carry out caring duties? NBT now has a Carers strategy.

Q: A large percentage of the older people in hospital have dementia. The time taken for their discharge is 30-40% longer than usual. This was addressed in the national strategy. There should be national standards in place in all hospitals. Alzheimer's Society produced a leaflet called "This is Me" for people with dementia who are going into hospital which can be given to staff to help them understand the person, giving information about them as an individual. The family can record all the things the hospital should know.

A: We try to plan for dementia. People with dementia often have more than one issue. We have a Corporate Discharge Team who work with the ward at every stage.

Q: Who says that someone can go home?

A: It depends on the complexity of the case – under community care legislation we refer to social services. From a clinical point of view someone may be ready to go, but they won't go until the team agree. The discharge facilitator oversees it.

Q: We are talking about collaborative working but it is still not happening and is devastating for the individual for instance if a carer is taken into hospital and the person they care for just left.

A: In South Glos carers should carry a card so that people know they have caring responsibilities and the ambulance crew are taught to check. Ambulance crew also need to observe what is happening in homes. I would raise the issue with the ambulance services. Complaints are the way we learn.

Q: Most older people find it difficult to complain.

A: Professionals need to report it.

## **Ideas for how voluntary and community sector need to be more involved**

Prevention and Information are key issues.

The Disabled Living Centre provides equipment for people to try. We can help, but we need notice.

More signposting. Well Aware has a role to play as many voluntary and community services are listed on the database and hospitals could use it.

Age UK has produced information packs for wards. There needs to be a more coordinated approach. It needs to be embedded in the culture of wards.

A: it is difficult to keep packs up-to date.

Age UK would keep them updated. Diana offered to link up with the team coordinator for packs.

Website links – NBT is hoping to develop a Discharge website. So the information would be correct.

There is a LINKs hospital group

It can be a difficult time for carers to take on information at discharge. There is an issue about being more proactive about referrals. For example, you could get agreement for the carers centre to phone a few weeks after discharge to see how things are going and offer help.

A: I can arrange for you to come and talk to the team. I hope that social workers are making these connections. Social workers are signposting.

Q: Hospital social workers are often not communicating with community social workers. That link needs strengthening. How can we improve signposting by social workers. If we wanted to send in packs, who would we contact?

A: Social work team managers. I will send contact details for them.

Q: It is always about information. How aware are hospitals of services? Discharge coordinators should have a bank of information.

A: In the less complex cases ward nurses discharge. In more complex cases, a social worker, occupational therapist, multi disciplinary team can be involved. Timing is important – when people are unwell it is difficult for them to take it on board.

UHB. When people with complex needs are discharged they are way beyond the need for leaflet and information packs. Information should be available for people with less complex needs.

Q: We need a directory of services which tells both staff and patients what is out there. There is Well Aware - the health and social care database.

Nurse can discharge and advise of onward care. Discharge facilitators are only for complex cases.

Q: A lot of people are going back into hospital after discharge. Should be the hospital's duty of care, and money should be put into the voluntary and community sector to help people in the community. What happens when GPs get the money with GP commissioning?

Q: Not just patients who need information. We need to support the family and carers with information and how they can access those services.

## Reps Update

**Dale Cranshaw from Princess Royal Trust Carers Centre is the rep on the South Glos Older People's Programme Group.** Contact [DaleC@carers-sg.org.uk](mailto:DaleC@carers-sg.org.uk)

Dale asked if people had any issues he could raise at the South Glos Older People's Programme Group. The last meeting involved a tour of Cambrian Green. It also discussed the Good Neighbours Scheme, LinkAge, Carers, Celebrating Age Festival, an update on social care.

**Dianne McCarthy from Age UK Bristol is the rep on the Bristol Older People's Partnership Group.** She said that Bristol is focusing on personal budgets. Older people have not been taking them up and they have appointed two officers to work on this. There are worries about abuse and people using carers that aren't trained, subject to monitoring. Personalisation is good for young disabled people but many older people don't want to take on budgets. A presentation was taken to the Community Cohesion Committee and they have agreed to add Age to Hate Crimes.

