

BRIGHTON & HOVE CITY COUNCIL

OLDER PEOPLE'S COUNCIL

10.15am 21 JUNE 2016

ROOM 126, KING'S HOUSE, GRAND AVENUE, HOVE, BN3 2LS

MINUTES

Present: Mike Bojczuk (Chair), Colin Vincent, Penny Morley, Francis Tonks and Lynne Shields

Co-opted Members: Nick Goslett

Others Present: Fran McCabe (Healthwatch), Jenny Jewell (CQC)

PART ONE

210 PROCEDURAL BUSINESS

210.1 Francis Tonks sent his apologies.

210.2 Mike Bojczuk updated the OPC members on his recent meeting with Giles Rossington re: Cllr Barford. Cllr Barford is generally unable to attend daytime meetings because of her work commitments. In addition, Cllr Barford is lead member for Adult Social Care, but not the lead for older people; when the OPC is not examining ASC services it may make more sense to invite another lead member. The OPC will raise this issue with Warren Morgan at their meeting on 1 July and Mike Bojczuk will write to Cllr Morgan about having a Councillor present at OPC public meetings.

211 MINUTES

211.1 The minutes of the previous meeting (17 May 2016) were agreed.

212 HEALTHWATCH

2.12.1 Fran McCabe of Healthwatch began by describing the recent internal changes to the organisation. There are 5 staff (4.5FTE) and they have just appointed a new Chief Executive, David Liley, who has a background in social work, fundraising, change management and in establishing a number of Healthwatch organisations. They also now have Roland Marsden, an Intelligence & Insight Manager, who has a key role focusing on garnering service-user views.

2.12.2 There are over 2,000 community and voluntary sector groups in Brighton & Hove. There is a weakness in that there are a lot of isolated pockets of information and it is hard to link these organisations and their insight in order to make or contribute to decisions.

Healthwatch is a statutory body, which is one of its strengths. It has links with the city bodies which make key decisions: e.g. the Health & Wellbeing Board and the Systems Resilience Group. East Sussex Healthwatch has a place on the STP group, representing Healthwatch organisations across the STP footprint (Sussex and East Surrey).

- 212.3 After a slow start last year Healthwatch has completed nearly 60 Enter & View visits, including observation visits. They have the statutory authority to undertake Enter & View, but have had no problems going into A&E, GPs and Care Homes. Information from helplines and community groups help Healthwatch plan its Enter & View programme, and Healthwatch is now looking at how to increase the impact and timeliness of this programme.
- 212.4 The Healthwatch assessment of A&E was carried out between end of 2015 and the beginning of 2016 and was used to inform the subsequent CQC inspection of hospital emergency care facilities. Healthwatch was able to anticipate many of the issues raised in the CQC inspection and also to give 'voice' to some of the statistics. For example, Healthwatch was able to explain the impact of the wait of those 15% of patients who had to wait longer than 4 hours as well as the impact on their families and on the staff working in A&E.
- 212.5 The CQC inspection has raised the issue of older people's care in A&E. Healthwatch had seen older people waiting in over-crowded conditions in the cohort area. Older people appeared to wait a lot longer than other patients, and often had to wait by themselves.
- 2.12.6 Healthwatch also carried out announced Enter & View visits of the Royal Sussex County Hospital (RSCH) Acute Medical Unit (AMU) and some older people's units last year. Healthwatch found that on the general wards the care tended to be reasonable although the environment was poor. However, Healthwatch was concerned about the AMU - particularly as a member of staff had raised safeguarding concerns. These were confirmed by a subsequent inquest which had found that a patient had been malnourished, unclean, in a disheveled state and had problems with their drugs supply.
- 212.7 Any shortfall of care will disproportionately affect older people, who are far more likely to require emergency admission to or assessment at hospital than the general population. Healthwatch is also concerned by referral to treatment times. The backlog in relation to the 18 week guaranteed target was in the CQC report on RSCH emergency services. There had been a significant slippage in the city and thousands were caught in the backlog. Healthwatch have been raising this issue with the hospital for a long time and have produced an analysis of complaints and concerns, such as the high number of complaints regarding digestive disorders and orthopaedics.
- 212.8 Healthwatch had regular meetings with the Chief Executive of Brighton & Sussex University Hospitals (BSUH) and had found out that the backlog was blamed on administrative issues such as the new appointments system. They had been promised that this situation would be resolved within four months, but it has actually worsened. A six month long campaign about this has been undertaken, which included a press release at the beginning of 2016 to encourage the public to ask questions and make more informed choices.

