

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 14 February 2012.

**PRESENT:** Councillor Dryden (Chair); Councillors Cole, Davison, Junier and Purvis.

**OFFICERS:** J Bennington and J Ord.

**\*\* PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board.  
NHS Tees:  
C Brown, Adult Safeguarding  
T Johnson, Clinical Quality Assessment  
J Stamp, Strategic Commissioning Manager for Mental Health.

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

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

There were no declarations of interest made at this point of the meeting.

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

The minutes of the meeting of the Health Scrutiny Panel held on 26 January 2012 were submitted and approved as a correct record.

## **MATTERS ARISING – LOCAL HEALTH AND WELLBEING BOARD**

The Scrutiny Support Officer advised the Panel that it was anticipated that a report outlining the options as to how the Local Health and Wellbeing Board would operate would be presented to the Executive at the end of March 2012. It was confirmed that it was intended for the draft report to be considered by the Health Scrutiny Panel at its meeting to be held on 8 March 2012 and for the Executive to be advised of the outcome accordingly.

NOTED

## **CARE OF VULNERABLE OLDER PEOPLE – NHS TEES**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from NHS Tees to provide their perspective as a commissioner in relation to the care of vulnerable older people. The Panel was reminded that it had previously been agreed to conduct a joint piece of work with the Social Care and Adult Services Scrutiny Panel around the experience of vulnerable older people in care settings. Given the substantial scope of the topic the Social Care and Adult Services Scrutiny Panel had agreed to focus mainly on the interaction between the Council's Social Care Department and the Care Quality Commission, the impact of reduced funding, and the role of the Care Home Liaison Team. It was agreed that the focus of attention by the Health Scrutiny Panel should focus on the care of vulnerable older people in NHS acute settings.

In order to assist deliberations a series of questions had been forwarded to the NHS Tees representatives prior to the meeting as outlined in the report.

The Chair welcomed Mr John Stamp, Strategic Commissioning Manager for Mental Health, NHS Tees who addressed the Panel focussing on the areas outlined in the report and participated in the subsequent deliberations.

From the outset it was recognised that hospitals by virtue of the constant changing environment and busy nature of the wide range of activities carried out was not conducive for patients with dementia. A specialist mental health provider such as the Tees, Esk and Wear Valleys NHS Foundation Trust provided a professional service across the Pathway but in general terms other measures were being pursued to assist patients with dementia during their stay in hospital.

In comparison to other regional and national facilities significant resources had been invested into training at James Cook University Hospital with particular regard to the development of a specialised vulnerable older people mental health liaison service. The team currently included the services of a consultant psychologist (part), psychiatry sessions as required, services of three (and one part) nurses, specialist occupational therapist and specialised social worker. In very general terms and at any one time it was indicated that 60% of patients at JCUH would be older people 30% of whom may have dementia or other mental health illnesses which equated to approximately 300 beds. It was acknowledged that symptoms initially presented by a patient may not necessarily be dementia but may be as a result of other medical conditions. Reference was made to the intention to further increase the screening of appropriate patients in identifying any mental health conditions when admitted to hospital for planned care.

It was stated that one of the most effective measures of training working alongside a list of what should and should not be done was to increase the capability of hospital staff to know what symptoms to look out for in terms of dementia or other conditions such as delirium. It was pointed out that work was progressing in respect of the next financial year to support and develop the training programme further for acute trusts. Reference was made to awareness training in dementia care which had been commissioned at Middlesbrough College at NVQ level for non specialised staff.

The Panel was advised of the intention for a specific campaign to restart at JCUH around patient awareness on aspects of dignity and respect not just in respect of older vulnerable patients but several groups of people including those with learning disabilities. The Clinical Matrons had championed such a campaign which involved not just clinical but ancillary staff.

Details were provided of a scheme devised by TEWV which had been adopted by South Tees Hospitals NHS Foundation Trust involving a Health Passport which was aimed at improving the experience of patients with learning difficulties when they were admitted to hospital for planned care. As well as information on personal and medical details the Health Passport contained information important to the patient on such matters as to how a patient preferred to be communicated with, how they preferred to take tablets, a patient's likes and dislikes and how they may show they were in pain. Such information would assist in identifying what level of support they required and adjustments which were needed to achieve a better outcome for the patient. It was suggested that the use of Health Passports could be extended to vulnerable older patients with mental health disorders including dementia on their admission to hospitals for planned care in order to improve communication and experience of such patients during their stay in hospital.

