# HEALTH SCRUTINY COMMITTEE

Wednesday, 9th January, 2013

**Present:-** Councillor Colin Eastwood – in the Chair

Councillors D Becket, Mrs Cornes, Mrs Hailstones, Mrs Johnson, Loades and Taylor.J

Also attending Mr K Jarrold CBE-Chairman of North Staffs Combined Healthcare Trust
Mrs K Rhead- NSCHT
Dr D Okolo NSCHT
Mrs K Clark NSCHT
Mrs A Roberts NSCHT

Liz Riz – University Hospital of North Staffs

Councillor J Williams – Portfolio Holder for Stronger and Active Communities

## 1. DECLARATIONS OF INTEREST

Councillor Mrs Johnson declared an interest in the agenda items for North Staffordshire Combined Healthcare Trust (works for North Staffs User Group).

Councillor Loades declared an interest in the agenda items referring to his involvement with Healthwatch and Staffordshire LINk.

## 2. MINUTES OF PREVIOUS MEETING

**Resolved:-** That the minutes of the meeting of this Committee held on 21 November 2012 be approved as a correct record.

## 3. UPDATE ON THE ACCIDENT AND EMERGENCY DEPARTMENT

Liz Rix presented a verbal update on performance at the UHNS Accident and Emergency Department.

She indicated that the significant increase in the number of patients attending Accident and Emergency and the resultant increase in the numbers of requiring admission to hospital over the winter period had led to the 4 hour target time not being achieved. Work was ongoing with partners to try and manage and improve the situation with patient safety remaining a high priority.

The Committee accepted the situation and that action was being taken to address the problems. In connection with this it was felt that Walk-in centres had a major part to play in dealing with the problem.

On a positive note Liz was happy to report that the number of complaints made against the department was lower than ever. This, it was felt, was a clear indication that patients had confidence in the services provided. Feedback also suggested that staff took positive steps to keep patients informed of actions being taken to provide treatment during their stay in the department.

Although the majority of patients entering Accident and Emergency did not require bed based services it was indicated that all patients entering the department did receive appropriate treatment. UHNS was working closely with CCGs to ensure that patients got to the right place relative to the treatment that they required.

The Committee understood that a relatively high number of patients from Cheshire and Stafford/South Staffs were presenting at the department and expressed an interest in establishing the post codes of all those attending over the last 12 months. In response Liz confirmed that the information was held by the hospital and would be provided to the Committee for consideration at the next meeting. She also indicated that the hospital had not previously undertaken a detailed analysis of this data and that some work was required with partners.

In response to a question Liz confirmed that designation as a Trauma Centre had increased the number of patients arriving at Accident and Emergency and that treatment of such payments was fully funded.

**Resolved:-** (a) That Liz Rix be thanked for attending the meeting to provide her update.

(b) That staff at Accident and Emergency be commended on their performance during difficult and challenging winter circumstances.

4. **MODEL OF CARE UPDATE 4**

The Committee considered the fourth and fifth fortnightly updates issued by North Staffordshire Combined Healthcare Trust on the implementation of plans to improve mental health services across Stoke-on-Trent and North Staffordshire.

The Chairman acknowledged the importance of the Committee receiving the updates on a regular basis and thanked the Trust for supplying them to members. He was re-assured to learn that the affects of changes on service users was being closely monitored by the Trust.

In response to a question from a member Kath Clark agreed to provide details of the work being carried out at May Place.

Additionally, Jude Rhead confirmed that lessons had been learned from the consultation process for Lyme Brook and actions taken to improve the level of service provided to a greater number of people within financial constraints. The Trust welcomed and invited feedback from the Committee and service users to influence and inform implementation of the changes.

**Resolved:-** That the information be received.

5. **QUESTION AND ANSWER SESSION WITH KEN JARROLD, CHAIR OF THE NORTH STAFFORDSHIRE COMBINED HEALTHCARE TRUST**

The Committee received a delegation from North Staffordshire Combined Healthcare Trust, led by its Chairman, Mr Ken Jarrold.

The Trust presented written answers to questions submitted by members of the Committee in addition to which representatives of the Trust provided supplementary information in those cases where further information was sought at the meeting.

