

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

4 December 2015

PRESENT – Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, EA Richmond, S Richmond, J Taylor and Tostevin. (7)

APOLOGIES – Councillors Nutt, Regan and H Scott, Miriam Davidson, Director of Public Health, Jackie Kay, Assistant Chief Officer, Darlington CCG and Diane Murphy, Interim Chief Nurse, Darlington CCG. (6)

ALSO IN ATTENDANCE –. (0)

OFFICERS IN ATTENDANCE – Karen Graves, Democratic Officer

EXTERNAL REPRESENTATIVES – Sharon Pickering, Director of Planning, Business Development and Performance, Christine McCann, Acting Deputy Director of Nursing and Governance, Carl Bashford, Head of Mental Health Services for Older People (MHSOP) for Durham and Darlington, Lorraine Ferrier, Head of Nursing Durham and Darlington, Tees, Esk and Wear Valley Foundation Trust; Rob Milner, Senior Clinical Quality Officer, North of England Commissioning Support.

HP36. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP37. PROPOSAL TO CONSULT ON THE FUTURE CONFIGURATION OF INPATIENT WARDS FOR OLDER PEOPLE WITH ORGANIC MENTAL ILLNESS IN COUNTY DURHAM AND DARLINGTON – The Director of Planning, Business Development and Performance, Tees, Esk and War Valleys Foundation Trust submitted a report outlining the options available for the future configuration and location of organic inpatient wards that serve Durham and Darlington developed by the Mental Health Services for Older People (MHSOP) service in Tees Esk and Wear Valleys Foundation Trust (TEWV) together with the proposals for a consultation process to be undertaken to identify the preferred option. Members were advised that organic illnesses in relation to this proposal were predominantly those conditions known as being a dementia.

It was stated that the inpatient services for older people with organic mental health problems were currently provided from one ten bed mixed sex Ward based at Lanchester Road Hospital and two ten bedded single sex wards based at Auckland Park Hospital.

The MHSOP in TEWV and commissioners have over a number of years enhanced community services enabling the majority of care and treatment to be provided in service users own homes wherever possible thereby reducing the need for admission to an inpatient bed, which is particularly important for people with organic illnesses as

changes in environment can be particularly problematic. This has been supported by investment in community services, including care home liaison, resulting in it being only those patients that have a high level of need, complexity and challenging behaviour requiring admission. Due to development of community services there has been a reduction in admission and occupancy levels since 2013 resulting in the number of beds being reduced from 45 to 30 in December 2014.

It was stated that although current provision retained the existing level of access for patients within County Durham and Darlington this did not allow for the highest quality of care being provided as efficiently as possible.

The submitted report outlined the three options for the location of organic beds which were :-

- two separate male and female 15 bed wards at Auckland Park;
- two separate male and female 15 bed wards on split sites, one at Auckland Park, the other at Lanchester Road Hospital; and
- a mixed-sex 15 bed Ward on each site, one at Auckland Road and one at Lanchester Road Hospital.

Details were also provided of the evaluation undertaken to ensure the inpatient service met the needs of people with dementia; an analysis of admission numbers from residents of County Durham and Darlington, their gender and length of stay; and admission rate of each CCG with travel implications for residents if their current inpatient ward was closed. An evaluation of each option outlined the benefits and disadvantages for service users and their families.

Scrutiny Committee was advised that since reducing beds from 45 to 30 an analysis of admissions and occupied beds had demonstrated that the service was able to meet demand for admission within 30 beds.

The report advised that the clinically preferred option was to provide 30 beds across separate male and female wards at Auckland Park Hospital and close the Ward at Lanchester Road Hospital. This would offer more space and flexibility to meet the needs of complex, challenging and vulnerable patients; comply with regulatory requirements regarding single sex accommodation; meet more of the Stirling standards which provide a benchmark for the provision of effective organic inpatient environments; and ensure that time spent in direct patient contact is maximised due to the concentration of clinical staff. However it was recognised that all the options will have an impact on patients and their carers and therefore the Trust and commissioners wish to undertake a public consultation on the three options together feedback from patients/carers and the public more generally.

Details were supplied of the 12 week consultation process that was being proposed with existing service users, staff directly impacted, local people and stakeholders on the location of assessment and treatment beds for older people who have a dementia in County Durham and Darlington. The consultation is to run from 4 January to 28 March

2016 with all comments, views and feedback being considered by the CCGs and TEWV. A decision on which option to implement is to be made once the feedback gathered through the consultation process has been considered and this will be approved by the CCG's and TEWV. The CCG's and TEWV will bring back the outcome of the consultation and the recommendation to the local authorities' Health Scrutiny Committees prior to sharing with the public.

The Director of Planning, Business Development and Performance highlighted that all three options would impact on the population of Darlington to different degrees and therefore it will be important that we obtain the views of the Darlington people as part of the consultation process.

