

## ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 18 JULY 2018

PRESENT: Councillors Mohammed Ilyas (Chairman), Judith Diment (Vice-Chairman), John Lenton, Marion Mills and Lynda Yong

Also in attendance: Mark Sanders (Healthwatch), Shirley Joseph, Rachel Wakefield, Fiona Slevin-Brown (East Berkshire Clinical Commissioning Group) and Vernon Nosal (Optalis)

Officers: Andy Carswell, Hilary Hall, Lynne Lidster and Angela Morris

### APOLOGIES

Apologies for absence were received from Cllrs Majeed and Carroll.

### DECLARATIONS OF INTEREST

There were no declarations of interest received.

### MINUTES

**RESOLVED UNANIMOUSLY: That the minutes of the meeting held on June 20<sup>th</sup> 2018 be agreed as an accurate record.**

### IMPROVING QUALITY IN CARE HOMES

The Head of Commissioning – Adults and Children informed Members that there were 24 care homes within the Royal Borough, accounting for 1,217 beds; of these, more than 900 were in homes that had nursing provision capable of providing for patients with complex needs. Two more homes, in Windsor and Ascot, were in the process of being built and this would create an additional 150 beds. There was a clear focus on ensuring residents of the Royal Borough had the best quality of care in a safe and caring environment.

Members were told that amongst residents of care homes in the Royal Borough there had been improvements in the length of time for them to become medically fit following a stay in hospital, and there had been a small but significant reduction of seven per cent in the number of non-elective admissions to hospital in 2017-18 compared to 2016-17.

The Head of Commissioning – Adults and Children informed the Panel that staff from the Royal Borough and Optalis had been working through health and social care partnerships across a wider area into Bracknell Forest and Slough, which had the benefit of providing them with greater shared knowledge and expertise. These partnerships included working with Healthwatch and the Care Quality Commission, in addition to NHS partners across Berkshire. Members were informed that these partnerships enabled information about registered care providers in the Royal Borough to be collected, and for targeted support to be given to those providers and managers who had been identified as requiring improvement. Examples of the information to be collected might be a safeguarding issue, or a specific issue relating to a certain practice. It had been proposed to introduce a questionnaire amongst care home residents to ask about satisfaction levels of where they resided and the quality of care they received, in order to identify any issues more quickly.

Members were told that the majority of the Quality Improvement projects were funded by the East Berkshire Better Care Funds and the Frimley Health Integrated Care System. The

partnership approach had highlighted data regarding the main reasons for non-elective admissions to hospital, which had led to evidence-based practices being implemented. These included a hydration and nutrition programme, which has won awards, and the implementation of a trusted assessor scheme, where an assessor would be assigned to a patient while they were in hospital and would liaise with their care home manager. Members were told that this, combined with the introduction of a 'Red Bag' scheme to highlight that a hospital patient was a care home resident, had led to a reduction in the number of instances of patient lost property being reported.

Members were told that a new NHS email service was being introduced, which would allow care homes to receive emails with patient details directly from hospitals, and also part of the patient's NHS records. Additional coaching and mentoring for care home staff, and the implementation of the National Early Warning Score, had also been introduced and highlighted as examples of good practice. Members were informed that the inaugural Care Home Forum had recently been held, and the feedback from this had been positive.

The Vice Chairman thanked officers for the comprehensive update, and asked if there was a waiting list for entry into care homes in the Royal Borough. The Head of Commissioning – Adults and Children said there were vacancies at several care homes.

The Vice Chairman asked for more information on the new NHS email server. Shirley Joseph said it was a secure address used across the primary and secondary care sector to allow patient data to be transferred, or for requests to be followed up. Work to improve the system was ongoing.

Cllr Yong stated that a care home in the Royal Borough had a new system that enabled a resident's family to log in to check on that patient's records, including information on their activities and what they had had to eat and drink. Cllr Yong said she hoped this system could be rolled out across other care homes in the Royal Borough. Cllr Yong stated her belief that there needed to be improvements in liaising between care homes and the Urgent Care Centre. She stated that too many elderly patients were being told to attend hospital Accident and Emergency instead of the Urgent Care Centre and having to endure long waits as a result, which was distressing to the patients. Shirley Joseph told the Panel that a project was being trialled by the ambulance service, where staff specially trained to deal with falls were given a mobile device to assess patients; however the outcome of the trial had not yet been evaluated. Cllr Yong requested that care home staff should receive more information on Urgent Care.

Responding to a comment from Cllr Yong, The Head of Commissioning – Adults and Children stated that care home staff had requested specific training end-of-life training, to increase their confidence when speaking to residents and their families. NHS funding for this had been approved. Rachel Wakefield informed Members that there was an increased focus on palliative care, in order for patients with specific needs to be directed to the correct specialist staff. The priority was for residents to stay in their normal place of residence for as long as possible, rather than having to go to hospital. Members were informed that there was not necessarily an obligation for care home residents to have to attend hospital, depending on the type of injury they had sustained.