- 212.9 Fran McCabe was asked if the Systems Resilience Group (SRG) looked at issues relating to discharge. OPC members stated that a recent presentation to the Health Overview & Scrutiny Committee (HOSC) from South East Coast Ambulance NHS Foundation Trust (SECAmb) raised concerns that this was a 'back door problem' with bottlenecks being caused because the hospital could not move people back home. Ms McCabe explained that the SRG was a high level group with senior officers and NHS managers from across Sussex, with over 35 people and very detailed agendas full of data and preoccupied with targets. She agreed there was the need for a more concentrated effort to look at all the stages regarding hospital admissions including preventative care and handover.
- 212.10 Concern was expressed by the OPC about the problems people faced in areas such as Hangleton, in getting doctors' appointments. It was felt that the attention on the STP was diverting people away from sorting out the key issues. A member of the OPC highlighted their recent positive experience of using A&E. Fran McCabe welcomed this but felt that it was a bit pot luck. While staff at all levels wanted to improve the situation, sometimes the effects of their improvements only lasted a few weeks.
- 212.11 Healthwatch had another report coming out soon about the experiences of patients affected by the Practice PLC closures and about the Hove Medical Centre CQC report. They could have written out the findings before carrying out the research. While some patients could report very positive experiences, at least 25% had faced a wait of 1-2 weeks to get an appointment with a GP. A lot of people were fed up and the reduced levels of interpersonal contact meant that people could make less informed choices.
- 212.12 Nick Goslett had been involved in GP visits and had found that some poor GP appointment systems were skewing the data. The Healthwatch research had been based on 700 people and was similar in findings to the research by Healthwatch England on 11,000 people.
Fran McCabe promised to look at their survey to see if their data had been skewed by a few poor GP appointment systems.
- 212.13 Concern was expressed about how far affected patients may have to travel to see a GP, particularly given that the CCG say they struggle recruit GPs locally, especially in more deprived areas. The OPC asked whether the STP could increase the number of GPs in the region?
- 212.14 Fran McCabe said that the city had a relatively high number of GPs, with a relatively high amount of smaller GP practices. She welcomed the focus on GP Sustainability in the July HOSC meeting as there was a need for new ideas. For example there were increasing numbers of women training to become doctors, but with the hours and commitments increasing for GPs this is not an incentive for these women to return to work after having children. The majority of those who visit GPs are over 80, have a long term health condition or children under five: so why not encourage people with families to work as GPs between 10-3 when these groups would be happy to have an appointment to visit their GP. There was the need for focused and proactive work to encourage GPs, including tackling housing costs and making best use of the local medical school.

212.15 **Action:** Fran McCabe to find out if she is able to forward the minutes of the SRG to the OPC. OPC to also write to Christa Beesley the Chair of the SRG. Fran McCabe to be invited to a further OPC meeting after the hospital inspection. Penny Morley to forward the notes of their meeting with the CCG to Fran.

213 OPC WORK PROGRAMME

213.1 Mike Bojczuk is finalising a leaflet for the July meeting and for distribution at all meetings.

213.2 Lynne Shields has agreed to take on responsibility for co-ordinating the OPC Annual Report. Mike Bojczuk to write to Giles Rossington [this should be Mark Wall, Head of BHCC Democratic Services, as he holds the OPC budget – not me! Giles] regarding the budget for these two activities.

