HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 12 November 2009

PRESENT: Councillor Dryden (Chair); Councillors Carter, Clark (as substitute for Councillor Purvis), Junier, Lancaster and P Rogers.

OFFICERS: T Fewster, V Flynn, T Jackson and J Ord.

****ALSO IN ATTENDANCE**: Councillor Brunton (Chair of Overview and Scrutiny Board).

****PRESENT BY INVITATION:** Julie Barlow and Alison Peevor – Infection and Prevention Control, South Tees Hospitals NHS Foundation Trust
Dr Peter Heywood – Locality Director of Public Health, Middlesbrough Primary Care Trust

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dunne and Purvis.

**** 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 22 October 2009 were taken as read and approved as a correct record.

The Panel was advised that the Final Report on Strokes Services was to be presented to the next meeting of the Overview and Scrutiny Board.

HEALTHCARE ASSOCIATED INFECTIONS – SOUTH TEES HOSPITAL NHS FOUNDATION TRUST – UPDATE

Further to the meeting of the Panel held on 15 January 2009, the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from South Tees Hospitals NHS Foundation Trust to provide a briefing on current performance relating to Healthcare Associated Infections (HCAIs).

The Chair welcomed representatives from the South Tees Hospitals NHS Foundation Trust who provided an update on the main areas of Infection prevention and control in accordance with legislative requirements and national guidance the key areas of which were identified as follows.

The Deputy Director of Infection Prevention and Control presented the Panel with an update on Healthcare Associated Infections. During the presentation, the Panel was informed that the key areas for all Trust were targets to reduce cases of MRSA and Clostridium difficile, a Care Quality Commission Inspection and Infection and Control Activity.

<u>MRSA Bacteraemia 2008/2009</u>

Middlesbrough's MRSA target was 24 for the year, however, from April to date, there were only 3 reported cases, which was an 84% reduction. A Review Panel had been established, made up of health care workers, consultants and other clinical staff.

There was also a reduction in MSSA cases, which were more common than MRSA. Middlesbrough had improved so much that the South Tees NHS Foundation Trust was 1st out of 41 large teaching Trusts in the country.

A chart was included in the presentation, which indicated that MRSA cases had fallen from 60 cases in April 2001 to date, when there was only one outstanding cases and only three in total, since April 2009. The main reason for the reduction was that a lot of work was undertaken in

the first three years, by the Infection Control Team, who followed each case and addressed isolation and cleaning issues.

The Panel was advised that all elective in-patients were screened for MRSA, within the six months allowed to meet this target and, as the JCUH was a regional centre for some specialities, there was a need for careful screening to take place and all patients had co-operated. From 2011, all emergency patients would be screened for MRSA, which would probably increase the number of reported cases, especially amongst the elderly. It was deemed that if a patient displayed MRSA symptoms within 48 hours of admission, they brought it with them, but if it was discovered after 48 hours, then it was contracted in hospital. In the last year, it was reported that every MRSA case arose from an emergency admission.

It was noted that there was no mandatory surveillance required for pneumonia, e.coli, surgical site infections, urinary tract infections, gastrointestinal or skin infections. There had been some cases of e.coli infections, which had resulted in increased surveillance and a new nurse had been appointed for that purpose, however, there was an overall decline in hospital infections.

Clostridium difficile

The target for C.difficile was 280 cases of patients in hospital for more than 48 hours and over 2 years old. From April 2009 to date, there were 82 cases, which was a 43% reduction from this time last year.

The C.difficile outbreak management group continued to look at issues for c.difficile, also including isolation and cleaning. The focus was on cleaning, prompt isolation and antibiotic prescribing as required.

Care Quality Commission Inspection

The Panel was advised that an unannounced visit had taken place on 21 July 2009, with a more relaxed approach from the previous year's Healthcare Commission Inspection. Fifteen areas were examined, with visits to AAU, Ward 3 and 12 at James Cook University Hospital, a few key staff were interviewed and some documentation was requested by the inspectors.

A final report was received on 5 August 2009, with very positive findings. Of the 15 measures inspected, there were no concerns on 14 measures, with only area requiring improvement, on the robust cleaning and monitoring of commode cleaning. An Action Plan was immediately developed and fully implemented and the follow-up meeting in September confirmed that this now demonstrated full compliance.

IPC Audit

The Panel was advised that the 'cleanyourhands' campaign was in its fourth year, as part of a national campaign. The PCT now employed a Hand Hygiene Project Nurse who trained staff, all of whom were focused on each patient and their environment. Also, the WHO and NPSA had launched scheme that promoted '5 moments for hand hygiene' to ensure that every car was taken. It was noted that the most important area for hand cleanliness was by the patient's bedside.

