

Overview  
& Scrutiny  
*Confidence in your Council*



# **Health Scrutiny Board**

**ANNUAL REPORT 2012/2013**

DRAFT

## **1. Introduction**

- 1.1 The Health Scrutiny Board took a different approach to its work over the course of 2012/2013. When the Board considered the Quality Accounts of the provider trusts in May 2012, the theme that ran throughout these documents was the need to reduce pressure on acute services.
- 1.2 In seeking suggestions for inclusion in the Work Programme from all members of the Council, senior officers and representatives from the NHS organisations which work with the Board, many of the topics put forward for consideration fitted into the category of "care for the elderly".
- 1.3 Therefore the Board took these two, interlinked issues as the overarching theme for its work for 2012/2013. Rather than undertaking specific, stand-alone reviews, topics were considered throughout the year either at meetings of the Board, during visits to external organisations or through attendance at other meetings (such as the Council's Policy Development Groups and the Shadow Health and Wellbeing Board).
- 1.4 This report sets out the findings of the Board over the course of its year.

## **2. Residential Care Homes**

### **Background**

- 2.1 The issue of standards of care within residential care homes in Torbay was raised by no less than two members of the Health Scrutiny Board at the start of the Municipal Year. This was against a background of an ongoing review of care home fees (which had been raised as an issue of concern by the Overview and Scrutiny Board during the budget setting process) and national media attention on the poor treatment of residents in care homes despite those homes being rated as "Excellent" by the Care Quality Commission.
- 2.2 Members of the Health Scrutiny Board discussed the rationale for undertaking this short piece of work with the Director of Adult Services and the Chief Executive of the Torbay and Southern Devon Health and Care NHS Trust in September 2012. It was determined that members were looking for information about the range, quality and price of residential care in Torbay together with how individual assessments were made.
- 2.3 Whilst it was accepted that the level of care an individual received is based on their individual needs (assessed through the Fair Access to Care Services criteria), a range of information about the general level of service had been prepared and published as part of the Service Review.
- 2.4 Having gained an understanding of the general issues around residential care in Torbay, the Board would then consider how quality of care is monitored in the sector and the roles and responsibilities of the Care Quality Commission (CQC) and the Trust in ensuring the appropriate standards were met.

### **Roles and responsibilities**

- 2.5 It was noted that, since 1 April 2012, the statutory role of Director of Adult Social Services is held by the (now) Interim Chief Operating Officer and Director of Adult Services and Resources. Therefore the Council is once again directly accountable for decisions such as setting the level of care home fees.
- 2.6 Under the current Annual Strategic Agreement between the Council and the Trust, the Trust is accountable for the assessment of the needs of individual people and arranging services (including residential and nursing home care) to meet those assessed needs.
- 2.7 Responsibility for the registration and inspection of care homes (and other care services) is discharged by the Care Quality Commission (CQC). Registration with the CQC endows a home with a "licence to trade" and provides assurance that the home has in place systems, processes and procedures which meet the minimum set of quality standards.
- 2.8 Under the Choice of Accommodation Direction, the Trust (on behalf of the Council) is obliged to place anyone assessed as needing residential or nursing

home care in a home of their choice so long as that home is a registered provider, where the cost of this is not more than the Council would usually expect to pay.

### The market in Torbay

2.9 Whilst the number of people supported in care homes fluctuates, at its meeting in November 2012, the Board heard that, at any one time, there were approximately 890 people being supported in residential or nursing home care. The approximate makeup of the figure is shown in Figure 1.

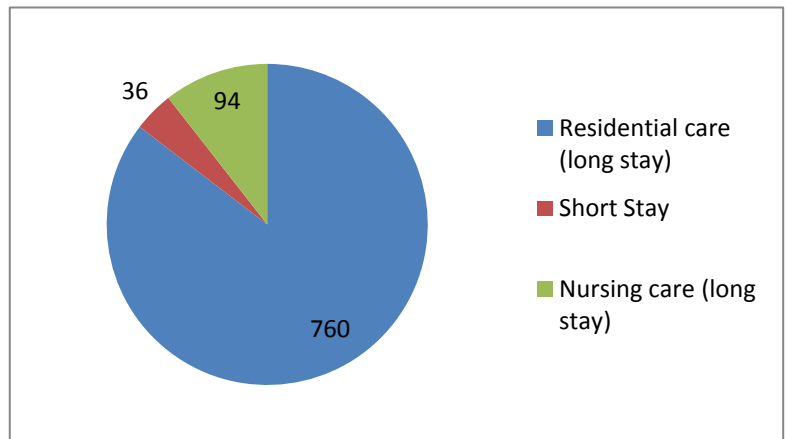


Figure 1: Makeup of numbers supported in residential or nursing home care

2.10 In line with national trends to promote care at home, the volume of care purchased in care homes had been falling at an average of around 4% per annum. The net annual cost to the Council was approximately £14.5 million.