213.3 Could each OPC member supply 200 words about their year, work with the OPC and locality by the 12th July. The report would also contain 2 or 3 articles on health, Tower House and the Fairness Commissions - focusing on OPC achievements.

214 SECRETARY'S UPDATE

214 SECRETARIAL REPORT - JUNE 2016

- **LATs** - attended London Road LAT on the 5th June, significant reorganisation of local PCSO's will impact locally. Chair circulated contact details from his local LAT re BHCC contacts re crime & antisocial behaviour. We may need it!

- **Health & Well Being Board** - on the 7th June attended by all OPC officers. A presentation given on NHS Sustainability & Transformation Plan. Financial support still unclear, as are many details, as raised by Healthwatch. Public meeting to be held on the 30th June to discuss NHS STP at Brighthelm at 2.00.

- **CCG** - Letter sent by OPC after public meeting. Response from John Child circulated making reference to BHCC Better Care Plan. From 2017/18 STPs will be the access point for central money. Response acknowledges financial challenge. OPC officers had meeting with John Child on 17th June & he will be speaker at OPC public meeting in September. **Discuss**

- **Tower House** - OPC wrote to Adult Social Care on 23rd May re options, advocacy, friendship groups, transport and future use of Tower House. A further report will be given at July meeting. OPC officers visited Tower House on the 17th June to speak to users. **Discuss**

- **OPC Officers Meeting** - held on 8th June. Discussed HOSC priorities – GP shortages, Integration & Co-ordination of Services, NHS Sustainability & Transformation Plan. BHCC Leaders meeting deferred so ASC & Housing can attend. Annual Report needs to be prepared. **Discuss**

- **Age Friendly City Steering Group** - meeting held on the 9th June re mental health for older people. Slight decline in suicide rates for older people. Brighton & Hove Well Being people can self-refer. Presentation & circulation of info re Hangleton & Knoll wide

range of activities to break down social isolation for older people. Sport for Life undertaking confidence building courses. **My life** website has been upgraded www.mylife.org.uk. Minutes circulated & presentations.

- **Age Friendly City Forum** - Contacted by Age UK still seeking support but not clear if funding available. Sent suggestion to Age UK that we try to meet on 5th July but awaiting response re room availability.
- **Older People's Day** - the contract bid was evaluated and Impact initiatives (Hop 50+) were successful. The event will be different with more cultural activities this year & transport re taxis involved. OPC have a meeting on 27th June to discuss with Impact. **OPC to discuss what we might like to do this year.**
- **Fairness Commission** - report to be launched on the 27th June at 3.30 at Friends Meeting House, Ship Street and invite to OPC members circulated.
- **Southern Water** - Jack has followed up re claim following on from their earlier response to our concerns re impact on the NHS.
- **Public Toilets** - Britain has lost more than 40% in the last decade. A recent high court ruling that 10 seat threshold guidance where food & drink provided was incorrect legal interpretation. Local Authorities had power to request premises with fewer seats to install toilets. Seek clarification re BHCC position? **Discuss**
- **City Wide Connect** - Evaluating Impact Survey - completed by myself & Lynne.
- **Stanmer Park Restoration Project** - OPC has received a request for letter of support for their Heritage Lottery Bid from a firm acting for the Council. **Discuss**
- **Adult Social Care** -an inquiry by the House of Commons Communities & Local Gov Committee into the financial sustainability & quality of care. Deadline for submissions is on the 19th August. **OPC to respond - also are BHCC to respond?**