The questions are set out below in bold type followed by the answers provided by the Trust in italics:-

**Q1 The CQC Patient Survey highlighted areas for development. What has Combined Healthcare put in place to address the following:-**

**(a) Encouraging services user trust and confidence in health and social workers.**
**(b) Giving service users the opportunity to talk to their care co-ordinator before their care review meeting.**
**(c) Ensuring that service users have an out-of-hours contact number.**
**(d) Asking service users to get help with their care responsibilities.**
**(e) Supporting service users to get help with finding or keeping work.**
**(f) Supporting service users to get help with finding or keeping accommodation.**
**(g) Supporting service users to get help with financial advice or benefits.**

*(a) Encouraging Service Users Trust and confidence in health and social workers.*

*Service users may request a change of care co-ordinator if they so desire. An example of this is reflective of the Newcastle Team: In this 12-month period there have been only two requests for change of care co-ordinator which is a positive indicator of the supportive relationships that exist between care co-ordinators and Service Users.*

*The complaints dealt with for Newcastle have been low this year (April 2012 to current date – four) and mainly relate to service provision issues and not direct complaints against staff members. We have a robust complaints reporting system in place with the Patient Experience Team and PALS and managers at a local level seek to resolve complaints informally where possible.*

*Our commitment to preserving trust and confidence in staff through times of change is evidenced by all transfers of care co-ordinator being done in a timely way through a Care Planning Approach (CPA).*

*Service users are fully informed of any care co-ordination changes as we make changes. Initially this is done verbally and then followed up by a formal letter explaining what is happening.*

*All our operational staff are registered with their registering body and current CRB checks are in place which again provides confidence that staff are professionally accountable.*

*The CQC survey is only one data source to capture data around this question. The Trust includes this question in the service user discharge questionnaire, which is collated at each quarter. For Q3*

*2012 we achieved 87% yes always, 12% yes sometimes, and 1% for no. This is reflective of scores against previous quarters.*

*(b) Giving service users the opportunity to talk to their care co-ordinator before their care review meeting.*

*Reception displays information clearly regarding care co-ordination roles and responsibilities (a copy of this is available if needed). Opportunity is provided prior to the CPA, to discuss any issues with the care co-ordinator. Care co-ordinators and service users are able to communicate between CPAs if needed – this will depend on the complexity of the needs and situation. Posters have been developed to further support and promote this action.*

*(c) Ensuring that service users have an out-of-hours contact number.*

*CPA care plans contain an out-of-hours contact number. Care plans are subject to audit last year and following this, improvements were noted. Service users are able to ring the resource centres directly. After 5pm calls are transferred to the Access Team/Acute Home Treatment Team, ensuring 24/7 telephone contact support.*

*From Monday 28 January 2013, the resource centres working hours will be extended from 9am-5pm to 8am-8pm Monday to Friday (9am-5pm weekend).*

*Service users are also provided with a care co-ordinator contact card which provides out of hours contact details.*

*(d) Asking service users to get help with their care responsibilities*

*The Newcastle Team has a dedicated Carer Assessment worker who provides in-depth assessments of needs for people with caring responsibilities. They have an extensive knowledge base of both formal and informal support networks. They can assess levels of need and apply the Eligibility Criteria to access financial support, where appropriate, using Direct Payments.*

*(e) Supporting service users to get help with funding or keeping work.*

*A dedicated Occupational Therapist, with a specialist interest in vocational and educational work, works with identified service users to support them to obtain the skills needed to find paid employment and facilitates access to college.*

*The City Team has been particularly successful in helping people back into work where service users have trained in beauty care and meal preparation. We also engage with voluntary work to help people get back into work. We offer support through training and also on-going support until success has been achieved.*

*The NSUG, in conjunction with the Sutherland Centre, have worked closely with Stoke-on-Trent College to provide computer literacy sources, with the aim of providing people with skills to get back into meaningful employment.*

*Lyme Brook Centre has recently received funding from local business networking group – FutureFinest, to support service users in acquiring tools or equipment needed in gaining employment. This supports the work done by the Centre to ensure service users are able to find or maintain work requiring and initial outlay for equipment.*

*(f) Supporting service users to get help with finding or keeping accommodation.*