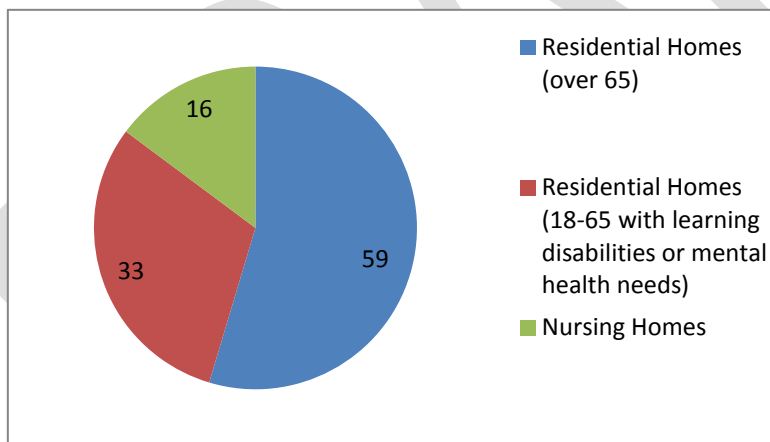
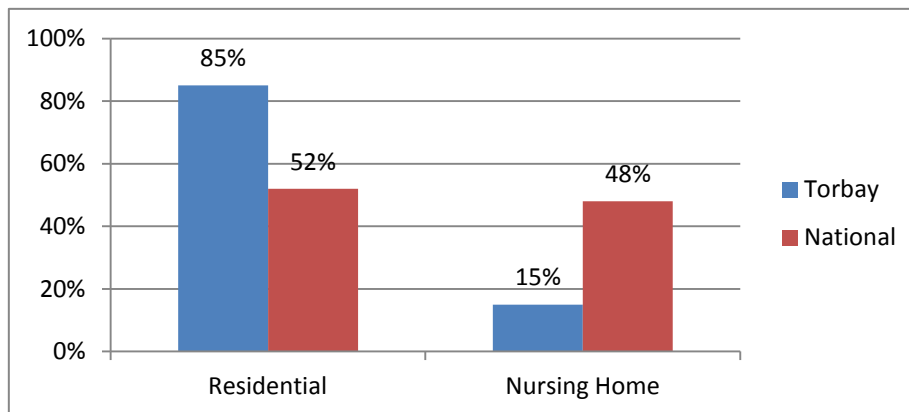


Figure 2: Makeup of residential and nursing care homes

2.11 At the same meeting, the Board heard that there were 108 care homes (with 2525 bed spaces) registered to provide care services within Torbay. Figure 2 shows the makeup of those homes.

- 2.12 However, the Board noted that the ratio of nursing to residential homes in Torbay was noticeably different to the national average as shown in Figure 3.



**Figure 3: Ratios of residential to nursing home care**

- 2.13 It was reported to the Board that it was the experience of staff within the Zone and Commissioning Teams within the Trust that variance in these ratios between Torbay and nationally was indicative of an oversupply of residential care rather than an undersupply of nursing home care. It was felt that there was currently the appropriate amount of vacancies within the nursing home care sector to enable clients to have a healthy level of choice.
- 2.14 There was also a difference in the size of home with the national average being around 60 beds per home compared to 28 beds per home in Torbay.

### **Assurance processes**

- 2.15 **How does CQC compliance work? Information to be added following meeting on 11 April 2013.**
- 2.16 A range of staff (such as social workers, occupational therapists and district nurses) from Torbay and Southern Devon Health and Care NHS Trust have ongoing contact with the 890 people who are, at any one time, in residential or nursing home placements. These staff become privy to a range of information about how individual residents and their families view the care they are receiving.
- 2.17 The Trust has structures and processes in place for managing situations where there are obvious concerns about one or more residents in a home. These are set out in the safeguarding processes and procedures which accord with national guidelines.

