MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 10 MARCH 2011

Membership

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

* Present

The following also were in attendance: Cabinet Member A Naylor, Deputy Cabinet Members A Brown and D Robinson, P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

17. Attendance, Apologies and Substitute Notices

The Committee Officer reported apologies had been received from Councillors R. Pearson, Mrs J Reeves (for whom Councillor E Hart attended as substitute) and C Riley (substitute).

The Chairman thanked the Governance Officer for arranging a visit to the Pitsea distribution centre of the Meals on Wheels service on the previous day and that those Members attending the visit had been impressed by the professionalism and regimentation of the operation.

18. Declarations of Interest

No declarations of interest were declared.

19. Minutes of last meeting

The Minutes of the Committee held on 10 February 2011 were approved as a correct record and signed by the Chairman. It was noted that some actions arising from the minutes in relation to further information and case studies being sent to Members had yet to be actioned.

20. South Essex Partnership University NHS Foundation Trust (SEPT) and Southend University Hospital Foundation Trust (SUHFT): Care Quality Commission (CQC) Report into A&E 'failing' Mental Health patients

The Committee received reports CWOP/08/11 (the Care Quality Commission Review of Compliance report), CWOP/12/11 (SUHFT Action Plan in response to the CQC issues identified), and CWOP/13/11 (draft Service Specification for

Adult Psychiatric Liaison Service). Robin Brook, Associate Director, Acute Commissioning, South East Essex Primary Care Trust (SEEPCT), and Mark Tebbs, Mental Health Commissioner for both SEEPCT and South West Essex Primary Care Trust (SWPCT), and Pauline Stratford, Mental Health Joint Commissioning, joined the meeting and introduced the item. It was noted with concern and disappointment that no representatives from SUHFT had been able to attend. An email, providing a further update on progress being made on the above referenced action plan, had been received from Malcolm McFrederick, Director of Operations at SUHFT, and is attached to these minutes as Appendix 1. It was acknowledged that whilst the SEEPCT and SWPCT representatives present at the meeting would try to answer questions to the best of their knowledge from a commissioning and monitoring perspective, they would be unable to input significantly on any discussions on detailed day to day operational practice at SUFT.

(a) Background

The Care Quality Commission (CQC) had found that SUHFT did not have an overarching policy addressing the provision of services to people with mental health needs and that overall there were deficiencies in processes around the service provided to this patient group. The CQC had undertaken a responsive review of unacceptable delays in the Accident and Emergency Department at SUHFT, both in carrying out psychiatric assessments of patients and/or delays for people waiting to move to more suitable services. Evidence provided by SUHFT to the CQC had shown that there were significant breaches of the 'four hour wait' (the national target time for patients to be seen in A&E departments) in relation to patients who also required a psychiatric assessment.

A number of process and training deficiencies had been identified. The CQC had also criticised SUHFT for not having a named lead for mental health nor any clear care pathway for those with mental health conditions. SUHFT had drawn up an action plan to address the issues identified by the CQC and it was confirmed that all actions in the plan were due for completion by the end of March 2011 with one exception.

(b) Psychiatric liaison

It had been acknowledged in the CQC report that delays in psychiatric assessments had been less of a problem at times when a psychiatric liaison nurse, provided by SEPT (the local mental health trust) was available (afternoons and evenings). It was proposed that there would be a further extension of this service.

The CQC investigation had shown that the relationship and joint working with SEPT was an area for improvement, so as to improve response times, and also to encourage SUHFT to bring in more self sufficient psychiatric skills. Part of the ongoing review by SUFT was to look at the assessment of distressed patients arriving at A&E by the emergency duty team and the split in numbers between those referred direct to supervision at Rochford Hospital and those assessed as having a care pathway within SUHFT.

(c) Safe rooms

SUHFT had subsequently introduced ‘safe rooms’ for people who may be at risk because of their mental health needs. However, further work needed to be carried out to ensure the processes around the use of safe rooms effectively met the needs of patients. Supervision of patients in safe rooms was sometimes carried out by security staff who were trained in mental health awareness which, in effect, meant their observational role was primarily custodial. Members were particularly concerned that distressed patients with mental health needs could be observed by staff with no clinical training. However, if initial assessment suggested that someone was dangerous and/or likely to self-harm then someone would have to stay with them. It was difficult to establish a completely ‘safe’ ligature free room. Members sought further assurances on the health and safety procedures supporting the ‘safe room’ and queried that the lack of a panic button seemed to be a basic oversight.