Saving lives delivery programme

This was in its third year and was embedded into everyday practice. A web-based audit tool had also been developed.

MRSA and C.difficile pathway and VIP score compliance had continued to improve and also, patients were encouraged to ask questions and demand hand cleansing from clinical staff.

Analysis of Antibiotic prescribing was undertaken by the Antibiotic Pharmacist, who gave staff extra support by visiting the wards and looking at the antibiotics prescribed and whether they could be changed from IV to oral in delivery. The Antibiotic Pharmacist was a new post, which had been difficult to recruit to, although this was a national problem. It was noted that patients

often demand antibiotics, especially outpatients, but this is often not appropriate and patients do not complete the full course.

Cleaning

National Cleaning Standards had just been revised and listed details of minimum standards of cleaning for all cleaning within the NHS. A new business case had been agreed and Phase 1 implemented, with the focus on key areas such as toilets and sinks. High-risk areas were in elderly care and, as this had been addressed, the MRSA figures fell.

Routine steam cleaning, Ozone technology, micro fibre cloths and Antichlor plus (a de-contaminator) had been introduced, especially in sanitary areas, all of which had improved standards of cleanliness. A private company carried out the cleaning and was working to a Business Case, with regular meetings taking place with hospital management.

As a result of these improvements, the Trust had won a national award for HCAI reduction, worth £150k, which was to be used to support a technology introduction of implementing hydrogen peroxide decontamination, Ozone sanitisation and looking at different ways of monitoring the cleaning process. These processes would involve decanting a whole ward, which would then be sealed and de-contaminated, to ensure the most thorough cleaning process.

The HCAI reduction continued to be of the highest priority in the Trust and was fully supported by all levels of staff. This would also include enhancing the skills and knowledge of senior staff, raising the profile at every opportunity, including public displays in the main Atrium at the JCU Hospital.

The Panel was advised that data was collected on all hospital infections and a reporting system that came from the testing laboratories. Causes were investigated and Health Protection consulted where necessary and all infections discovered by the laboratories were followed up. It was noted that many patients were admitted with infections and the Infection Prevention Control unit tried to control these, on a damage limitation basis and the figures reflected the excellent work carried out by this team.

The Chair thanked the officers for attending and stated that the Panel was encouraged by the continuing good news in this area and that regular updates would be welcomed by the Panel.

AGREED as follows:

1. That the information provided be noted.

2. That the Panel would receive regular updates on Healthcare Associated Infections.

EMOTIONAL WELLBEING AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Council's Children's Services to provide an update on Emotional Wellbeing and Mental Health services for Children and Young People.

The Panel was reminded of its review into Emotional Wellbeing and Mental Health in Middlesbrough and in particular the chapter dedicated to the wellbeing and mental health of children and young people. A copy of the Executive Summary of that Final report was attached at Appendix 2 of the report submitted.

At Appendix 1 of the report a briefing paper had been provided outlining progress around the commissioning of emotional well-being and mental health services for children and young people in Middlesbrough.

As part of the background information details were given of the Public Service Agreement 12 which set out the Government's vision for improving the physical, mental and emotional health of

all children; and information on the risk factors which impact on the prevalence of mental health difficulties.

Progress on Needs Assessment

The development of a full and detailed assessment of the needs of the children and young people in Middlesbrough was underway with several pieces of work being undertaken at the current time. Each of the elements, once completed would be drawn together giving a comprehensive picture on which to base a commissioning strategy.

Such work included the mapping of services against NI 50 which was a measure for children and young people's emotional health based on the quality of their relationship with significant others and was made up of four statements which were asked in an annual school-based survey of pupils in years 6, 8 and 10.

It was noted that the results from the 2008/2009 survey had produced a score of 65.3% of children giving responses, which indicated good relationships (national average 2008/2009 63.3%).

It was confirmed that a mapping exercise was currently being undertaken as a basis for planning how best to meet identified need and to benchmark the starting point as recommended in the Guidance for Children's Trusts on meeting the aims of NI 50. Such information, once completed, would be added to the overall assessment of need of the emotional well being and mental health of children and young people in Middlesbrough.

Reference was made to a mapping exercise which was being undertaken to examine the current position and identify gaps to inform commissioners of areas for development and promote future planning in relation to NI 51 measures.