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### **3. Falls Prevention**

- 3.1 This year the Health Scrutiny Board have looked at falls prevention as part of the "care for the elderly" topic to reduce the number of acute admissions into the District General Hospital and to reduce the length of stays.
- 3.2 In the quality accounts for 2011/12 consideration was given to the work that was ongoing in relation to reducing the numbers of falls, raising awareness of the identification and reporting of pressure sores, increasing the availability of major trauma specialist care in the South West and reducing the re-contact rate with the Ambulance Service. Mobility and Care Homes is a Care Quality Commission standard.
- 3.3 In conjunction with partners, the Trust wants to ensure that there is a 5% reduction in the number of falls for those over 65 living in a care home which results in hospital admission. This equates to a target of 731 or more, in 2011/12 there were 764 falls.
- 3.4 The Falls Prevention Lead for Torbay and Southern Devon Health and Care NHS Trust informed Councillors that falls will not be reduced unless older people are encouraged to exercise. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75 years in the UK. The consequences of a fall can be significant and can lead to injury, reduced quality of life, reduced mobility and loss of independence and in many cases life-threatening. In people aged 65 years and over, the fall, together with the resulting fractures, accounts of falling, and the severity of the consequences, are associated with advancing age. Falls are not, however, an inevitable consequence of old age; they are normally due to the presence of one or more underlying risk factors. The Falls Prevention Lead also informed Councillors that if regular dizziness occurs, blood pressure can be taken lying, sitting and standing and medication can be given, however if there is lack of mobility then elderly patients tend to lose proprioception which is a form of balance.
- 3.5 An example of falls prevention work is in 2011/12 the Trust invested £17,797 for three additional instructors to provide a 12 week programme of strength and balance classes. The classes are designed to support people who are recovering from a fall and help to prevent a future fall, as well as helping people to reduce their risk of falling in the first place.
- 3.6 Members of the Health Scrutiny Board visited Pippins Care Home and met a number of staff but no residents were available for them to meet.
- 3.7 Members have also been invited to the exercise classes for the elderly, which they will be attending in April 2013 to participate. The classes help the elderly exercise in a safe environment; the exercises are to help them rotate their trunk and move in different planes.

- What did members do?
- What did other people in the class say?

3.8 Why is falls prevention an important issue?

3.9 Falls related injuries adversely impact the quality of life of those who have suffered and place a huge and often ongoing burden on the health service.

3.10 Of those aged over 65, one in three will suffer a fall with this rising to one in two of those over 85-years-old. Fractures are common and may lead to reduced mobility and increased mortality with falls associated deaths in the UK as high as 14,000 per year. Of equal importance is the subsequent fear of falling, which can cause a reduction in mobility, social isolation and a greatly reduced quality of life.

3.11 By identifying patients who have fallen for the first time we can refer patients to specialist falls teams who provide a range of supportive measures to prevent the patient from falling in the future. Putting measures in place to support balance and mobility often prevents second and subsequent falls, which is clearly good for patients, for wider society and the health service.

3.12 How are agencies working together to reduce the number of falls?

3.13 We are currently piloting a falls pathway within South and North Devon with an expectation that, if successful, a Pan-Devon pathway will be developed. We are exploring options for a Single Point of Access (SPoA) for falls in Devon; in addition we are working with our specialist falls colleagues to develop promotional materials to encourage the use of falls referral pathways.

3.14 Falls referral pathways are now available across the Trust and in Dorset and Somerset the referral pathway is available through the SPoA, which enables ambulance crews to phone in referrals and for the information to be passed to the falls teams via an electronic medium.

3.15 How well are we doing at reducing falls? What impact is this having?

3.16 This is very difficult to assess. Nationally capturing falls data is problematic as NHS Pathways allows us to capture non-injury falls; however, a patient who has fallen and for example broken an arm is recorded as an arm injury. This problem also extends to the EDs where the nature of the injury is recorded rather than the mechanism of the injury which is difficult to capture. Work is ongoing to address this situation.

#### 4. **SWAST: Right Care, Right Place, Right Time**

4.1 Members of the Board attended the Right Care, Right Place, Right Time open day at \*\*\*\*\* in \*\*\*\*\*. Some members also visited the South West Ambulance Service NHS Foundation Trust Headquarters at \*\*\*\*\*.