Invitations

- **NPC** - circulated class action against Pride Mobility Products Ltd re over charging for mobility scooters bought between 2010 & 2012 seeking further claimants. Also Colin circulated reports of NPC Executive & Working Parties. Newsletter also circulated identifying 3.75% increase in costs of living for pensioners.
- **Citizens of Brighton & Hove** - minutes of May meeting circulated & next meeting 28th June at Brighton Students Union. Given current commitments a watching brief rather than participation may be sensible at present.
- **Know My Neighbour Week** - launch on the 23rd May attended by John Eyles (JE) for OPC
- **MindOut - LGBTQ Over 50 Group** - a friendly support group for people to share experiences and learn from each other - 01234 234839
- **CQC** - Stakeholder events in Leeds, London & Birmingham but not Brighton however we have a CQC speaker for our meeting.
- **Dementia Friendly Service** - at Hop 50+ launched on the 3rd June. Every Friday a different range of activities. Contact 01273 729603 for further info.
- **Active Forever** - for older people on Tuesday 28th June from 10.00. Free fitness check this year and focus on Falls. Take Part activities across the City & recruitment details circulated for 2 posts.

- **Fed for Disabled People** - Launch of new name - now Possibility People OPC invited to reception on the 9th June was attended by Lynne Shields.
- **TUC** - Pension versus ISA what future for workplace saving? debate on 27th June at TUC Congress House London.
- **LGBT Community Safety Forum** - conducting a survey copy circulated.
- **BHCC Member Development Sessions** - Air Quality attended by JE. Better Care now on 15th July and Safeguarding on the 26th September. Circulated briefing on Domestic Violence.
- **Sussex Defend NHS** - Meeting on the 30th June at St Georges Church, St Georges Road Kemp Town with range of speakers at 7.00.
- **Speakers Corner** - reboot attempt being made but want active participants. Also seeking participants for House of Lords events. Given our priorities. **Discuss Newsletters**
- **DWP** - Pensions tracing service www.gov.uk/find-pension-contract-details. There is £400 million in lost pensions also info on current benefits & pensions rates.
- **Age Action Alliance** - Newsletters - info on Digital friendly, Age Friendly, Museums and considering future organisation of AA.
- **Community Works** - Link to event "How well do you know your City" on 15th September at Jubilee Library at 1.30. Contact Charmian.hay-ellis@brighton-hove.gov.uk

215 MEMBERS' UPDATE

- 215.1 Jack Hazelgrove** - He was still receiving medical treatment for his fall and in correspondence with Southern Water. Unfortunately he may need further treatment on his shoulder.
- 215.2 John Eyles** - John has also been unwell and had to be hospitalised with pneumonia. His treatment had been successful. He had attended the Councillors briefing on Air Quality and the details had been circulated showing some improvement.
- 215.3 Colin Vincent** - Had attended the HOSC meeting where Patient Transport had been discussed with controversial exchanges between SECamb & Coperforma. He was disturbed that discussions took place about the length of time seriously ill patients could wait in an ambulance before admission to A&E. Also attended a HOSC workshop where the OPC priorities were GP shortages, Integration & Co-ordination of services and the NHS Sustainability & Transformation Plan. He had been involved in a research programmed on Palliative Care that had now concluded and further work in West Sussex may be undertaken. Had attended his local LAT in Hollingbury where a presentation about the development of the Preston Barracks site had been given re 350 new homes planned of which 40% may be affordable. HWBB on the 7th June had been attended and also went to Tower House to talk to users of the service on the 16th June.
- 215.4 Mike Bojczuk** - update on activities in last month

- Central Hove LAT - meeting in Hove library with a presentation on library changes. Ironic!
- London meeting on Europe & Older People. - main benefits stated as Active Ageing and the move towards an Age Friendly Europe by 2020. OPC have worked and contributed to both!
- IPAG Palliative Care project - final meeting to present positive results for an integrated model rather than the Liverpool pathway.
- Digital Inclusion - as digital champion, helped a few people, and planning with Social Housing the best way to involve our elderly council residents.
- SVP meeting - no details yet from owner, but have obtained a breakdown of the £50K annual costs to help them.
- attended Health & Wellbeing Board and CCG meeting.

2.15.5 Lynne Shields - update on activities in last month

- May 19th Meeting with Becky Woodiwiss to further the AFC Falls Prevention Programme
- June 1st Meeting with Linda of The Hop 50 for an update and to share Hop activities with my wards.
- June 4th Kempton Carnival visiting various charities with stalls .
- June 7th Health and Wellbeing Meeting
- June 8th OPC Officers Meeting.