The Panel was advised that referrals to the specialist CAMHS team at the Rosewood Centre were increasing. Reference was made to the role of the Primary Mental Health Worker within the CAMHS service, which had been developed to provide consultation and training at Tier 1 and 2 and provide a link to specialist services. Such posts had been developed nationally to work in partnership with other professionals to help them identify potential problems earlier and offer intervention to prevent difficulties escalating.

Members were advised that there were primary mental health workers in the Middlesbrough CAMHS team, but due to the number of referrals they were unable to fulfil that role and currently undertook work at Tier 3 as part of the specialist team.

The NI 51 guidance suggested a service specification for early intervention support services, which emphasised the need for '*mental health practitioners working in and with universal and targeted services*'. At the current time, with the exception of Middlesbrough MIND, some provision within schools and mental health expertise within some of the targeted services, there was limited access for professionals working with children and young people to mental health expertise.

In recognition of such a gap and in order to address the requirements of NI 51 proxy 4 a new post had been commissioned specifically to work into the community. The Primary Care Liaison worker would make direct links with schools offering consultation and training, but also work with professionals within identified targeted services to offer support and consultation.

A proposal had also been submitted to the Children's Fund for a second post to work alongside the new postholder to increase capacity to meet the considerable demand on such a post.

Reference was made to the CAMHS Self Assessment Matrix which was completed annually by the multi-agency CAMHS partnership group and looked at all the different elements making up a comprehensive CAMHS service. Findings from this self-assessment would also inform the overall assessment of need.

Progress in the commissioning of services aimed at addressing the needs outlined by the needs analysis.

The aim of the Targeted Mental Health in Schools Funding programme was to enable schools to deliver a holistic, whole school approach to promoting children's mental well being.

The programme was currently being rolled out nationally and in the coming months Middlesbrough would be one of 72 local authorities who would be invited to submit proposals for one year's funding to develop such provision.

A working group had been established to look at what was currently in place in schools as well as seeking to identify the most appropriate use of the funding to ensure benefits were sustainable in the longer term.

It was anticipated that the programme would begin in April 2010.

In response to growing concerns around increasing numbers of self-harm a multi-agency joint protocol had been commissioned to focus on children and young people who self harm in Middlesbrough. It had been designed by young people and staff from a range of front-line services, including Child and Adolescent Mental Health Services.

The protocol would be widely disseminated across Children's services and a network of professionals developed to help embed it into a range of services.

Reference was made to a discreet piece of work, which was undertaken in 2008 to identify any potential issues in relation to young people making the transition from children's services to adult mental health services. Such work identified a gap for some young people who, although not suffering from a diagnosable mental illness, still required a level of intervention at Tier 2. The gap was often specifically highlighted in relation to children leaving care wanting to access discreet counselling without recourse to specialist mental health services.

Young people interviewed for the report highlighted the need for a community-based service offering interventions from 18 to 25 years.

Middlesbrough MIND was currently looking at the possibility of finding funding to develop their current service to meet the gap.

The Mental Health Needs of Children in Care

In 2003 the Office for National Statistics published data comparing prevalence of mental disorders in children in the care of the Local Authority in comparison with a representative sample of children living in private households. About two-thirds of children living in residential care (68%) had been assessed as having a mental disorder and about four in ten of those placed with foster carers (39%) or with their birth parents (42%).

In recognition of the higher incidence of mental health problems of such children a dedicated Looked After CAMHS Team had been jointly commissioned by Middlesbrough and Redcar and Cleveland Local Authorities.

The Child and Adolescent Mental Health Looked After Children's Service (CAMHS LAC) offered a range of interventions to children and young people looked after by Middlesbrough and Redcar and Cleveland Local Authorities.

The CAMHS/LAC service could provide specialist mental health assessment and therapeutic input for emotional, behavioural or psychological problems

Although a small team, (2 mental health workers and 1 Psychologist), it offered a direct route into mental health services via the social worker giving a more rapid response than the traditional referral route. In recognition of the diverse needs of children and young people in care, the team

did work differently to their generic colleagues, offering consultation and training, for example to foster carers, as well as individual work with children and young people.

A total of 37 referrals had been made to the CAMHS LAC service between January and September 2009. Of these, 3 young people were in residential care, 28 in foster care and 6 placed with a family member.

A total of 10 days training had been commissioned aimed at professionals working in children's services.

Reference was made to NI 58, which looked at the Emotional and behavioural health of Looked After Children and would use the Strengths and Difficulties Questionnaire (SDQ) to measure progress in improvements in their emotional wellbeing.