- 4.2 The ambulance service is often the first point of contact for patients and, as such, plays a crucial role in helping to reduce unnecessary demand on acute Trusts. Further, it is better for patients not to attend hospital unless they need to and with this in mind the South Western Ambulance Service NHS Foundation Trust (SWASFT) has a commitment to reducing the levels of inappropriate Emergency Department admissions.
- 4.3 The 'Right Care, Right Place, Right Time' initiative helps ensure that patients get the very best service possible and, wherever appropriate, patient conditions are managed in the community by the patient (with advice), the GP or an alternative pathway of care.
- 4.4 The 'Right Care' initiative addresses three key factors to ensure that unnecessary hospital trips are avoided:
- culture – to ensure that SWASFT staff, other healthcare providers and the public anticipate hospital attendances only when they are necessary;
  - clinical support – training and supporting clinicians so they can feel confident in making decisions about the most appropriate care for patients;
  - communication – to ensure a high level of effective communication with SWASFT staff, external stakeholders, and the general public.
- 4.5 Currently, over half the people who contact SWASFT are not transported to hospital with many being treated at home, given advice or in some cases signposted to other more appropriate services. This means that patients who contact 999 receive the most appropriate care that meets their needs; individual patient care is provided by the most appropriate clinician; and care is provided at locations most suitable to patient and healthcare community needs.
- 4.6 Effective communications helps to inform patient expectations so that any noticeable changes to the public will be beneficial and these will highlight SWASFT commitment to improving both service quality and patient outcomes.
- 4.7 The Right Care initiative is focused on ensuring that the patient receives the right clinical care and that this care is provided by the clinician best placed to deliver it. This will mean that patients whose medical need is best addressed by conveyance to an acute provider will be taken there, but the pathway into the Acute Trust will be analysed to identify mechanisms whereby patients can be directed to the medical or surgical team direct, without recourse to the ED.
- 4.8 SWASFT staff have been engaged to identify alternative services and care providers in their local area who will support the Right Care initiative. SWASFT staff also identify the local barriers that impact on Right Care being



delivered; for example, difficulties accessing community beds and services, and a lack of integration with mental and social health services.

- 4.9 Clinical links have been forged with community providers to heighten awareness and develop local pathways to support community provision. Clinical guidelines have been provided for staff to increase awareness of clinical alternatives. Finally, enhanced feedback mechanisms have been introduced to raise issues for discussion with commissioners and community providers to ensure solutions are identified.
- 4.10 In Torbay the Emergency Care Pathways Group (ECPG) is predominately responsible for considering emergency care pathways with a focus on reducing the demand on the Emergency Department. The ECPG has both clinical and operational representation from Torbay Hospital, GP leads and Commissioners.
- 4.11 In 2011/12 SWASFT conveyed 57.47% of all incidents within the Torbay Care Trust geographical area to Emergency Departments (predominantly to Torbay Hospital). This equated to 14,329 conveyances to an Emergency Department. In the first six months of 2012/13, the Trust has reduced by 2.19% the percentage of incidents resulting in a conveyance to an Emergency Department which equates to 285 less conveyances in the first six months of 2012/13 as a result of the Right Care initiative. This, in turn, has reduced the demand on acute hospitals.
- 4.12 SWASFT is also working closely with the Air Ambulance charities, St John and Red Cross, the last two of which provide immediate support for patients in particular at outside events, which in turn can avoid a condition worsening resulting in a visit to hospital. SWASFT is keen to work with third sector organisations and welcomes approaches that support delivery of the Trusts aims and objectives. The Council of Governors includes an appointed Governor representing the third sector to better enable two way communications.

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## **5. Dementia Services**

- 5.1 In October 2012, the Board met with the Medical Director of Devon Partnership NHS Trust and the Mental Health Commissioner for South Devon and Torbay Shadow Clinical Commissioning Group to discuss the national, regional and local perspectives in relation to dementia.
- 5.2 Dementia is a syndrome which may be caused by a number of illnesses. It is a progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. Those suffering from dementia may develop behavioural and psychological symptoms such as depression,

psychosis, aggression and wandering. Whilst its causes are not well understood, it can result in structural and chemical changes in the brain leading to the death of brain tissue.