Despite the establishment of ‘safe room’, in terms of mental health provision SUHFT was not considered a ‘place of safety’ under the Mental Health Act (MHA). It was suggested that unless a patient was sectioned under the MHA they would often need to be persuaded to transfer voluntarily and that robust processes alone could not deal with this reliance on the voluntary aspect of referrals. Members were advised to distinguish in their discussions between a ‘place of safety’ as stipulated under the MHA which is provided at the Section 136 suite at Rochford Hospital and a more subjective ‘safe place’, which SUHFT were providing in a side room in A&E and which was away from the frenetic atmosphere at A&E .

Members stressed that whilst patients might enter A&E in a mild manner, excessive waiting times could exacerbate the situation and lead to vulnerable patients getting more uptight. Regular floor walks were conducted by a nurse to determine any significant changes in condition of patients awaiting treatment. It was noted that considerable time could elapse during an assessment for patients with medical and psychiatric needs.

(d) Staff training

The CQC had concluded that overall staff training at SUHFT around issues relating to mental health, including the Mental Capacity Act, Deprivation of Liberty Standards, and Mental Health Act Code of Practice, was insufficient to ensure that patients, who were at risk because of mental health issues, received a service that met their needs.

The introduction of a Safeguarding Lead at SUHFT had raised awareness amongst staff about issues relating to vulnerable people. However, it seemed that all issues relating to safeguarding were concentrated with the Safeguarding Lead and only a few others demonstrated a basic awareness of their responsibilities.

Safeguarding training had been outsourced to SEPT as this level of expertise had not been available in-house. Training was conducted in groups so that participants could converse and share experiences. It was queried whether taking staff out from their normal work environment was the best place to conduct this particular training. The training would focus on how best to address the needs of general staff in sustaining psychiatric awareness despite, in all likelihood, only infrequent exposure to such clients. In response to Member concern it was confirmed that SUHFT had a monitoring system and clinical debrief processes in place to review incidents after the event. The PCT also received monthly monitoring data and held a monthly clinical quality review group and psychiatric liaison remained a standard item on the agenda.

It was acknowledged that staff confronting distressed patients had to be adequately trained and that general nurses were not trained in breakaway techniques/restraints and there could be significant litigious assault liability if force was applied incorrectly.

Whilst Members were partly reassured that training had been improved, they stressed that training should never be completed as it always would need to be included in induction training for new staff and for there to be refresher training where appropriate. Members stressed that training needed to reinforce policies and procedures so that they were embedded in the organisational mindset.

The Chairman reminded the meeting that the focus of training should also be on general safeguarding and include other ‘at risk’ groups such as age infirm and those with learning difficulties (of any age) and it was not clear in the reports whether these particular patients were receiving a good service.

(e) Lack of service level agreement and other protocols

The CQC had observed that the arrangement for support for patients with mental health needs in SUHFT had not been formalised and that the absence of a service level agreement, or any other written arrangement, nor joint protocols between SUHFT and SEPT had affected the standard of the service received by people with mental health needs.

Consequently, a draft Service Specification between SUHFT, SEPT and SEEPCT had been drawn up to formalise the Adult Psychiatric Liaison Service being provided by the liaison nurses based at the Assessment Unit and the on call psychiatrist based at Rochford Hospital. Processes around the transport of patients with psychiatric need to and from the A&E department at SUHFT were in the process of being agreed between SUHFT, SEEPCT and East of England Ambulance Trust. Currently, calls for transport to transfer patients would be logged as ‘urgent’ rather than ‘life threatening’ and the agreed national response time to respond to that category of call was four hours. This would be reviewed to determine if this still remained the most appropriate call category.

Members wanted to see evidence of closer liaison on a daily operational basis with SEPT. It was stressed that complicated patients needs could be escalated through the A&E management hierarchy to appropriate senior staff familiar enough with the protocols to manage the issue and who would liaise with SEPT as necessary. SEEPCT and SWPCT, as commissioners, would monitor the performance of the Service Level agreement, which included key performance indicators, although it was acknowledged that it was not the most appropriate process to provide detailed operational detail.

