

SCRUTINY MANAGEMENT PANEL

Minutes of the meeting of the Scrutiny Management Panel held on Friday, 24 November 2017 at 3.00 pm at the Civic Offices, Portsmouth

Present

Councillor Scott Payter-Harris (in the Chair)

Councillors Ian Lyon
Ben Dowling
Steve Hastings
Darren Sanders
Tom Wood

Officers

Rachael Roberts, Service Manager Adult Services
Jo Bennett, Commercial Property and Leasehold
Services Manager

18. Declarations of Members' Interests (AI 1)

The Chair of the Panel, Councillor Payter-Harris, welcomed everyone to the meeting and gave details about Fire Safety. He also advised that the meeting was being live-streamed and would be available to view on the web-site at <https://livestream.com/accounts/14063785/Scrutiny-Management-Panel>

Councillor Leo Madden was in attendance at the meeting as he is Chair of the Health Overview and Scrutiny Panel (HOSP) and the item being considered was of particular relevance to that Panel.

Councillor Tom Wood declared a personal; non-prejudicial interest as he is employed by the Red Cross mentioned in the scrutiny report.

19. Apologies for Absence (AI 2)

Apologies for absence were received on behalf of Councillors Galloway, Morgan and Gemma New.

20. Minutes of the Meeting held on 29 September 2017 (AI 3)

The Chair confirmed that with regard to reference in the minutes to the review into the Port, more detail about the scope of the review had been provided to him and the scope had been agreed.

RESOLVED that the minutes of the meeting held on 29 September 2017 be confirmed and signed by the Chair as a correct record.

21. Review of the Recommendations re the Hospital Discharge Arrangements in Portsmouth, as outlined in the report dated 12th December 2014 (AI 4)

(TAKE IN DOCUMENTS)

Rachael Roberts, Service Manager Adult Services, introduced the report. She explained that she had not worked for the authority until January 2017 so had not been involved with the review nor the response report. She had prepared a RAG (red amber green) rated table showing the recommendations that had been agreed at Cabinet and progress that had been made in each case. She advised that Jo Bennet, Commercial Property and Leasehold Services Manager was also in attendance in case Members had queries on her area of expertise. Rachael said she would go through each of the recommendations that had been circulated with the papers for the meeting and would then take questions from Members as they arose.

Recommendation A

Ms Roberts said there was now an Integrated Discharge Service (IDS) based within the hospital. An IT system called Bedview enables all services to access it primarily when the person is in hospital so all data can be uploaded. In response to a query, it was confirmed that an Integrated Discharge Bureau had been in place at the time of the review but that the IDS was different - mainly in that now all services sit together in one room whereas previously it was not co-located. Also there is now a senior discharge service lead funded by the CCG.

Recommendation B

Re "next-of-kin" status. Ms Roberts said that this was a legal matter and it was not possible to transfer that status to somebody else. However, arrangements could be made (through a signed agreement) to allow others such as housing scheme managers for example to be given information about individuals.

In response to a query about how this recommendation had been included in the report if it was not possible to agree to, it was explained that this was challenged at Cabinet later in the process. The aim had been to try to ensure that council sheltered housing managers had more information as there seemed to have been communication difficulties.

Jo Bennett said that at the time of the review there had been significant communication issues but that since then, matters had moved on and there had been a huge improvement in communication. The Sheltered Housing Managers can and do contact the hospital direct and this is now working well. It was confirmed that there is no longer a need for a special quasi next of kin role to be created because of improvements made since the review.

Recommendation C

Ms Roberts said that the situation is now significantly improved especially with the introduction of the IDS. Additionally, the inclusion of housing resource back into the IDS has strengthened the links with housing.

In response to a query about the Cabinet meeting minutes from March 2015 concerning duplication of services such as occupational health and whether this had been looked at, Ms Roberts said she didn't think it had been looked at but that the jobs were quite distinct and different from one another.

Recommendation D

The requirement for care agencies to feed back all relevant information to the discharge planning team is now part of the policy framework.

Recommendation E and F

This is covered by the Care Act 2014. People are contacted at the beginning of their hospital stay. PHT have refreshed their Choice Protocol which was due to be launched in December 2017.

A query was raised about whether the advocacy provision is exclusive to the patient or does it extend to families? What is the process?

Ms Roberts said that a patient would only have an advocate if they had no family to support them or in circumstances where the family disagrees with what should happen. In those circumstances mental health professionals would probably also be involved.

Ms Roberts said that In 99% of cases, families are supportive of the discharge plan. In the very rare cases where the family is not supportive, the process is that if a patient cannot make a discharge decision because of lack of capacity, a "best interests" meeting (chaired by the local authority) would be arranged. An advocate would be appointed by the local authority on behalf of the patient and the matter would go to court for decision.

During discussion the following matters were raised

- Members said that recommendations E and F should be looked at together. The evidence collected was that families should be involved at the earliest stage possible. Recommendation F clearly sets out that there should be one care plan but the update report states that "patients and their families will have access to assessments but there is not one document currently that contains all relevant information and there is no plan to develop this" Even if this is not considered by the professionals involved to be achievable or desirable, Members did not agree that recommendation F should be green on the RAG rated system and that it should be changed to Amber.