5.3 Dementia can have a devastating impact on those affected and their carers. Dementias affect all in society irrespective of gender, ethnicity and class. They can affect adults of working age as well as older adults. People with learning disabilities are a group at particular risk.

5.4 Details were provided about the Outcomes Framework as it related to dementia, the successes which had been achieved in Torbay and the issues which still needed to be addressed.

5.5 The successes included:

- The use of emergency bed days for those aged 65 and over is 2025 per 1000 population in Torbay compared with an average of 2778 per 1000 population for the South West as a whole.
- The second lowest proportion in the South West of discharges of people aged 65 and over to residential homes.
- One of the lowest number of acute psychiatric beds per capita in England.

The (as was) Torbay Care NHS Trust and the South Devon Healthcare NHS Foundation Trust were both nationally regarded in their treatment and care of dementia patients.

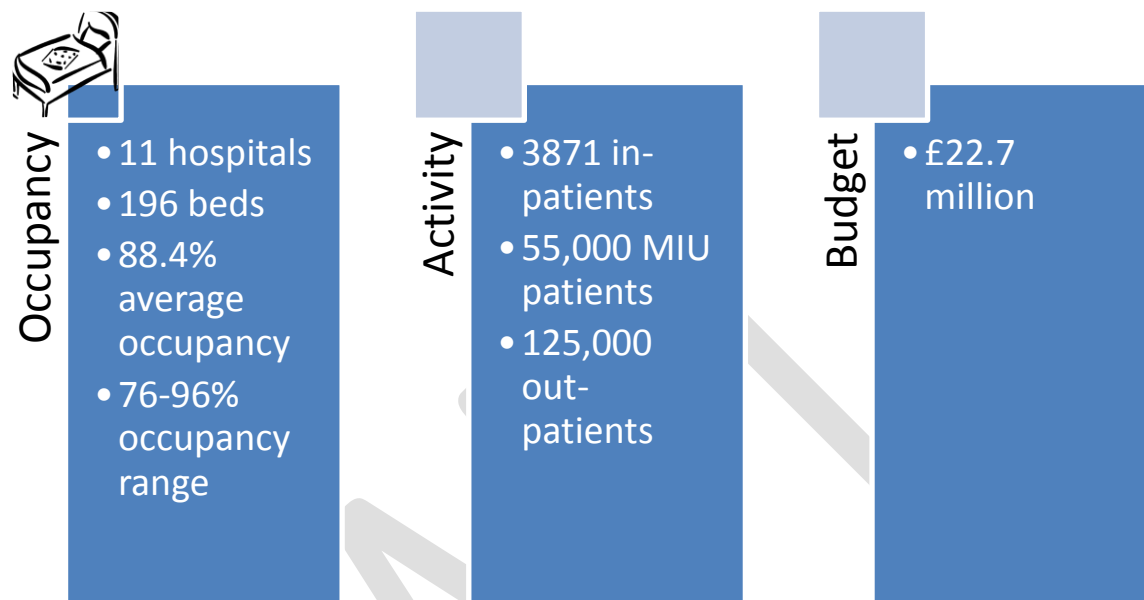
5.6 The areas which still need to be addressed are better support for those with dementia staying in their own homes (through more flexible support and respite), improved training within care homes and tighter prescribing of antipsychotics and cholinesterase inhibitors.

5.7 The Board also noted the Prime Minister's Dementia Challenge which was issued in March 2012 and related to driving improvements in health and care, creating dementia friendly communities which understand how to help and accelerating research into dementia. The Board heard how the Challenge was being met within Torbay through initiatives such as memory clinics, improved coding, the creation of dementia champions and person centred care.

## **6. Community Hospitals**

6.1 At its meeting in July 2012, the Board was briefed about the function of Community Hospitals, the services available and how these aligned with, and supported the transition from, acute care.

- 6.2 The Chief Executive of the Torbay and Southern Devon Health and Care NHS Trust attended the meeting and explained that, since April 2011, the Trust managed eleven Community Hospitals with a total of 196 beds. There are two Community Hospitals in Torbay: Brixham Hospital with 20 beds and Paignton with 28.