The CQC had also highlighted problems in relation to SEPT's policy of only assessing people with possible mental health issues once they were declared 'medically fit'. A rigid adherence to this policy could result in unnecessary delays in obtaining psychiatric advice about a person's care and treatment whilst waiting for a patient to become 'medically fit' as opposed to 'medically stable'.

(f) Formal liaison arrangements with other agencies

The CQC had also concluded that there was a lack of evidence of formal liaison arrangements with other agencies such as police, ambulance and local authority. The police 'routinely' used the A&E department as a place of safety, irrespective of whether the person required urgent medical treatment and despite the local mental health trust having a designated Section 136 facility (place of safety).

(g) Management control and monitoring systems

Members suggested that management control and monitoring systems at SUHFT had not been robust enough to identify earlier the issues investigated by the CQC and queried the lessons learnt from the investigation and the published CQC report. The SEEPCT and SWEPCT representatives present at the meeting stressed that they agreed the processes and procedures with hospital trusts and the methods to monitor, inform and escalate matters although they were unable to comment specifically on detailed day to day operational matters. However, they acknowledged that one of the lessons that seemed apparent was that escalation processes should be regularly revisited as they did not seem to 'kick-in' properly at present.

(h) Psychiatric drugs

SUHFT did not hold stocks of psychiatric drugs so patients were unable to promptly receive any antipsychotic medication that may be required. However, it was acknowledged that to have such drugs on site would require suitably qualified antipsychotic dispensing expertise also to be on site.

(i) Conclusion

The representatives from SEEPCT and SWEPCT were thanked for their attendance. Whilst Malcolm McFredericks, Director of Operations at SUHFT, had been unable to attend the meeting he had offered to attend a future

meeting. Without the detailed day to day operational level input from SUHFT, Members felt that they had not, to date, received enough operational information on the issues highlighted in the CQC report and did not feel completely re-assured that sufficient and robust processes and procedures were now in place that were embedded into the organisation. Therefore, it was **Agreed** that Malcolm McFredericks, Director of Operations from SUHFT, and the newly appointed Chief Executive of SUHFT, Jacqueline Totterdell, be invited to the next meeting of the Committee to provide further information. In addition Members felt that the issues raised at SUHFT could be occurring at other acute hospitals in Essex and they **Agreed** to conduct further scrutiny of their respective operations as well to ensure appropriate processes were in place and adequately documented.

21. Adult Safeguards (quarterly report)

The Committee received reports from Stephen Bunford, Operational Service Manager, providing an updated Adult Safeguards Action Plan 2010-2012 (CWOP/09/10). On 11 November 2010 the Committee had received the Adult Safeguards Annual Report (Minute 81/11 refers) and it had been agreed that the Adult Safeguards Unit would return to give a further update progress report to the Committee. The Action Plan comprising the update report had identified twelve issues being addressed with proposed action, outcome, update and target date, set out for each issue. The following particular issues were highlighted and/or discussed:

(a) <u>To develop closer links with Children's Safeguarding Service</u>

The ASU were looking to develop closer links with the Children's Safeguarding Service. In particular, the service were looking at more joint working on safeguarding cases, joint training, joint publications and to look at how young people in transition were supported by both services. The following week, administrative support functions for both Adult and Children's Safeguarding Boards would be co-located. There were also preliminary discussions on whether the Children's Support Team could be sited at the same location.

Members raised the incompatibility of the four computer systems currently used by the Adult and Children's safeguarding services. Physical co-location of services would give the opportunity to learn how to access and combine the different systems (whilst ensuring ongoing data security). However, whilst Members were keen that there should be a single database developed that would be used by, and accessible to, one joint safeguarding team, it was acknowledged that severe budgetary constraints would prevent allocation of resources for this to be achieved in the short to medium term.

(b) <u>Transfer of data</u>

Members questioned whether the transitioning of a person's details from the child to adult safeguards systems would include the transfer of their parent's details. It was acknowledged that this would be an example of information being retained that was no longer necessary. This concern would be referred

to the Safeguarding Sub Committee of the Children and Young People Policy and Scrutiny Committee for review.

