MINUTES OF A MEETING OF THE COMMUNITY & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 9 JUNE 2011

Membership

*	W J C Dick (Chairman)		M Page
*	L Barton	*	R A Pearson
*	P Channer	*	Mrs J Reeves (Vice-Chairman)
	J Dornan	*	C Riley
*	M Garnett	*	Mrs E Webster
*	C Griffiths	*	Mrs M J Webster
*	E Hart	*	Mrs J H Whitehouse (Vice-Chairman)
*	S Hillier	*	B Wood

* Present

The following also were in attendance: Cabinet Member A Naylor (for part of the meeting), P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

45. Apologies and Substitute Notices

There were no apologies for absence.

46. Declarations of Interest

Standing non prejudicial interest for Councillor Mrs M Webster due to being a member of the South Essex Partnership Board.

47. Minutes of last meeting

The Minutes of the meeting held on 19 May 2011 were approved as a correct record and signed by the Chairman subject to an amendment on page 35, paragraph (c) Epping Forest District Council (EF) to read 'in the Epping Forest area…'.

48. Southend University Hospital Action Plan

The Committee received report (CWOP/25/11) from Southend University Hospital on their action plan following the Care Quality Commission visit and report. In addition a further paper was circulated prior to the meeting (CWOP/30/11) providing a Summary Report on CQC concerns regarding provision of services for people with mental health needs at Southend University Hospital NHS Foundation Trust. Malcolm McFrederick, Director of Operations, Southend University Hospital NHS Foundation Trust, Dr Llewellyn Lewis, Clinical Director, South Essex Partnership University NHS Foundation Trust and Caroline Robinson, Head of Mental Health Commissioning, were in attendance at the meeting for this item.

The Committee considered the reports and raised a number of questions with Southend University Hospital on the following areas.

Joined up Approach

Initial concern was raised regarding whether there was a joined up approach to safeguarding vulnerable adults at the Hospital. In response it was confirmed that a 'Safeguarding Vulnerable Adults Lead' had been appointed at the Hospital to ensure a joined up approach.

Training

In response to questions raised about the depth of staff training with regard to safeguarding vulnerable adults, it was explained that there was mandatory training for all staff to cover important safeguarding issues. However there was a need to ensure that there was the depth of understanding required in the frontline areas particularly. Feedback analysis was being used to ensure a full understanding. Within high use areas and frontline areas such as A&E enhanced training was already being carried out. However it was acknowledged that there was still work to do particularly around a move to more interactive training to ensure a better understanding. In response to a question about training being linked to an appraisal process and development, it was confirmed that training was part of the appraisal process and there were linkages to career progression.

A member raised concern about the proposal to ensure that 50% of A&E staff were trained by South Essex Partnership Trust (SEPT) staff by December 2011, rising to 75% by April 2012 as it was felt that this did not go far enough. In response it was explained that there were a number of staff on duty at any one time within A&E and there needed to be a balance of specialised skills within that mix of staff, some staff would be specialised in meeting the needs of people with mental health problems and other staff would have other specialised skills.

A question was raised regarding the proportion of temporary/locum staff and whether they receive appropriate training before they go on bank. It was clarified that there was currently less than 4% of bank staff in any one department. They did receive training before going on bank and were accredited through the NHS system. However as the number was so low there was no specific check regarding mental health training however this could be checked with the banks. There always needed to be the ability for flexibility. A written supplementary could be provided on bank staff.

Dr Lewis advised that within nursing training, the approach taken by universities was to separate mental health nursing from general nursing and recently it had become even more separate. The CQC had highlighted these splits. Within A&E it was expected that there would be a general understanding of a wide range of skills including mental health and within triage broad psychiatric tendencies should be picked up. The questions being asked at triage stage had been checked and Dr Lewis was satisfied that the right issues were being considered.

Staffing

Following a question about recruiting staff and in particular mental health trained staff, it was explained by Dr Lewis that within the medical sector nationally psychiatry was not a popular specialism. Many of the staff were GP trainees gaining experience and this was relied upon and very valuable. Attracting core specialist staff in this area was difficult and work was being undertaken to encourage psychiatry as a career path. However at the substantive consultant level there tended to be a high number of applicants for each post.

GP training was important to pick up issues early on in the primary care setting, helping to prevent the escalation of issues.