## Comments.

We have been getting an increasing number of referrals of people 45-50 plus who have been made redundant recently and who have mental health issues. They are having difficulties getting back into work. With unemployment rising they are being discriminated against. The VCS and public sector are good at employing older people but are being cut. I think there is a gap here for a training scheme. A group for people of this age who want to get back into paid work.

Black and Minority Ethnic Consultation – Having a Voice report due end of April.

Long term conditions - a pathway is being formed. The aim is teach people with long term conditions to look after themselves with support where necessary – to keep people out of hospital and care homes.

Bristol Older Peoples Forum has funding to run Celebrating Age in Colston Hall, Saturday 3 September, 10am. Contact Sarah Salter at Bristol Council

South Glos is also holding a Celebrating Age Festival 18 June – 1 July 2011  
Contact Denise Swain on 01454 864323 or e-mail: [denise.swain@southglos.gov.uk](mailto:denise.swain@southglos.gov.uk)

The meeting broke for lunch.

## **VCS Funding**

The meeting continued to discuss the impact of cuts and changes on voluntary sector services.

The Care Forum may not be funded to run this network as a joint network with Bristol in future. Funding is in place for South Gloucestershire but not for Bristol.

Equality Impact Assessments (EIA) – Bristol need to follow up  
EIA in South Glos was raised at Compact Implementation Group meeting but it seems that it will no longer be a requirement for EIAs to be carried out.

The Care Forum suggested that instead of a meeting for all MPs it might be more effective for groups to make appointments with individual MPs. A number of groups could go together to see each MP and to explain the effect of cuts on service users and the voluntary sector.

Some people felt that this missed the point as the idea was to express as a group what was happening to the VCS. To present a strong and united front. To ask:

What are you doing to the VCS?

Are you aware of what is happening to VCS services.

In some areas such as Hull the private sector got contracts for legal advice by undercutting on price and then found they could not make money and go out. By then the voluntary sector infrastructure had gone.

Healthwatch is supposed to take over including work on complaints but there is going to be no money and also it will be a period of change for the organisation.

This is an opportunity for VCS to join and be involved in Health watch.

Bristol has already had a big meeting and cuts went through on VCS funding. What outcomes do we want? Politicians have already accepted the costs of cuts.

We can try and influence the preventative agenda. We need to show them how much it will cost if people have to go back into hospital. Got to show them that if VCS is involved in discharge for instance we will prevent 10% of admissions.

How much does it cost to have someone in hospital?

Focus on how to save money.

38 Degrees is an online campaigning organisation. <http://38degrees.org.uk/>

Bristol and District Anti Cuts Alliance is opposing the cuts.

<http://www.bristolanticutsalliance.org.uk/>

## **Agreed**

The Care Forum will send the issues raised about funding cuts with a covering letter to Bristol and South Glos MPs. This will include recommendations focussing on preventative measures and savings.

The Care Forum will not be able to organise a meeting for Bristol MPs because of its own funding situation but will talk to South Glos CVS with a view to organising a joint meeting later on in the year to make South Glos MPs aware of the situation facing the voluntary sector and service users.

**Evaluation:****What was the most significant outcome of the event for you?**

- Hearing that Bristol will no longer be part of the Network
- To come to a decision about the way we talk to MPs
- Really useful to meet colleagues as I'm new in post
- Updating information and hearing how others are doing
- Willing cooperation between organisations and people

Content	Average mark (out of 5)
Understanding of subject at start	3.4
Understanding of subject at end	4.2
<b>Sessions</b>	
Speakers	3.8
Other elements	5.0
<b>Organisation</b>	
Pre-event information	3.5
Facilitation	4.0
Organisation on day	4.0
<b>Venue</b>	
Access	4.4
Refreshments	4.6
Standard of room	3.8