**Figure 4: Community Hospitals - Torbay and Southern Devon Health and Care NHS Trust (2011/2012)**

- 6.3 Each of the community hospitals are open 24 hours a day, seven days a week and they admit, treat, rehabilitate and discharge patients. They provide a multi-professional team response focussed on maximising the return to independence of patients through a short-stay in-patient admission. Patients are accepted either as a direct admission (from a GP, health care professional or secondary care medical triage units) or as an early discharge or transfer from secondary care.
- 6.4 Each of the Community Hospitals in Torbay has a daytime Minor Injuries Unit and operate a wide range of therapy and out-patient services. These services are provided in-house as well as provided by South Devon Healthcare NHS Foundation Trust (i.e. Torbay Hospital) and Plymouth Hospitals NHS Trust (i.e. Derriford Hospital).
- 6.5 The community hospitals have a key role in the delivery of the integrated approach to health and social care provision in the community. The Zone Teams (which include social workers, occupational therapists, district nurses and others) enable the delivery of joined-up care across all boundaries by providing a single point of contact for GPs to co-ordinate care (including with the acute hospitals). The Board heard that this approach had been evidenced as being very successful with a much lower bed day usage per 1000 of the population than average for the South West. This meant that there were very

few delayed discharges and a reduced use of residential and nursing home placements.

- 6.6 The future challenges in relation to community hospitals range from the ageing population to the increasing complexity of needs and community based care. The population of Torbay and Southern Devon is in the region of 375,000 with 23% aged over 65, 8% over 75 years old and 4% over 85. Each of these percentages is above the national average.
- 6.7 With the increasing age of the Trust's patients, care will become more complex with many patients having a number of medical conditions (for example dementia, long-term conditions (such as diabetes), strokes, falls and mobility problems).
- 6.8 There is a national and local consensus that more services will be delivered in people's homes with less reliance on hospital or other residential beds. It is anticipated that personalised budgets will drive this change in approach much further. Community hospitals are a key component of the Trust's provision whilst they need to continue to evolve to be an integrated part of the care community.
- 6.9 The Health Scrutiny Board also spoke with representatives of the Leagues of Friends of Paignton and Brixham Hospitals about the work they undertake within the Hospitals. The Board congratulated the members of both Leagues for their good work.

## 7. Re-provision of St Kilda Care Home at Brixham Hospital

- 7.1 Over the years, the Health Scrutiny Board has kept a watching brief on the redevelopment of the Brixham Hospital site recognising that it is a value community asset within the Town. This work goes back to a "visioning event" in 2006 which explored the long term role of the Hospital within the context of the much wider modernisation of the health and social care infrastructure in Torbay and the local programme for Modernisation of Older People's Services. At that stage a three phase development was envisaged.