Discussion ensued on the consultation process, length of stay of service users, number of Darlington service users, positive feedback from Care Homes to support given, effect of increased travel times to families of service users and the criteria for discharge which varied amongst service users dependent upon need.

RESOLVED – (a) That this Scrutiny Committee supports the proposal to consult on the three options which will be led by North Durham CCG, on behalf of the three CCGs in County Durham and Darlington, given they are the lead CCG for the contract with TEWV.

(b) That this Scrutiny Committee receive an update following completion of the public consultation regarding the preferred option with a view to agreeing the preferred option at that point.

HP38. QUALITY ACCOUNTS 2015/16 – The Director of Planning, Business Development and Performance gave a PowerPoint presentation which updated Members on the performance against quality priorities and metrics at Quarter 2 2015/16 as at September 2015, detailed the Community Patient Survey key messages, outlined early thinking around priorities for 2016/17 and provided an opportunity Members to discuss and influence plans for delivering the quality priorities for 2016/17.

The presentation shared with Members the Quarter 2 Performance Report which updated Members on progress against the four key quality priorities for 2015/16 Quality Account as well as performance against the agreed quality metrics, national targets and regulatory requirements and mandatory indicators.

The Director of Planning, Business Development and Performance explained the four Quality Priorities for 2015/16, as follows :-

- **Priority 1** - Delivery of the recovery project in line with the agreed plan.
- **Priority 2** - To implement our policy with regard to Nicotine Management and Smoking Cessation.
- **Priority 3** - To continue to provide the recovery model across Adult Learning Disabilities services via the implementation of Positive Behavioural Support

(PBS).

- **Priority 4** - Implementation of age appropriate risk assessments and care plans for Children and Young People Services

Members noted that Priorities 2 and 3 were on track to deliver all current planned actions; there was a low to moderate risk that Priority 1 would not be completed due to the re-writing of the equality and diversity mandatory training to incorporate recovery principles; and Priority 4 was largely on track although three of its actions were reporting a low level risk of delivery against them due to the need to incorporate the new risk assessment documents onto the planned upgrade of the PARIS system which is planned to be completed by 31 March 2016 but there may be some slippage given the complexities of the PARIS upgrade programme. It was confirmed that if these actions were not completed by Quarter 4 2015/16 it was expected that they could be completed in Quarter 1, 2016/17.

In relation to Quality Metrics, some of which were statutory and some chosen by the Trust, Scrutiny was informed that the Trust was Green on four out of ten and Red on five out of ten. The five red Quality Metrics were in relation to the number of unexpected deaths classed as a serious incident per 10,000 open cases, patient falls per 1000 admissions, average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards, percentage of complaints satisfactorily resolved and percentage of clinical audits of NICE Guidance being completed.

Particular reference was made to The Community Mental Health Survey 2015, carried out by Quality Health, on behalf of The Trust. The survey had a 29 per cent response rate and the results had been benchmarked against 55 other NHS Mental Health Trusts by the Quality Care Commission. The four areas where the Trust had performed above what was expected were organising care, planning care, reviewing care and crisis care. The areas identified for greatest improvement, although none scored worse than other Trusts, included help with finding support for financial advice or benefits, help or advice for finding or keeping work, support in taking part in a local activity and providing information in relation to receiving support from people with experience of the same mental health needs.

Members noted the four quality priorities for 2016/17 which included :-

- Continue to develop and implement recovery focussed services through delivering the agreed project plan and identifying further work for the future by 2018/19;
- Implement and embed the revised harm minimisation and risk management approach by 2016/17;
- Further implementation of the nicotine replacement programme and smoking cessation project by 2016/17; and

- Improve the clinical effectiveness and patient experience at times of Transition by 2016/17.

Members noted that the Trust's Draft Quality Account would be circulated to stakeholder in mid-April 2016 to allow for stakeholders to provide comments for inclusion in the Quality Account prior to final publication during May/June 2016. Arrangements would be made for a special meeting of this Scrutiny Committee to give consideration to the Final Quality Accounts in 2016.

Discussion ensued on the process of the Specialist Investigation Team in undertaking a Root Cause Analysis for unexplained deaths, that the highest number of suicides were by people who were not accessing mental health services, undertaking of an audit to ensure that the Falls Pathway was being implemented and the risks associated with the various transitions of care of a service user.

RESOLVED - (a) That the presentation be noted.

(b) That the Director of Planning, Business Development and Performance be thanked for her attendance and informative presentation.

(c) That this Scrutiny Committee notes the Board's initial proposals for Quality Account priorities for 2016/17.

(c) That the Democratic Officer make arrangements for a special meeting of Health and Partnerships Scrutiny Committee to give consideration the Trust's Final Quality Accounts 2015/16.