The SDQ was a short behavioural screening questionnaire. It had five sections that covered details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; as well as positive behaviour.

As well as measuring progress under NI 58, there was the potential to develop a system whereby the completed SDQ's could also be used to identify children and young people at an earlier stage that would benefit from CAMHS input.

The emotional well-being and mental health of children and young people within Middlesbrough continued to be a high priority for CAMHS across the town. There was a particular concern about the high number of children who were being referred to Tier 3 CAMHS. It was likely that this could be interpreted as a further example of the high levels of need for some children and young people within the Borough.

A range of activities were taking place to produce a needs assessment for CAMHS which would feed into the wider needs assessment that was taking place within the Children's Trust, both for children and young people living with their families within the community and looked after children.

Looked after children were receiving a specialist service, which was valued by children and young people, their carers and social workers.

Discussion took place after the presentation of the report and the following points were identified.

Of Children Looked After, (CLA), 50% would require mental health help at some point.

The CAMHS Self Assessment Matrix (SAM) had resulted in a rating of 12 out of a possible 16, over four areas each worth 4 marks. These were assessed as 4 for the provision of 24-hour cover, 3 for services for 16/17 year olds, 3 for CAMHS work and 2 for covering the gaps in early intervention.

The outcome was that more investment would be made in the area of early intervention. The Primary Care Link Worker role was to focus on early intervention but the pressure of the level of cases had re-directed that work to Tier 3 cases.

Parents were included when a child was being assessed, as was the whole family. A needs assessment would cover the whole situation of the child, including the participation of a clinical psychologist.

In the last year, there had been a CAHMS Social worker employed by the Council but based in the CAHMS team. A new post was to be created and, in April 2009, one of the residential units at Five Rivers had been changed to accommodate short-term intervention for young people at risk from long term mental health problems. The unit became a Resolution and Reunification resource, providing a 6-week residential support programme, working in partnership with the Family Resource team and offered intensive work with the child and parents, where relationships were disrupted, and where the young person was at risk of becoming looked after, long term, with

the view to getting the child back home. The post was created for the person to work in the community, to work with Children's Centres, to identify clients and develop pathways.

The Panel was advised that £60k was being invested on a pilot study of social norms. This was based on the assumption that if you keep telling young people about all the bad things that young people were doing, such as sex, drugs and alcohol abuse, then young people would feel that they had to 'live up' to that image created of them, whereas 95% of young people were well behaved and non abusers. Over enforcement could have a negative effect.

Debts and the economic climate were also discussed with young people and a level of debt counselling map was required to measure the whole picture. This was important as debt could have a big impact on mental well-being and funding was being sought for this.

The Albert Centre was the lead partner on alcohol level assessment, a new contract had been awarded and work was commencing.

The CLA team was only a small team and extra pressure was created as some CLA lived outside Middlesbrough and could be placed in different parts of the country after adoption, as this created logistical concerns. There was also the issue of young people with learning disabilities, all of which required additional funding.

Care services were working at the moment; however, additional funding would be required to address the prevention of adoption breakdowns.

Mental health was being targeted in schools and from April 2010, a pilot was to commence in some two schools, one a secondary and the other one of its primary feeder schools, for a period of one year. This would operate in conjunction with the SEAL team. Schools willing to continue the programme after the first year would be targeted.

A Business Case for the structural changes would be prepared. There could be an update in 6 months, which would be a year after the initial report. This would indicate how PCT structures were changing, including the appointment of a new Chief Executive, in charge of all 4 PCTs in the region, with a budget of £1 billion across Teesside. There were four area boards, serving under one management team.

The Chair thanked the officers for attending and providing the update, which would take place again in 6 month's time.

AGREED as follows:

1. That the information provided be noted.

2. That the Panel be presented with a progress report in 6 month's time.

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair requested that the Panel note the contents of the submitted report which provided an update on business conducted at the Overview and Scrutiny Board meeting held on 20 October 2009, namely:-

- Attendance of Executive Members at the Overview and Scrutiny Board
- Executive Member for Public Health and Sport
- Executive Feedback
- Budget Pressures in Safeguarding services – Children Families and Learning
- Open Plan Estates – Report of the Economic Regeneration and Transport Scrutiny Panel
- Health Scrutiny Panel – Final Report – Car Parking at James Cook University Hospital – Response from the South Tees Hospitals Trust
- Consideration of Requests for Scrutiny Reviews
- Scrutiny Panel Progress Reports.

AGREED that the information contained within the report be noted.