With regard to pay and conditions, particularly in Essex being so close to London, it was explained that consultant training pay was the same across the board and generally the culture of organisations was more of an issue than pay. The staff were subject to the standard NHS Terms and Conditions, with London weighting allowance in some areas.

Development of care pathways

The Committee questioned when a care pathway will be developed for patients with mental health issues. In response it was explained that within the National Service Framework there were various teams, units and wards with complex pathways between the teams. It is difficult to develop a generic pathway.

With regard to GP referrals, it was acknowledged that the current GPs may not have the level of training which is now provided which may affect the referral pathway. Service users picked up by the Police under the powers of arrest should be taken to a designated place of safety. However Members pointed out that the information provided by the Police indicated that this did not always happen as it was more cost effective to take to take the person to custody. The code of Practice advice was that a person in these circumstances should not go to custody but to a 136 suite. With regard to children, a child psychiatrist should do the assessment.

Records

The Chairman asked how the pathways were reflected in the patient's record and whether triage could access a patient's record. In response it was clarified that the records were not joined up and A&E did not have full access to a patient's physical record. However the replacement system which was being considered would be more intelligent.

Safe Rooms

It was confirmed that the 'safe rooms' had been implemented and were now being audited. The rooms provided a waiting area and interview area and ensured a safe, calm environment. The professional had easy exit from the room, along with an alarm button and personal alarm. A risk assessment would already have been carried out prior to entering the room.

Liaison Nurse Service

The Committee was pleased to note the extended hours for the psychiatric liaison nurse service. It was explained that previously a doctor had been at the front end on-call psychiatrist. With junior doctors usually based at Rochford and often dealing with an issue there when a call came through from the hospital A&E department, had resulted in longer response times. Therefore nurses with the appropriate training had taken on many of the responsibilities and provided a back-up service between 2pm to 10pm. This had led to good response times with 90% patients being seen within an hour and good relationships with A&E. However conversely this meant that the junior doctors were rarely called out and lacked the acute experience which was important to their training. Therefore there was a need to find the right balance between fulfilling important training needs and the benefits to patients of on-site staff and good response times.

The Committee concluded that the progress already made by the hospital and introduction of more joined up thinking was welcome. It was acknowledged that this was the first visit of its type by the CQC and therefore there may be similar concerns around safeguarding at the other hospitals within Essex which may require further investigation. It was also hoped that in future within the patient record system there could be a way of indicating where a patient has a mental health issue when they access hospital services.

It was **Agreed** that:

1. Southend University Hospital would provide the Committee with a supplementary written report on the use of agency/bank staff.
2. The other Essex Hospitals would be looked at with regard to their provision of services to people with mental health needs.

49. Safeguarding Essex

The Committee received report (CWOP/26/11) from Sue Hawkins, Commissioning & Delivery Director – ESCD & Safeguarding Essex, comprising the quarterly report from the Safeguarding Essex Service.

The Chairman advised the Committee that a recommendation had been made to bring the adults and children's safeguarding together and deal with families as a whole. However in order to support this approach a joined-up computer system was required. Sue Hawkins advised the Committee that the I.T. issues were being considered as part of a wider strategy as a better interface was needed. However there was an awareness of the legal issues surrounding children's services. Links were also being established with Essex Police who were signed up to the new approach and were working on setting up the relevant infrastructure. A new approach had also been introduced for raising complex issues as part of the family approach. This had been in place since January with forum's held monthly and had proved very beneficial. Closer links with the Children's safeguard unit were being established.

An adult 'Local Authority Designated Officer' role had been set up to link the adult and children's safeguarding services. In response to a question

regarding the length of an investigation process undertaken by this officer, it was reported that during the 3 months that the role had been in place all issues had been dealt with promptly. It would be reviewed again in September. These are cases which have been flagged up by Children's services. However where there is a police investigation the service has to be guided by them in exceptional circumstances.

A Member asked about whether any cross-border links were being made. In response it was explained that the complexity forum had been set up for the Essex County Council area and did not include Southend and Thurrock. However there had been some interest shown in it. The 'AskSal' service which had been brought back to Social Care Direct included Southend and Thurrock as part of the service and other areas had shown an interest in it.

