

ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

3 November 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck, Geoff Lilley, and Stephen Thomas

Also Present: Karen Hawkins, Head of Commissioning and Delivery,
Hartlepool and Stockton on Tees CCG
Jean Freund, Executive Nurse, Hartlepool and Stockton on
Tees CCG
Maureen Lockwood, Ruby Marshall, Lynne Allison -
Healthwatch
Frank Harrison, Years Ahead Forum
Bill Keen, 50 Plus Forum
Members of the Public – Stella and Gordon Johnson, Sue
Little, Evelyn Leck

Officers: Jill Harrison, Assistant Director, Adult Services
Denise Wimpenny, Principal Democratic Services Officer

31. Apologies for Absence

Apologies for absence were submitted on behalf of Brenda Loynes, Kaylee
Sirs and George Springer.

32. Declarations of Interest

Councillor Thomas declared a personal interest in Minute 34.

33. Minutes of the meeting held on 6 October 2014

Received.

34. Presentation – Nursing Beds in Care Home Settings / Impact on Hospital Discharges *(Representatives from the Clinical Commissioning Group)*

Type of decision

For information

Issue(s) for consideration

The Chair welcomed the representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) who had been invited to attend following concerns raised by the Committee at the last meeting in relation to the lack of nursing beds available in care home settings and the impact on hospital discharges.

The representatives provided a detailed and comprehensive presentation regarding commissioning arrangements for permanent residential nursing beds and proposals to address quality of nursing provision in Hartlepool. The presentation focussed on the following issues:-

- Definitions
 - Residential Care Home
 - Residential Nursing Home
 - Differences - Residential Nursing Home includes medical care from qualified nurse

Nursing Bed Provision

- Permanent residential nursing bed provision recognised as regional and national issue
- Market provision private sector
- National requirements in relation to quality not attractive
- Local capacity stretched due to recent quality issues identified
- Issues not static – need to review predictive modelling to inform future requirements

Commissioning Bed Provision

- Multi-agency Task & Finish Group Established (July 2014)
 - Market Engagement undertaken current providers
 - Market Engagement strategy developed (future provision)
 - Support requirements reviewed (current providers)
 - NTHFT Discharge Policy Review undertaken
 - Clinical audits undertaken
 - Review of clinical quality assurance process

Quality Assessment

- 2010 NHS Tees introduced a CQA programme supported by an assessment tool
- Post Francis II
- 2013 – 14 Clinical Quality Assurance visits undertaken
- 2014 – 15 CCG reviews current provision: capacity and capability
- CCG Clinical Quality Team Working with CQC
- Risk assessment based approach to inspection programme until March 2015
- 2015-16 programme will be co-ordinated with CQC programme and LA QSF inspection plans

Quality Assessment Process – Information Sharing

- Weekly safeguarding team meeting
- Meetings with CQC/LA as required to discuss concerns (actual or potential)
- Weekly CCG Executive Team (including GP leads) briefing
- Monthly DDTV Executive nurses meeting with CQC
- Monthly Exec nurse – Exec nurse meeting CCG & NHS England (NHSE)
- Bi-monthly Tees CHC interagency working group
- Quarterly NHSE DDTV Area Team Quality Surveillance Adult Safeguarding meeting
- Continued partnership working with Adult Services team in the local authority to ensure services commissioned are;
 - Safe
 - Effective
 - Caring
 - Responsive
 - Well led
- Systems, processes and partnership working have enabled an early warning score approach to identify issues
- CQA visits will further identify any emerging issues or concerns

Vision

As agreed with partners our vision is;

‘To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both Health and Social Care’

- Our priority is always to secure the best quality of care
- Where quality care is not being provided the priority is to keep people safe

In the lengthy discussion that ensued a number of comments/queries/issues were raised which included the following:-

- (i) In response to clarification sought on the number of patients who had accessed nursing home provision outside of Hartlepool as a result of the lack of nursing beds in the town, the Assistant Director agreed to provide this information following the meeting.
- (ii) A query was raised with regard to the background to the decision taken to close one of the nursing homes in Hartlepool and whether support arrangements were in place to assist homes in achieving the levels expected. The CCG representative outlined the support measures in place as well as the partnership arrangements with the Local Authority and Care Quality Commission in terms of sharing information to deal with issues of this type.
- (iii) Clarification on the number of beds available in Grade 1 care homes as well as nursing homes in Hartlepool was requested to which the Head of Commissioning and Delivery advised that whilst this information was not to hand, information detailing occupancy levels and vacancies was provided by the Local Authority on a weekly basis to enable trends to be examined. Details of the total number of nursing home beds and number of residential beds could be provided under separate cover following the meeting.
- (iv) Whilst the proposals of the recently established Multi-agency Task and Finish Group were welcomed personal experiences/ concerns were shared with the Committee in respect of patients who had remained in hospital longer than necessary due to the lack of nursing beds available in Hartlepool or had been transferred out of town. The impact on individuals as well as potential elderly carers was outlined. In response, the Committee was advised that the purpose of the Multi-Agency Task and Finish Group was to gain a shared level of understanding in relation to future levels of need for nursing provision through information sharing and better modelling. This would take into account the ageing population and a review of delayed hospital discharges, current nursing bed availability in care home settings, the importance of patient choice, educating families on what was available in their communities, the need for transition arrangements to move people out of hospital, nursing and rapid response issues as well as the intention to review the hospital discharge policy operated by North Tees and Hartlepool NHS Foundation Trust.
- (v) The Assistant Director and CCG representatives responded to further issues raised in relation to the presentation. Clarification was provided on the proposals for more intervention and support and nursing care provision in the home whilst acknowledging the circumstances in which provision in the home may not be appropriate. Responses highlighted the importance of early

