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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14 APRIL 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Stansfield	L Williams
Humphreys	Scott	L Taylor	

In Attendance:

Ms Lisa Moorhouse, Network Director – Mental Health, Lancashire Care Foundation Trust
Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group
Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

Ms Lisa Moorhouse, Network Director - Mental Health, Lancashire Care Foundation Trust reported that, following the last special meeting of the Committee to discuss The Harbour, a number of changes had been made to the provision of services at The Harbour and to the wider mental health economy. She highlighted the additional assessment beds and clinical decision units noting that their introduction had contributed to a large reduction in the number of patients being treated outside of the area.

Ms Moorhouse also highlighted that the level of staffing had improved, the number of reported incidents had decreased and that fewer complaints had been received. She added that the Trust had invited the Care Quality Commission to undertake a re-inspection, which was expected to take place in the Autumn, when the Trust would be aiming to achieve a rating of 'good'.

The Committee discussed the results of the independent investigation into the incident on the Byron Ward at The Harbour and queried the extent to which the National Institute for Health and Care Excellence (NICE) guidance had been followed. In response, Ms Moorhouse reported that she could not provide the exact details of the case due to patient confidentiality and that she was unable to provide a clinical response to the questions. It was agreed that a full response to the question would be sought from a clinician following the meeting.

In response to a question, Ms Moorhouse advised that risk assessments were undertaken of all patients, however, a risk assessment was an indication of risk at a particular point in time and could change at any time. Following a further question, she added that risk assessments

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were updated regularly with the exact timescale dependent on the needs of the patient.

Members noted that the work to be undertaken to update the model used to determine the number of inpatient beds required would be led by Healthier Lancashire and queried the assertion made at the previous special meeting that the work would be undertaken by an independent person. Ms Moorhouse advised that an independent company would be undertaking the piece of work as previously advised utilising capacity planning software.

The Committee queried whether any reductions had been made to mental health community services or staffing and was advised by Ms Moorhouse that a decision had been taken to maintain the same levels of service and staffing until the work on the new bed model was completed and the implications understood.

In response to questions, Ms Moorhouse reported that the male six bed Clinical Decision Unit was based in Blackburn and the female six bed unit in Burnley and that both had had a positive impact on the mental health system as a whole in Lancashire, resulting in a reduction in the number of patients placed out of area. She added that the Trust aimed to increase the number of Clinical Decision Units across Lancashire including the conversion of 12 beds within The Harbour.

The Committee asked further questions regarding the Clinical Decision Units and in response Ms Moorhouse advised that the timescale for implementation was three months and that there were many pathways for referral including attendance at Accident and Emergency or through a GP or Mental Health practitioner.

Members queried the length of stay for patients at The Harbour and was informed by Ms Moorhouse that patients would be admitted for the appropriate length of stay for their condition. In response to further questions, Ms Moorhouse advised that the Trust recorded data on length of stay and readmission rates in order to assess if a patient had been discharged too early.

Following a discussion on the outcome of the Care Quality Commission (CQC) inspection, the Committee queried whether the Board established to monitor the progress made against the actions identified in the inspection was open to the public and requested further information on the membership. Ms Moorhouse reported that the Board was attended by Commissioners, the CQC, senior Trust representatives and other key stakeholders. She added that she was unsure if meetings were open to the public and would circulate a list of Board attendees and the Terms of Reference to the Committee following the meeting.

In response to a further question, Ms Moorhouse advised that progress against the actions to date had been good and the Trust was confident it could clearly demonstrate the outcomes. She added that the Board was measuring progress monthly.

The Committee considered the number of delayed discharges and delayed transfers of care and requested further information on the 12 'Housing patients not covered by the NHS or a Community Care Act'. Ms Moorhouse reported that the NHS was under no obligation by law

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to find the patients somewhere to live, but that a patient could not be discharged without a place to go to despite being clinically ready for discharge. Ms Moorhouse added that since the agenda had been published the Trust had undertaken a piece of work to reduce the number of delayed transfers of care and discharges, which had reduced the number from 34 Lancashire wide to 18, with two patients currently delayed in Blackpool.

Members noted that in cases where an inpatient bed was not immediately available, patients were managed in the community by the Rapid Intervention and Treatment Team (RITT) in conjunction with the care home and queried where the staff for the Team were appointed from. In response, Ms Moorhouse advised that staff could be existing Trust staff or bank staff, but were not staff from The Harbour. In response to further questions Ms Moorhouse advised that four patients across Lancashire were currently being managed in the community in a care home, with two of the patients from Blackpool.

The Committee further queried how patients experiencing a delayed transfer of care and awaiting an inpatient bed who had challenging behaviours were managed in a care home and if there had been any safeguarding concerns or incidents reported in relation to the patients. Ms Moorhouse reported that she was aware of two recent incidents from which learning points had been identified. She admitted that it was unacceptable that the incidents had occurred and that regular meetings were held with the Council to discuss concerns. She added that staff were trained to spot the signs of escalating behaviour in order to prevent the escalation and that although she could not guarantee that all staff in the RITT had received control and restraint training, it was the ambition of the Trust to ensure all staff were trained appropriately.

It was noted that at the previous special meeting of the Committee, it had been reported that the shift system in place at The Harbour had prevented attendance at training and that the system was in the process of being changed. Members queried if the change had impacted upon the level of staff training and was advised by Ms Moorhouse that the Trust had a mandatory training target of 100% and was currently achieving 91%, which was a significant improvement. She added that the level of staffing and sickness levels had also improved since the previous meeting.

In response to further questions, Ms Moorhouse informed Members that the staffing level was safe and that there was a turnover of approximately 10%, adding that the Trust utilised a rolling job advertisement to allow continual recruitment if required. She advised that anecdotally staff morale appeared to have improved, but that the Trust acknowledged it had been a difficult first year for staff at The Harbour and was planning to hold an event to celebrate their hard work.

The Committee queried the financial implications of the reporting, disagreeing with the assertion that there were no financial implications for Blackpool Council. To support the view, the Chairman highlighted that Social Workers travelled with patients and provided additional support when required. In response, Ms Moorhouse agreed to take the view back to the Trust.

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Members reported that anecdotal evidence had been received to suggest that the 136 Suite at The Harbour was regularly closed. Ms Moorhouse reported that there were two 136 Suites at The Harbour and that in order to maintain overall staffing at The Harbour one of the suites was not always staffed. She advised that if the open suite was in use then patients would be diverted to other sites. In response to further questioning, she highlighted that the 136 Suites were a county-wide provision and that if the 136 Suites in other locations were occupied then patients might be diverted to The Harbour.

The Committee agreed:

1. To receive a full response to the questions regarding the incident on Byron Ward from a clinician following the meeting.
2. To receive the Terms of Reference and a list of attendees of the Board established to monitor the action plan developed following the CQC inspection.
3. To receive a further update on the progress made in approximately six months.

Chairman

(The meeting ended at 7.02 pm)

Any queries regarding these minutes, please contact:

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