

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 November 2010.

**PRESENT:** Councillor Dryden (Chair); Councillors Carter, Lancaster, Purvis and P Rogers.

**OFFICERS:** J Bennington, R Hicks and J Ord.

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

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

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

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

The minutes of the meetings of the Health Scrutiny Panel held on 4 and 6 October 2010 were taken as read and approved as a correct record.

## **END OF LIFE CARE – DRAFT FINAL REPORT**

The Panel considered a draft final report on the information received and the views expressed so far in relation to its scrutiny review of End of Life Care.

Members focussed on the formulation of conclusions and recommendations for inclusion in the report based on a draft circulated at the meeting.

The main conclusions centred on: -

- an appropriately commissioned and provision of an out of hours service was considered to be of significant importance in helping to reduce the number of unnecessary hospital admissions;
- it was questioned if there was sufficient investment in community services to cope with the increasing demands associated with EOLC;
- there was a need for an adequately resourced telephone advice line;
- ways of empowering communities to support their members through EOLC such as employers adopting carers leave policies was discussed;
- the approach adopted by the South Tees Hospitals NHS Foundation Trust to EOLC and in particular the development of rapid discharge was supported;
- given the limited lifespan of Primary Care Trusts and uncertainty around alternative mechanisms there was a concern as to whether or not the required commissioning needs to sufficiently develop EOLC could be met;
- the keen interest shown by the Cleveland Local Medical Committee in developing EOLC which was considered to be of crucial importance was noted;
- notwithstanding the overall financial situation it was felt that there should be explicit recognition of the important role of hospices in the provision of EOLC;
- the need for service development to meet the demand and expectations of an ageing population was acknowledged.

The Panel also referred to the progress made in increasing the uptake and application of the Gold Standards Framework but recognised that further work was required with the residential

sector to empower staff to keep residents at home for longer when they are at the end of life. Specific reference was made to an idea put forward by a Consultant from James Cook University Hospital to have a few 'superhomes' with particularly high levels of skill to EOLC. The need for specialist GPs and a Community Physician was regarded as a key requirement to meet the complex needs of EOLC.

The Panel considered the content and order of the following draft recommendations: -

- i) That the emerging GP Commissioning Consortia, Department of Social Care and NHS Middlesbrough engage to identify a strategic vision for End of Life Care which should be articulated in new strategy for the development of EOLC services (and their capacity) in Middlesbrough. The strategy should include the following:-
  - (a) Explicit articulation as to how community services for End of Life Care and Hospice services will be improved and delivered in both range and capacity to meet anticipated demand.
  - (b) How an adequately resourced telephone advice line for those at the end of life and their carers will be provided and made sustainable through mainstream funding.
  - (c) How that phonenumber will connect to community teams providing EOLC.
  - (d) How services will become significantly more 24/7 in focus.
  - (e) How patient choice will become a more important factor in the location of someone's end of life care and death.
  - (f) How the system can better share care plans so patient's wishes and status as an end of life care patient can be more widely known, particularly by paramedics and out of hours GPs.
  - (g) How commissioners will continue to support the rapid discharge programme from JCUH when its current grant funding expires.
  - (h) How residential and nursing homes will become an integral aspect of the delivery of high quality end of life care in Middlesbrough.
  - (i) The timescales this will be achieved by.
  - (j) Measures by which EOLC Strategy's implementation can be judged.
  - (k) An explicit reference to the level of financial resource dedicated to the improvement of EOLC.
  - (l) A joint commissioning plan as to how the above will be achieved.

The Health Scrutiny Panel would like to be involved with the development of that strategy.

- (ii) NHS Middlesbrough and the Department of Social Care satisfy themselves that commissioned nursing and residential homes have sufficient capacity, support and skill to facilitate effective EOLC on their premises. The Panel would like to hear the outcome of this.

In terms of the overriding recommendation it was suggested that the explicit need for a whole system approach reflected in a new strategy for the assessment of need and development of EOLC should be included.

It was suggested that consideration be given to the following changes to the order or recommendations: -

- recommendation (e) be (a);
- recommendation (f) be (b);
- recommendation (g) be (c);
- recommendations (b) and (c) combined.

In commenting on (h) above Members referred to the inspection regimes and the possibility of including an element as to how such homes deal with EOLC. The Panel reiterated the importance of such homes being able to receive appropriate medical support.

**AGREED** as follows: -

1. That the report setting out the evidence received by the Panel together with the suggested conclusions and recommendations and comments of the Panel as outlined form the basis of the draft Final Report on End of Life Care.
2. That a copy of the draft Final Report be circulated to the Chair and Vice-Chair prior to consideration by the Overview and Scrutiny Board.

### **SAFEGUARDING VULNERABLE ADULTS BRIEFING**

The Scrutiny Support Officer submitted a report by way of introduction to the topic of Safeguarding Vulnerable Adults the next scrutiny review in the Panel's Work Programme.

