

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 June 2005.

**PRESENT:** Councillor Dryden (Chair), Councillors Biswas, Mawston and K Walker.

**OFFICIALS:** J Bennington and J Ord.

**PRESENT BY INVITATION:** Annette Hurndell, Divisional Manager (Medicines), South Tees Hospitals NHS Trust.

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Lancaster and Mrs H Pearson.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 27 April 2005 were submitted and approved.

## **EMERGENCY ADMISSIONS REVIEW - SOUTH TEES HOSPITALS NHS TRUST**

In an introductory report of the Scrutiny Support Officer reference was made to the Panel's terms of reference and the intention to establish to what extent a 'revolving door' syndrome existed for some service users between acute care and community/intermediate care. Of particular interest to the Panel was how many people were discharged from the acute setting and to what extent a care package, together with the necessary assessments was provided.

In his introduction the Chair referred to evidence which had been received so far which had demonstrated the availability of good facilities and working practices but it had also highlighted experiences of where there appeared to be a lack of co-ordination. Information had been presented of problems which had occurred in respect of discharge packages and in some cases resulting in a re-admission to an acute setting.

The Chair welcomed Annette Hurndell, Divisional Manager (Medicines) South Tees Hospitals NHS Trust who addressed the Panel and responded to a number of questions on the areas identified below.

Discharge Process:

- the largest group and increasing number of emergency admissions was in respect of the elderly and mainly as a result of chronic chest diseases and respiratory problems;
- the majority of patients discharged from hospital were classified as 'simple discharges' where patients were discharged home and usually received some social support or simple health needs;
- the remaining discharges were classified as 'complex discharges' and involved support to the patient from Intermediate Care or Interim Care;
- process involved a Discharge Team of 4 nurses all with experience of working in the community;
- the main role of the Discharge Team was working with PCT's and Social Services and ensuring that corporate assessments were undertaken and if a supportive discharge was required provided appropriate information to a Panel;

- reference was made to certain auditing procedures undertaken by the Panel to ensure the correctness of discharge packages;
- the remaining time of the Discharge Team involved routine supportive work on the Wards and working with Bed Managers and liaison with community hospitals;

Problems Encountered:

- although no precise details could be given of where problems had occurred and any subsequent remedial action taken information was provided of procedures which were undertaken to ensure that such difficulties did not occur;
- in terms of simple discharges it was the responsibility of hospital social workers to ensure arrangements were re-established in the case of a patient previously having social or district nurse support;
- in response to problems outlined, reference was made to a discharge assessment form which was completed whereby certain action was implemented such as referral to the social work team depending on the score accumulated;
- reference was made to certain training which was undertaken to ensure that the form was completed accurately especially in circumstances of determining if a person was able to cope and look after themselves and to recognise that more detailed questions should be asked of a patient to ensure their precise circumstances;
- it was acknowledged that delays sometimes occurred waiting for assessments, a community hospital bed or specific aid and adaptation;
- reference was made to certain benchmarking against national studies one involving the re-admission rate, of 7 days and 28 days i.e. Nemesis system which could breakdown information on a ward or consultant basis and identify any particular medical trends;
- an indication was also given of more detailed work undertaken over a period of three years which concluded that there was no direct correlation between re-admission and problems with discharge;
- although an indication was given of a 'discharge flimsy' and 'discharge booklet' which provided a patient with details of the discharge arrangements, Members reiterated the importance of ensuring that sufficient information was provided to a patient when discharged to their own home with or without ongoing health needs should they require advice or assistance;

(N.B. At this juncture the Chair left the meeting and Councillor K Walker was appointed to the Chair for the remainder of the meeting.)

- whilst it was acknowledged that errors occurred an assurance was given that robust contingency measures were in place to rectify any problems;
- Members reiterated the need to ensure that effective measures were in place to ensure that problems as identified were avoided;
- It was suggested that further information and examples of 'discharge flimsy's' and discharge information packages be provided;
- It was agreed that the information indicated above should include contact numbers to be used for the varying circumstances which may arise.

**AGREED** that Annette Hurndell be thanked for the information provided and participation in the subsequent deliberations.

(N.B. At this point and in the absence of a quorum Members agreed to hold a discussion on the remaining items of business on an informal basis the outcome of which to be reported to the Chair and subsequently the Overview and Scrutiny Board at its meeting to be held on 21 June 2005).

#### **HEALTH SCRUTINY PANEL - DRAFT WORK PROGRAMME 2005/2006**

The Scrutiny Support Officer submitted a report which incorporated information extracted from various sources including the Corporate Performance Plan, the Forward Work Programme, Executive Director of Social Care, Executive Members for Social Care and Health, local NHS Trusts, and Public Health Observatory to assist in the consideration of suitable topics for inclusion in the Panel's Work Programme 2005/2006.

In addition to the Work Programme it was noted that the Panel might consider it appropriate to receive illustrations from service departments in respect of impending legislation and to respond on an ad hoc basis to emerging issues during the year.

Members agreed that in consultation with the Chair the following topics be suggested for inclusion in the Panel's Work Programme 2005/06 and the Overview and Scrutiny Board be advised accordingly: -

- a) Tobacco Control - its impact on the Health of the Town and the viability of increased control;
- b) NHS Direct and Out of Hours services - the effectiveness of the local provision.

NOTED

#### **\*\* OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 3 May 2005.

NOTED