An indication was given of national statistics which demonstrated that patients with a physical condition together with dementia could have a lengthier stay in hospital perhaps twice as long as a patient with the same condition without dementia. In response to further clarification sought from Members it was indicated that this could be as a result of a range of factors but mainly involved a lack of understanding and the inability of a patient to communicate. It was considered that with appropriate training nursing staff would be in a better position to take on an advocacy role of identifying more easily symptoms of mental health illness including dementia and understanding a person's needs to improve the quality of care and better outcome for such patients.

Following positive outcomes arising from the Dementia Collaborative at Darlington Memorial Hospital the Panel was advised of the commissioning intentions to identify investment and facilitators to extend such a scheme to JCUH. The aim of the scheme was to improve the quality of service for people with dementia and at Darlington Memorial Hospital had involved a range of minor administrative, redecoration and physical changes to the environment and equipment to more extensive modifications such as the removal of nurses stations to encourage staff to spend more time patients. In terms of the outcome of such measures it was pointed out that the average length of stay for such patients had reduced by a third. An indication was also given of the Rapid Process Improvement programme with the aim of improving better outcomes for patients.

Reference was made to an additional £300,000 which had been identified for JCUH with regard to patients with mental health issues and proposed extension of the screening of such patients at the point of admission to hospital.

The Panel discussed the areas for future consideration as part of the overall review in particular the areas to focus upon with representatives of the South Tees Hospitals NHS Foundation Trust. Such areas included:-

- (a) What steps are taken to assess possible mental health issues of vulnerable older people at the point of admission at hospital for planned care.
- (b) Following such an assessment which could include a range of mental health conditions including dementia what measures are put in place to ensure the management of such problems and that appropriate care was provided to such patients on the medical wards and appropriate discharge arrangements made.
- (c) That information be sought regarding training and the Trust's policies providing hospital staff at all levels including medical, nursing and ancillary staff on guidance and responsibilities with regard to aspects of patients' dignity, privacy and well being with the aim of improving a patient's experience during their stay in hospital.

It was also suggested that as part of the evidence to be gained from the STHT it would be useful if an indication was given of the overall number and a number of examples given of formal complaints received in respect of the treatment of vulnerable older patients on issues around dignity and wellbeing and information given of any lessons learned and subsequent action taken.

In commenting on overall financial pressures reference was made to the QUIP (Quality, Innovation, Productivity and Prevention Programme) DoH agenda to improve the quality and delivery of NHS care whilst reducing costs. It was considered that there was potential to be more cost effective by changes in the tariff for instance regarding re-admission charges and by pursuing the measures outlined and reducing the length of stay of vulnerable older patients in hospital. It was felt that the financial constraints provided some impetus in pursuing different approaches as outlined including the development of community services which helped to avoid unnecessary admission and lengthy stay of patients in hospital.

**AGREED** as follows:-

1. That the NHS Tees representatives be thanked for the information provided which would be incorporated into the overall review.
2. That representatives of the South Tees Hospitals NHS Foundation Trust be invited to attend the next meeting of the Panel and that further information be sought on the issues raised as outlined above.

#### **ANY OTHER BUSINESS – SCRUTINY TOPIC – HEALTH IMPACT OF ASBESTOS**

The Chair referred to the meeting of the Overview and Scrutiny Board held on 7 February 2012 when details had been given of a request for scrutiny investigation. The Board had previously received information on the contractual compliance of the Council and Erimus regarding the management or removal of asbestos from houses which had been transferred to Erimus under the stock transfer arrangements. Following such consideration concerns had emerged regarding the 'Health Impact' of asbestos on residents of Middlesbrough. The Board agreed to include the topic in the Forward Scrutiny Work Programme.

Given the nature of the scrutiny topic it was agreed that the investigation should be undertaken by the Health Scrutiny Panel.

An indication was given of possible witnesses to provide evidence which included appropriate Council Officers, representative of the Health and Safety Executive, Trade Union representative and that an invitation be extended to Professor Peter Kelly, Executive Director of Public Health NHS Tees.

NOTED AND APPROVED