The Head of Mental Health and Learning Disabilities addressed the Panel and provided an initial briefing on the topic and in particular drew Members' attention to the recently published Care Quality Commission (CQC) inspection report into the topic a copy of which had previously been circulated.

The CQC was a national independent regulator of health and adult social care services in England. An inspection team from the CQC had visited Middlesbrough during January /February 2010 in order to determine how well the Council was delivering social care of (a) safeguarding adults whose circumstances made them vulnerable and (b) increased choice and control for older people.

For the fifth year running the Council's Adult Social Care had been given an 'excellent' rating following the Annual Performance Assessment.

In overall terms it was noted that the Council's position compared well in comparison with other local authorities with the CQC judging that the Council was performing well in respect of safeguarding adults and with regard to increasing choice and control for older people. In terms of the Council's capacity to improve its performance the Council had been categorised as 'promising'.

The Head of Mental Health and Learning Disabilities gave a summary of the sections in the Inspection Report relating to how the Council had been judged to be doing well and recommendations for improving outcomes and capacity as outlined in the report submitted and summarised as follows: -

Recommendations for improving outcomes - Safeguarding Adults - the Council and partners should ensure that: -

- Case practice is of consistent good quality.
- IMCA services are used appropriately in safeguarding cases.
- All relevant staff have received the advanced safeguarding training.
- Staff across all sectors are appropriately aware of safeguarding issues and their management.
- The Safeguarding Committee is supported by robust performance and management information.

Increased choice and control for older people - the Council should: -

- Ensure that agreed complaints timescales are met consistently.
- Improve initial access to services by making information more available and reducing the number of 'hands-ons' between staff and services.
- Ensure that assessments and care planning records include key information about individuals and their histories.
- Deliver improved extra care housing provision within a clear timescale.
- Ensure that carers are aware of services and support they can request in their own right.

Recommendations for improving capacity -Providing leadership - the Council should: -

- Get assurance from partner agencies about their commitment to local safeguarding governance.
- Review the remit of the Older People's Partnership Board to ensure it remains fit for purpose.
- Strengthen its engagement with the third sector to ensure the Compact has meaning, address doubts around funding and develop an effective LINKs.

Commissioning and use of resources-the Council should: -

- Introduce clear service specifications for in house services.
- Ensure that there is continuity of oversight and support between hospital and community based teams.
- Develop a local advocacy strategy to support the Council's legal obligations and its responsibilities in seeking to transform adult social care services.
- In conjunction with local people set some clear baselines and success criteria to evaluate the Local Area Co-ordination project to ensure it delivers real improvement.

In discussing the recommendations relating to increased choice and control for older people specific reference was made to the provisions of the Mental Capacity Act 2005. Specific reference was made to the sections relating to assessing capacity, a checklist to determine what is in a person's best interests and lasting powers of attorney which allows a person a appoint an Attorney to act on their behalf in certain circumstances.

Given the importance of such issues and for Members to gain a better understanding of the Mental Capacity Act 2005 it was suggested that a Joint Member Working Group be established with representation from the Health Scrutiny Panel, and the Social Care and Adult Services Scrutiny Panel.

In commenting on the recommendations for improving capacity in terms of providing leadership it was acknowledged that given the current financial climate and requirements of the Council's Senior Management review that this was inevitably a challenge.

Members' attention was drawn to the recommendation for the remit of the Council's Older Persons Partnership Board to be reviewed. Given the cross cutting themes it was considered that there was scope for the Board to take on a more strategic role.

Specific reference was made to the ongoing work in respect of the Action Plan several aspects of which were long-term issues. It was suggested, however, that the Panel be informed of progress.

**AGREED** as follows: -

1. That the Head of Mental Health and Learning Disabilities be thanked for the information provided.

2. That the Overview and Scrutiny Board consider the setting up of a Joint Working Group comprising the Chair and Vice-Chair of the Health Scrutiny Panel and the Social Care Adult Services Scrutiny Panel together with one other (non-labour) Member from each Panel to consider recent developments and Council's involvement in respect of the Mental Capacity Act.

## **SCRUTINY REVIEW – IMPLEMENTATION OF RECOMMENDATIONS**

The Scrutiny Support Officer presented a report, which outlined progress achieved in relation to the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports.

The Panel was advised that of the 108 Executive actions, which should have been implemented by October 2010, 101 had been implemented, six partially completed and one had not been completed.

NOTED

## **OVERVIEW AND SCRUTINY 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 16 November 2010.

NOTED

## **ANY OTHER BUSINESS – CHILDREN'S CENTRES**

Members referred to concerns, which had previously been raised regarding an apparent lack of inconsistency with regard to the registration of new births at Children's Centres and the possible impact on the uptake of certain services with particular regard to hard to reach families.

It was suggested that the Panel considers the matter further as a short scrutiny review.

**AGREED** that subject to the approval of the Overview and Scrutiny Board a short scrutiny review into Children's Centres as outlined be included within the work programme of the Health Scrutiny Panel.