*The Trust regularly support service users with housing/tenancy issues. We utilise tenancy support schemes in the locality who provide a variety of floating support. We also work in partnership with housing providers, who attend CPA where necessary to ensure information about a vulnerable service user's needs are shared in a transparent way so that we can all work towards the service user becoming independent and self maintaining in their accommodation. If a person has been struggling and the upkeep of the property is causing concern, we offer support to clear the property and can offer a maintenance support package to ensure stability. Levels of need are determined by an assessment process, the outcome of which is incorporated into individual CPA care plans.*

*(g) Supporting service users to get help with financial advice or benefits.*

*Benefits can be a complex area. Staff have a good working knowledge of basic benefits and assist people in accessing their entitlements. However, in complex cases, we have access to specialist benefit advice workers where considered necessary. If appropriate we also sign post people to the CAB or other support agencies.*

*Concern was expressed that forthcoming changes to the* benefits system *would have a detrimental impact on service users and should not be over estimated. The Trust would keep the Committee informed of the situation.*

*To add:*

*In the 2012 Community Mental Health Survey, published by the CQC, NSCHT received significantly improved scores on questions relating to care planning, asking patients about their alcohol intake and involving family members in care, compared with the results of the 2011 survey.*

*Outpatients completed the survey based on what they had experienced, forming part of how the Trust measures its quality of services. The survey questions were organised into nine sections, including health and social care workers, medication and care reviews, and is rated as either worse, the same, or better, compared with other Trusts.*

*Out of the nine sections, NSCHT scored eight 'same' scorings and one 'better' scoring achieved in the care plans section. This was a particular highlight for the Trust as it indicates it has been performing significantly better than average in this area. The Trust was also pleased to have scored no 'worse' ratings, either for individual questions or in overall section results.*

*The CQC survey also acknowledged improvements made in the sharing and quality of care plans.*

**Q2 It is a concern that Steve Gregory, Director of Quality and Operations is leaving the Trust after such a short time and with difficult times ahead. What steps are being taken to replace him?**

*In a recent statement which was shared with all staff and the media, Fiona Myers, Chief Executive, explained that Steve Gregory had decided to pursue opportunities elsewhere and has accepted a secondment to work across the NHS Midlands and East Strategic Health Authority.*

*This decision was made following the announcement that we will be reviewing our NHS Foundation Trust application. At times of uncertainty, we all need to make decisions which are in our personal best interest and we wish Steve well in his new endeavours.*

*Future arrangements regarding the vacant post will be dependent on discussions regarding the Trust's NHS Foundation Trust application. The Quality and Operations portfolio is being managed by the rest of the Executive Team, supported by the very competent Nursing Directorate team, including the recently appointed Head of Nursing and Quality – Kenny Laing.*

**Q3 Who is providing replacement older people's services (in light of the closure of Weaver House)?**

**Q4 Are the replacement services meeting patient needs?**

**Q5 Are replacement services fully funded?**

**Q6 Where are the patients who were displaced at Bradwell being treated?**

**Q7 Where are the patients that would have gone to Bradwell being sent, and is the funding following the patient?**

*The review of older people's services and the use of Day Hospitals, such as Maple House at Bradwell and Weaver House at Cheadle, identified inappropriate use of day hospitals and inefficient investment in buildings. The Trust's Day Hospitals on average operated at 70% occupancy. A survey of our Day Hospitals reported a further 20% of patients were not receiving the type of treatments a Day Hospital should be delivering meaning 50% of the service capacity was not being utilised for its intended purpose. We addressed this through our changes. The new way of delivering care from two Day Hospitals ensures not only efficient use of resources but also that those people with specific day hospital clinical needs receive appropriate, safe care, where possible in their own homes.*

*Alternative care provision has been identified for people who no longer require the specific services offered by Day Hospitals (timely-limited assessment and treatment). This includes:*

- *Home link*
- *Charles Street day service (Cheadle)*

- *Bankhouse*
- *Roche Mill (Leek)*
- *May Place (May Bank)*
- *Mary Hill (Kidsgrove)*
- *Moorcare*
- *Approach*

*All patients on discharge from Day Hospital services have a throughout needs assessment. The alternative providers were involved in the assessment process and are able to meet the client's needs. Clients can be re-referred into Day Hospital services if their needs change.*

*Regarding funding of replacement services – not all places are fully funded; each client has a financial assessment to determine whether they are entitled to funding.*