(c) Working with residential and nursing home providers

The ASU were looking to promote the training and support available for residential and nursing home providers on the Deprivation of Liberty Safeguards (DoLs). A new round of training had been instigated with the residential and nursing home providers which had refocused on their needs and experiences and utilised a more collaborative approach towards the training. ASU were looking at an income generation opportunity as more homes were requesting specialised training from the ASU.

(d) Leaflets

The ASU were reviewing their current leaflets to reflect feedback received from vulnerable clients. Other initiatives highlighted included a corporate document for staff available on-line, dissemination of an internet page specifically on children's safeguarding, and an updated Staff Information Booklet which would be shared with partner agencies. In addition, the ASU feedback form had been developed in a more basic form so as to be available in an easy-read version for clients with learning difficulties and would be available in April. The ASU were also seeking feedback from focus groups and, in particular, as to whether people really understood the term 'safeguarding'.

(e) Engagement with GPs

The ASU were looking to expand the safeguarding awareness training sessions to GPs and their surgeries. It was noted that it was a statutory duty for GPs to be fully engaged in children's safeguarding but this statutory duty did not extend to adult safeguarding. GPs response to the training sessions had been very encouraging. In addition safeguarding workshops were being put together for GP's practice managers.

(f) Conclusion

The Chairman thanked Stephen Bunford for his update and invited a further ASU update later in the year.

22. **Safeguarding Adults from Exploitation (SAFE) Team Update**

The Committee received a report from Sam Crawford, Operational Team Manager, Safeguarding Adults from Exploitation (SAFE) providing a SAFE Project update for the period October 2010 – March 2011 (CWOP/10/11).

The SAFE Project originally had the remit of identifying, locating and supporting vulnerable people in North East Essex who had previously been resident in institutional care settings. Whilst the SAFE team still undertook this work, it had also evolved to become a specialist resource to coordinate

investigations into institutional abuse throughout Essex. The Committee were updated on work undertaken by SAFE since the Adult Safeguards Unit (ASU) annual report being received by the Committee in November 2011.

(a) Institutional Safeguards/Homes of Multiple Occupancy work

Under the umbrella of the ASU, SAFE assisted locality teams as an additional resource in significant cases of institutional abuse.

Sam Crawford outlined a case study of a landlord who had established a Home of Multiple Occupancy (HMO) with residents with learning disabilities. The SAFE Team had offered assessments and guidance on his responsibilities towards his residents and the various registrations he needed to complete to regulate the additional services being provided on site.

(b) Information

Members discussed how to improve the quality and timeliness of local information available to the SAFE Team. In particular, Members suggested that SAFE should be informed in advance of planned closures of local long term institutions so that they could ensure that the local HMOs were properly set-up and registered in preparation for new clients, and that local authority housing officers should advise SAFE of HMOs in their administrative areas. It was acknowledged that some local contacts were already in place whilst others were still to be developed.

Whilst SAFE's original remit had been to help vulnerable adults their services had now been offered to Children's Services as well. Members suggested that children leaving care should be signposted to the SAFE resource and it was agreed that this should be referred to Children's Services for action.

Thereafter Sam Crawford was thanked for his update report and invited to further update the Committee at a future date.

23. Forward Look

The Committee received and noted the Forward Look (CWOP/11/11) for the April – June 2011 period. It was noted that a further report on Southend Hospital would be added to the agenda for April. In addition, the item on the Libraries Target Operating Model would be deferred until September.

24. Dates of Future Meetings

It was noted that the next meeting would be held on Thursday 14 April 2011. The future meeting dates were noted as follows (with all meetings starting at 10am in Committee Room 1):

- Thursday 19 May;
- Thursday 9 June;
- Thursday 14 July;

- Thursday 8 September;
- Thursday 13 October;
- Thursday 10 November;
- Thursday 8 December;
- Thursday 12 January 2012;
- Thursday 9 February 2012;
- Thursday 8 March 2012;
- Thursday 12 April 2012.

25. **Exclusion of the Public**

It was agreed that the public (including the press) be excluded from the meeting during consideration of the following item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972: (Paragraph 3 – relating to the finance or business affairs of any particular person (including the Authority holding that information)).

26. Adult Health and Community Wellbeing – Financial Update

The Committee received a financial update report (CWOP/14/11) from Simon Bragg, AHCW Head of Finance and Nick Presmeg, Senior Operational Manager and, after discussion, this was noted.

Thereafter the meeting closed at 12.20pm.

Chairman