Ms Roberts said that from the LA's perspective, one core plan is put in place (and this goes to the patient - and to their family if the patient agrees) but it may not contain every single assessment. The Plans have been streamlined but it was not possible to say that all involved will have the opportunity to write on that one plan. Bedview is the place where all information would be posted.

- Members asked who made the decision - there are no figures in the report showing comparative information so it is difficult to make any judgements. How do you differentiate between those on the verge of going home/ are days away from going home/subject to family agreement etc. No hard and fast figures have been given.

Ms Roberts apologised for not including figures. For Portsmouth - around 259 people had been assessed as medically fit to leave. - Members asked 259 out of how many? Of the 7 people who are ready to be discharged but are delayed - is it for weeks/days/months? Ms Roberts said that this information is collected at midnight on Thursday each week. She said that the discharge information covered the whole of Hampshire and not just Portsmouth. Ms Roberts agreed to email additional information about numbers to members of the Panel after the meeting.

Councillor Sanders said that often the overall position from the NHS and that of the Council varies. Perhaps there should be a discussion across all providers.

Recommendation G

Ms Roberts said that the systems intervention approach in terms of our own Occupational health service had resulted in a reduction in waiting times for assessments. The grant process had also been reviewed and improved. Re housing action, Jo Bennett said she was acting for Bruce Lomax on this and she was working from a script he had prepared. Currently they were recruiting for a telecare adviser at Queen Alexandra Hospital. She said that the Queen Alexandra Hospital team were supplied with specific equipment and assessments were made very quickly. There had also been a reduction in the end to end time of the delivery process. They also had a list of properties that had been adapted and also what those adaptations were. However, this did not help when properties were sold. Basically if housing is not available for allocation, the list of adaptations is irrelevant. Where PCC does have knowledge of adaptations made, it is sometimes possible to use this information to re-allocate to someone with similar needs, but in most cases adaptations have to be tailored to meet the needs of individuals.

Recommendation H

Ms Roberts said that the Information Discharge Service has had a significant impact and has increased cooperative working

Recommendation I

Ms Roberts said that 7 day working is in place on a voluntary basis at present which is why she had rated this Green on the RAG rating system. Some Members thought this should be Amber.

Ms Roberts said that a bid for more resources to assist with this had been made but the outcome was not yet known. If it fails, the voluntary system for weekend working would stay.

In response to a query, it was confirmed that it was relatively straightforward to re-open a 7 day care package to facilitate discharges at weekends where needed. Basically if it became obvious that a patient was not likely to be discharged for 3 weeks, then the resource would be reallocated to ensure its best use.

Recommendation J

In relation to this recommendation, it was confirmed that within Maritime House a number of flats were commissioned to provide wheelchair access to meet the needs of younger adults with disabilities. For all future developments, Jo Bennett said that Housing Options would receive a request for particular provision and if that particular requirement cannot be met from current stock, they would look to include it in a new development.

In response to questions Ms Bennett said that needs are assessed in relation to the sites available eg

- There may be a need to extend a property but not all properties can be extended,
- there may be a need to be near a bus route

- the highest current demand is for one bedroom properties.

Councillor Madden was invited to give his views to the Panel in his role as Chair of the Hospital Overview and Scrutiny Panel (HOSP).

He said that the issue of hospital discharge had been on the HOSP agenda for some years. HOSP receives the figures on a monthly basis but they include more than just patients from Portsmouth. The last figures that had been received had totalled 301 and roughly one third of that total was in respect of Portsmouth patients.

Evidence presented at HOSP suggested that by the end of September 2017, there would be 150 delayed discharges, but the expected reduction has not happened. The Department of Health had mentioned imposing fines in respect of delayed discharges, but this was apparently unlikely to happen. Basically as soon as a person arrives in hospital, there are processes in place to discharge that person. There are various reasons why discharge is delayed. Sometimes this is because the patient will not accept the care package on offer. More resources are being put into domiciliary care and HOSP is being advised that there should be a significant improvement by Summer 2018.

A member suggested that the Scrutiny Management Panel should receive details on discharge figures. However the Chair of the Scrutiny Management Panel, Councillor Payter-Harris said that these figures were already sent to HOSP and the item appeared regularly on the agenda for that Panel as it was the more appropriate scrutiny panel to receive that information. Councillor Madden said that he could arrange for all councillors to be sent the information but they would be "ball park figures".

The Chair of the Panel thanked Rachael Roberts and Jo Bennett for attending the meeting to assist the panel and said that although there were still some outstanding issues, progress had been made with the recommendations arising from the review.

ACTION:

- Figures requested during the meeting would be circulated by Ms Roberts
- The Chair would consider further reviewing the recommendations from the review at a later date
- Figures on delayed discharge received by HOSP would be circulated to all members.

A general discussion then took place about the procedure for reviewing past reviews and members agreed that it would be useful to invite the Chair of the Scrutiny Panel concerned to attend the review progress meeting. It would also be useful to send a request from the Panel to Cabinet to include an agenda item where the outcome of a review meeting suggested that further action was needed to give effect to the original recommendations.

The meeting concluded at 4.35 pm.

Councillor Scott Payter-Harris
Chair