intervention and ensuring that support was based on patient choice and need, the arrangements around respite care, the hospital discharge policy and process and support arrangements following discharge based on need. The representatives responded to a number of questions raised in relation to rehabilitation services, inspection process, planned and un-announced visits and the role of Health Watch in the inspection process was discussed.

- (vi) Whilst it was noted that the lack of nursing beds did not appear to be a major issue at the present time concerns were raised regarding the impact of the winter months on the health of the elderly and the likely increase in the need for more nursing beds as a result. Reference was made to the problems in December 2013 and the suggestion that a number of people could not be discharged from hospital as a result of the lack of nursing beds available and assurances were sought on the arrangements in place for this year. The Committee was advised that winter resilience plans were in place and monies were available nationally to all CCGs. The Local Authority were partners in the System Resilience Group who agreed the plans.
- (vii) A Member expressed extreme disappointment in relation to the fact that the care of the elderly and vulnerable was seen as a market as a result of Government Policy.
- (viii) With regard to recent changes in one home and closure of another in Hartlepool, a query was raised regarding the impact of the reduction in nursing provision to which the Assistant Director clarified the number of beds that were no longer available. It was indicated that occupancy levels within residential care homes were not at a maximum capacity which had helped to manage the situation.
- (ix) Reference was made to earlier concerns raised that discharges of some patients from hospital had been delayed as the nursing home of their choice was not available and a Member questioned the costs of keeping those patients in a hospital bed during 13/14 and the first six months of the current financial year.
- (x) The issue of patient choice was discussed at length during which concerns were raised regarding the implications of financial pressures and quality standards requirements on standards of care. Given the ageing population the Committee commented on the increase in the number of people requiring a more complex level of care and the general trend of residential care admissions decreasing and nursing care admissions increasing.
- (xi) Whilst Members were pleased to note the robust procedures in place to ensure policies, procedures and professional standards

- were being maintained in relation to nursing care emphasis was placed upon the importance of input from residents and family members in assessing patient experiences and determining whether nursing care was delivered to an appropriate standard. Assurances were provided that patient experience was a key component in the assessment process, details of which were outlined.
- (xii) In response to comments made on the importance of up to date training for staff, Members were advised that the issue of additional care and support for care homes was being addressed as part of the proposals in place under the Better Care Fund.
 - (xiii) The Assistant Director outlined the arrangements for registering any matters of concern in standards or quality of care, abuse or neglect. It was highlighted that all care homes had policies in place in relation to both complaints and safeguarding. The importance of ensuring information on how to register any areas of concern was publicly available and the benefits of displaying and publicising information of this type on noticeboards in homes were outlined.
 - (xiv) A lengthy discussion ensued regarding demographic changes including the number of young adults being inappropriately placed in elderly care homes and the impact on their health and wellbeing as a result. The lack of support for individuals leaving hospital with no permanent residence was also debated. A Member asked how the ongoing needs of individuals leaving hospital with no fixed address were monitored. The Assistant Director advised that Adult Services would not necessarily be involved in such cases unless the individual had an eligible social care need. Support for homeless people was provided through the Neighbourhoods Department and people with substance misuse issues were able to access services commissioned by Public Health. Members were of the view that the various care needs of individuals of all ages needed to be explored given the limited provision available.
 - (xv) Following a question and answer session on the health and social care process and support arrangements available, given the complexity of the issue the benefits of providing an information booklet for the public were highlighted. It was noted that provision of a 'directory of services' was a complex issue due to the amount of information available, the relevance to each individual and the difficulties in ensuring that information was up to date and accurately maintained.
 - (xvi) A Member commented that one of the biggest problems that Healthwatch representatives identified was that individuals being discharged from hospital found procedures difficult to understand.

The difficulties around the transition between an acute hospital setting and community based health and social care services was also an issue.

In concluding the debate the Chair thanked the representatives for their attendance, informative presentation and comprehensive responses to questions. The Chair went on to thank all attendees for their contributions and was keen to see this level of debate and investigation at future meetings.

Decision

- (i) That the contents of the presentation and comments of the Committee be noted.
- (ii) That details of the number of patients who had accessed nursing home provision outside of Hartlepool as a result of the lack of nursing beds in the town be provided following the meeting.
- (iii) That details of the total number of nursing home beds and number of residential beds be provided by the CCG under separate cover following the meeting.
- (iv) That the care needs of young adults being inappropriately placed in elderly care home settings be further explored.
- (v) That the care needs and support arrangements of all age groups be examined particularly the needs of individuals leaving hospital with no permanent residence.

The meeting concluded at 12.15

P J DEVLIN

CHIEF SOLICITOR

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