The Chairman asked how regularly care homes were inspected by the Care Quality Commission. The Head of Commissioning – Adults and Children stated that inspection frequency depended on their current rating. A home with an outstanding rating would be inspected less regularly, but there would be a requirement for managers to liaise with the CQC on their progress. In all instances of a care home changing management, an inspection would be carried out within 3-4 months. Concerns about care homes could also be raised by residents' families, practice or district nurses, and via safeguarding referrals. Vernon Nosal stated that all care home ratings were available online; however he stated that a home rated as inadequate in an inspection made several months could have made vast improvements, but the public would not necessarily be aware of this if a new inspection had not taken place in

the interim. Residents could still be placed into a care home with a poor rating. Mark Sanders informed the Panel that a Healthwatch review of a care home would take into account the opinions of residents and their families, as this could often give a different view compared to that given by a formal inspection. The Chairman asked if concerns had been raised about the standard of any care homes in the Royal Borough. Vernon Nosal stated there were three that were subject to discussions at Care Governance meetings on a regular basis; of these, one was coming out of Care Standards Framework, and the other two were having care plans implemented.

Responding to a question from Cllr Mills, Vernon Nosal said it was hoped regular meetings could be set up through the Berkshire Care Association in order to share examples of best practice. In response to a further question from Cllr Mills, it was confirmed that care home staff would receive training so that standards across all homes in the Royal Borough were sustainable and consistent.

### DELAYED TRANSFERS OF CARE FROM HOSPITAL

The Head of Commissioning – Adults and Children introduced the item and explained that delayed transfers of care happened when it was not possible to discharge from hospital someone who was medically fit to do so. This practice was commonly referred to as ‘bed blocking’ in the media, and affected waiting times for other patients waiting to access NHS services. Members were told that it was important for patients to be discharged from hospital at the right time, as unnecessarily long stays resulted in lower morale and motivation, along with the increased risk of infection. Being discharged at the appropriate time also reduced the chances of patients needing to be readmitted to hospital.

The Head of Commissioning – Adults and Children informed Members that reducing delayed transfers was a key focus for all local authorities, and the Department of Health had set the target of no more than 3.5 per cent of hospital beds nationally to be occupied by a patient who was subject to a delayed transfer. The Royal Borough’s individual Health and Wellbeing Board had been set the target of no more than 15.3 delays per day on average; this had just been missed, as the average for last year was 15.7 days. For the current year this target had been reduced to 11.2 delays per day. The Head of Commissioning – Adults and Children informed Members that each delay would be ‘coded’ against the body responsible for the delay. For example if a person who was eligible for Local Authority funding was not able, for whatever reason, to be placed in a care home, the delay would be coded as a Local Authority delay; if the person was not eligible for Local Authority funding, then it would be coded as an NHS delay.

Rachel Wakefield informed Members that a number of schemes and projects had been implemented to reduce delayed transfers. These included greater collaborative working with community hospitals, hospices and local authorities, and the introduction of a weekly ‘transfer list’ so individual patients’ needs could be continually assessed. Some delays were caused by a lack of available transport; this had been partially remedied in the winter by an investment in private transport for patients. It had been noted that a need for additional specialist equipment was a regular cause of a delayed transfer. Members were informed that over the last year there had been two exceptional cases where it had been difficult to assess the appropriate location for the patient, which had resulted in two patients taking a bed for a combined 400 days between them. Vernon Nosal informed Members that there was a dedicated hospital social work team that was capable of carrying out patient assessments in the community, thereby reducing the need for patients to visit hospital.

Mark Sanders stated that Healthwatch were aware of three separate incidents where carers had been to visit a patient, only to find they had been discharged and were waiting to be picked up. Rachel Wakefield stated that this had been a communication issue, and that during busy periods some staff had not had the opportunity to collect the carer’s contact details.

The Chairman and Cllrs Mills and Yong all stated they had personal experience of someone they knew suffering a delayed transfer, due to a delay in receiving the correct medication or antibiotics. Rachel Wakefield informed the Panel that staff at Wexham Park had been receiving additional training in order to speed up this process.

The contents of the briefing note was noted by Members.

### DASH CHARITY SAFEGUARDING RECOMMENDATIONS

The Director of Operations – Optalis informed Members that the Council was confident that it could adopt the recommendations made by DASH, and that an action plan was in the process of being drawn up. It was agreed to defer the item to the next meeting, when the action plan could be discussed by Members.

### WORK PROGRAMME

The Chairman reminded Members to contact the clerk if they had additional items that they wanted to be raised at future meetings.

Mark Sanders informed Members that the Healthwatch Annual Report was now available, and stated that Councillors should have received email notification of this. Reports on Learning Disability Week and the national MENCAP scheme relating to hospital care were both due to be published imminently.

The Deputy Director Strategy and Commissioning informed Members that it was hoped that the new Chief Executive of the Frimley Health Trust would be available to give a presentation at the next Panel meeting.

The meeting, which began at 7.00 pm, finished at 8.23 pm

CHAIRMAN.....

DATE.....