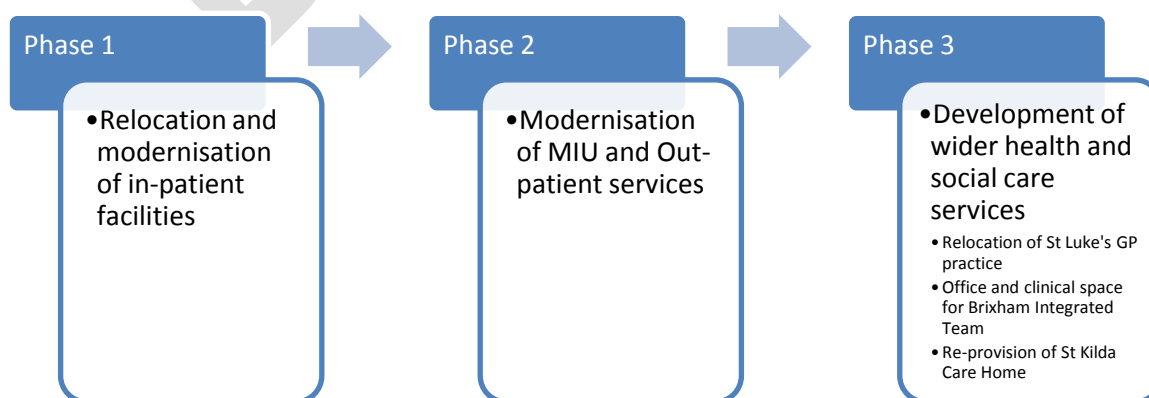


Figure 5: Development of Brixham Hospital Site

- 7.2 The first two phases have now been substantially delivered with a Business Case for the third phase being agreed by the Torbay and Southern Devon Health and Care NHS Trust at the end of 2012. However, given the public sector financial climate has changed significantly since the original development plan was proposed. Therefore the final phase scheme has been tailored to meet the current financial constraints and partnering arrangements have been put in place to deliver the proposed scheme.
- 7.3 At its meeting in November 2012, the Board considered a report on the finalised proposals for the re-provision of the St Kilda Care Home on the Brixham Hospital site.
- 7.4 The current St Kilda Residential Care Home provides 24-hour accommodation for up to 36 people requiring nursing or personal care. The Home offers respite, intermediate and long-term care and consists of single bedrooms located over four floors. The Home incorporates a 10 bed Intermediate Care Unit which is sited separately from the long term provision. There are also 90 places for traditional day care services each day. The proposal included the provision of three 12 bedroom wings to provide care for people with dementia, the elderly and intermediate rehabilitation. There would also be two day centre areas.
- 7.5 The Business Case considered by the Health Scrutiny Board explained that the need to re-provide the services at St Kilda provided an opportunity to re-shape the care delivered within the facility and tailor the services to deliver the wider strategic goals for health and social care in Brixham and to meet the needs and wishes of local residents. The proposed new facility will provide up-to-date facilities that will allow people with complex needs to be cared for and includes those with mental health, dementia and nursing related issues.
- 7.6 It is proposed that the new facility would comprise:
- 12 beds for nursing care
  - 12 beds for residential and intermediate care
  - 12 beds for residential and dementia care
- 7.7 A partnership approach would be taken in funding the proposal with Torbay and Southern Devon Health and Care NHS Trust contributing the NHS owned land at Brixham Hospital, Sandwell Community Caring Trust borrowing funds to provide the majority of the capital costs for the new St Kilda facility and Brixham Hospital League of Friends providing up to £1 million of funding towards the costs with the retention of fractional ownership of the new facility. Torbay Council would contribute to the scheme once the disposal of the existing St Kilda site had taken place through the provision of the capital value of the existing St Kilda building/site to the NHS.

- 7.8 Work would continue in the longer term to assess the viability of St Luke's GP practice re-locating to the Brixham Hospital site as had been originally envisaged with funding being sought from NHS England (the NHS Commissioning Board).
- 7.9 Consultation and engagement on the current proposal was continuing with the community of Brixham with an open day being planned alongside the submission of the planning application. Regular briefings and discussions have taken place with the League of Friends by both the Trust and Sandwell Community Caring Trust. The Health Scrutiny Board requested that discussions should commence at an early stage with public transport providers to ensure that the site continued to be adequately served.
- 7.10 The Board had previously raised concerns that the investment at Brixham Hospital would have an adverse effect on Paignton Hospital including its future viability. The Chief Executive of the Trust assured the Board that there were no plans for Paignton Hospital to close.
- 7.11 The Health Scrutiny Board will continue to receive updates on the proposals with the next due once planning permission had been granted.

## **8. Quality Accounts**

**8.1 To be completed following the Health Scrutiny Board on 8 May 2013**

## **9. Health Reforms and Implications of the Francis Report**

- 9.1 Members of the Board received a briefing on the health reforms which came into force from 1 April 2013 and the implications for the health trusts and organisations operating in Torbay.
- 9.2 The South Devon and Torbay Clinical Commissioning Group .....
- 9.3 As part of the NHS reforms, it is a requirement that all NHS trust must become (or be part of) a Foundation Trust by April 2014. In May 2012, the Board of Torbay and Southern Devon Health and Care NHS Trust took the decision to join another existing Foundation Trust rather than continue with the application process to become standalone Foundation Trust. The Trust Board felt that this would ensure its long-term future and put it in a strong position to continue to develop its innovative approach to integration.
- 9.4 Following submission of the full business case on 31 May 2013 the assessment process will take place in June 2013. Recommendations will be considered by the Trust Board and Torbay Council, followed by the NHS Trust Development Authority. If the business case is favourably assessed and the acquisition approval process is successfully completed, the target date for the completion of the acquisition itself will be February 2014.
- 9.5 In the meantime, the Torbay and Southern Devon Health and Care NHS Trust continues as a provider trust for community health services in Torbay and

Southern Devon, as well as providing and commissioning adult social care in Torbay.

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## **10. Emerging Work Programme**

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