*The Trust reassured Councillors that no patients were displaced from Bradwell. People requiring Day Hospital services have full access to these services. Those who had completed the time-limited assessment and treatment provided by Day Hospitals were supported into appropriate services – whether NHS, social services, or privately provided. All new referrals were assessed and individual care plans devised to meet the client's needs.*

**Q8 Have all services provided at Bucknall been replaced or sited elsewhere?**

*All clinical services had now been moved off the Bucknall site into more appropriate and accessible sites. Feedback had been positive, particularly from older people's services. The new environment at Harplands Hospital was much more modern and patients were benefiting from a more clinically appropriate location, co-located with other services at the hospital.*

**Q9 In view of the decision not to proceed with Foundation Trust Status, what will this mean for service users and why do the Trust seem to be looking at a takeover only by South Staffs Mental Health Trust?**

**Q10 What will this mean for the future of Lyme Brook Resource Centre and the assurances given to service users that there was no intention by the Trust to close the centre completely?**

*It has always been the ambition that the Trust provides its services as an NHS Foundation Trust (FT). The Trust was currently reviewing its direction of travel for FT status because it wanted to do what is right for the people we serve and for no other reason. The Trust believed that important decisions were best made from a position of strength and where we, the Board, can influence events. Now is the right time to be making decisions about our future, while our financial position is sound and we are performing well.*

*The recently published commissioning intentions had serious implications for the Trust. It is the Trusts responsibility to gather all the factual information to look ahead and to make the right decisions now for the long term benefits of our staff, users and their carers.*

*We know that North Staffordshire has a strong identity and we are keen to retain that, regardless of what the future holds for our application to become an NHS foundation trust. Reviewing the shape of our organisation may be the best way to preserve services locally. Whether we move forward as a stand-alone NHS foundation trust or become part of a larger organisation, we are confident that there would be minimal impact on frontline staff or services and that the great majority of people will continue to be employed in Stoke-on-Trent and North Staffordshire serving local people and providing services in which service users, carers and partners can have every confidence and of which staff can be justly proud.*

*The Committee expressed concern that the trust's high standards would not be maintained following a takeover involving South Staffordshire and Shropshire Healthcare and sought assurances that existing service levels would be maintained.*

*Mr Jarrold had every expectation that the CCG's for Newcastle and Stoke would wish to preserve the exisiting level of service in those areas. He also emphasised the importance of working closely with district Health Scrutiny Committees as well as with the County Committee.*

*The Trust hoped to be able to share further information with the Committee before the end of January, as discussions with the NHS Midlands and East Strategic Health Authority and the NHS Trust Development Authority progressed.*

**Q11 We have heard the name Francis mentioned, can the Trust explain to us what this is and what implications this will have on mental health services.**

*The Francis Report is the independent inquiry into Mid Staffordshire Hospitals NHS Foundation Trust (Stafford Hospital) and not a specific mental health issue.*

*On 9 June 2010, the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. The Inquiry is established under the Inquiries Act 2005 and is chaired by Robert Francis QC, who will make recommendations to the Secretary of State based on the lessons learnt from Mid Staffordshire. It will build on the work of his earlier independent inquiry into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.*

*The Francis Report was due to be published later this month and would have implications for all NHS organisations, in particular regulators of NHS services, including Overview and Scrutiny Committees.*

Resolved: That Mr Jarrold and his colleagues be thanked for their attendance and for their comprehensive written and verbal answers to the questions submitted by Members.

## 6. MALNUTRTION PLAN

The Chairman updated the Committee on the County Council's Malnutrition Plan.

**Resolved:** That the information is received.

7. **MORTALITY WOKSHOP**

The Chairman advised the Committee of arrangements made for the above workshop to be held at County Buildings on 29th January 2013 at 2pm and asked that those wishing to attend contact the County Health Scrutiny Officer direct.

**Resolved:** That the information be received.

8. **HEALTHWATCH PROCUREMENT**

The Chairman referred to information provided to him by the County Council about the Healthwatch Procurement Contract and requested that it be forwarded to all members of the Committee.

The information particularly concerned the procurement process leading to award of the contract.

**Resolved:** That the information be received and forwarded to all Members of the Committee as requested by the Chairman.

**COUNCILLOR COLIN EASTWOOD**
**Chair**