A question was raised regarding the action to review the way in which partner agencies are communicated with regarding the outcomes of safeguarding investigations. In response it was clarified that there was a clearer process for reporting back where there were links. The original referrer would be told the outcome and actions. Partner agencies that have been asked to be notified of outcomes from safeguarding meetings are now informed. A safe way of communicating by email to transfer information across services was being worked out.

The work to help engage GPs in understanding the safeguarding process was ongoing. The White Paper had not put a great deal of emphasis on safeguarding. However the Safeguarding Essex Service was targeting practice managers and raising awareness of what safeguarding is. The Law Commission recommendations sent a clear signal of the local authority safeguarding role. The Service worked in partnership to the Law Commission key principles. With the move towards consortiums, the Service was looking at how they will work with them. The Service had been working with the PCT with regard to GP training. Challenge to the consortiums would be if there was a serious case review. The safeguarding adult's boards had now been put into statute which was a welcome move. Some Members felt that there needed to be strong links between GPs and A&E on safeguarding issues.

The 'Be Safer' DVD was available for Members in the members Lounge.

50. Dementia Task and Finish Group

The Committee received the final report of the Dementia Task and Finish Group (CWOP/27/11). Councillor John Baugh, Chairman of the Task and Finish Group, introduced the report and explained that the issue had resulted from an away day held by the Health Overview and Scrutiny Committee, at which the question was posed as to how dementia services could be improved within this time of financial constraints. The Committee was advised of some of the main findings of the Group.

During the discussion the following points were made:

- There was a gap in the guidance around how GPs deal with patients displaying symptoms of dementia and from the GP surgeries contacted during the review only two responded. Training in this area was vital.
- It was explained that the 'Thinking Fit' programme was a piece of research looking into delaying the onset of dementia by up to 20 years and initial projections showed that there were savings to be made from delaying the need for residential care through such a programme.
- It was suggested that there should be widespread coverage of this report and that copies should be sent to GP surgeries to raise the profile of the issues.
- It was recognised that people seemed more willing to admit to a diagnosis of dementia. However there were still issues around those people who self-funded services who didn't have anyone to look out for their interests. It was noted that through advocacy there should be appropriate support for those people's voices to be heard. From a safeguards perspective how those people are supported needed to be considered.

The Committee welcomed the report and agreed to follow up on the progress of recommendations which came under the remit of this Committee.

51. **Meals on Wheels**.

The Committee received the final draft report of the Meals on Wheels Service Review (CWOP/28/11). Councillor Ann Naylor, Cabinet Member for Adults, Health and Community Wellbeing, was in attendance for this item to receive the report and respond to it.

The Chairman advised that Recommendation 1 had been amended to read: The service provider should seek to provide a method of payment that will result in a cashless society.

A new Recommendation had also been added:
Recommendation 7 – The Committee recommends that the appropriate faith groups are contacted and negotiation should take place to ensure a cheaper service.

During discussion the following points were raised:

- That the number of people responding to questions were shown in the survey results rather than just percentages.
- There was some discussion around the fact that the number of service users receiving meals had remained consistent over the last 18 months, however there was a waiting list of people wishing to receive meals who didn't qualify. It was highlighted in the report under Recommendation 4 that there should be a liberalisation of the current policy restricting the service to those that qualify, so that the contractor could diversify and offer the service to a wider remit of people including those who may wish to pay for the service.

- The Cabinet Member re-emphasised that this service was provided for the most vulnerable people and she would therefore not accept removal of the subsidy. The WRVS also provided a mini-welfare check on each service user as the meals were delivered which was considered to be very important.

Following clarification of the process for contacting the Department of Health (DoH) to seek further information on the VAT status of hot meals, it was **Agreed** that the Chairman would draft a letter on behalf of the Committee for the Cabinet Member to check and send to the DoH.

52. Forward Look

The Committee received and noted a report (CWOP/29/11) on the Forward Look.

The following additional items were also noted:

- Information Web Portal
- Learning Disabilities Keeping Safe Programme
- The other Essex Hospitals would be looked at with regard to their provision of services to people with mental health needs.

53. Date and Time of Next Meeting

It was confirmed that the next scheduled meeting of the Committee would be held on Thursday 14 July 2011, at 10.00 am in Committee Room 1.

The meeting closed at 12.15 p.m.

Chairman