June 9th AFC Steering Group Meeting.

June 13th Launch of Possibility People at The Albion Ground

June 17th Meeting with John Childs

June 21st OPC Meeting

July 4th Woodingdean Carnival (supporting Time to Talk Befriending on their stall)

216 MEASURING QUALITY OF CARE IN BRIGHTON & HOVE

216.1 Jane Jewell introduced herself as an inspection Manager in ASC services for Brighton & Hove, as well as part of West Sussex. The CQC now see securing improvements as the key part of their role. So they set clear expectations for providers, from small to big, and help them understand what good care looks like. They have clear lines of enquiry, drawing on the 2008 Care Act. The CQC monitor, inspect and publish ratings of the hospitals, ASC and primary care settings they inspect. These are used to celebrate success and tackle failure. Those providers who are put into special measures will be given a limited amount of time in which to improve. The CQC also carry out thematic reviews, such as looking at end of life care. They work in partnership, for example with local authorities on commissioning. The CQC has three directorates focusing on hospitals, ASC and integrated care as listed in the slide provided. The purpose of regulating providers is to see if someone is suitable to buy and run a care home. The key means is using 'The Mum Test' which sums up the fundamental standards of the CQC. This has five [?] questions:

- Is it effective?

- Is it well-led?
- Is it responsive to people's needs?
- Is it safe?
- Is it caring?
- Is it good enough for my mum?

216.2 A key change for the CQC has been to move from inspecting for compliance to inspecting to 'good'. They use more intelligence and evidence before the inspection, gathering it from sources such as commissioners and the 'share your experience' link, where the public can share their positive and negative experiences. They also encourage relatives and neighbours to give their views.

216.3 If the CQC carry out a comprehensive inspection, the provider will be asked to supply information in advance which will be tested out in the inspection. These inspections are usually carried out by teams of 'experts by experience', who are members of the public with relevant experience such as having a relative in nursing care. They also recruit experts and specialist advisors in areas such as acquired brain injury to help out in the inspection. The judgment of inspectors will have a huge impact on that service and may result in it not being re-commissioned, so there will usually be at least two inspectors involved.

216.4 Ratings of ASC services in Brighton & Hove show that there are none which are inadequate, but that none are outstanding. The national average is 3% 'inadequate', but we have slightly more requires improvement in the city than the England average.

216.5 The CQC is a risk-based regulator and providers rated 'requires improvement' are expected to supply an improvement plan/action plan. If the CQC think that the provider has not sufficiently addressed the areas of concern, they can:

- ask the provider to make changes
- ask local commissioners to carry out a compliance visit.

216.5 They rely on intelligence for this work and have to go back in the following 12 months to re-inspect the provider, or within 6 months if the service is inadequate. The CQC will go back earlier than this if there is seen to be a risk or if they receive information which raises concerns. They carry out out-of-hours visits and night visits and are very flexible in the ways used to gather evidence about risk. The CQC want to minimise disruption and so if they visit at night, will only look at the issues relating to night care.

216.6 If a service is rated as inadequate then it will automatically go into special measures and be closed if it does not improve. Ms Jewell reassured the OPC that this focus on improvement did not mean that vital areas, such as food, were neglected. In 75% of return visits the service had improved which had a positive impact on 12,000 people.

216.7 The CQC were not cost driven: although ASC is a very fragile market, as the regulator they would consider cost issues but it would not be the driver and would not prevent them from closing inadequate services. For example in West Sussex a large nursing home had been found to be inadequate and commissioners were concerned at the potential loss of 60 beds, and in that case would consider closing but it would not determine a CQC outcome.

216.8 The biggest area of failures related to 'safety concerns' in terms of staffing, risk assessment, human rights and abuse. There was a very pro-active commissioning team in

Brighton & Hove and their joint work was one of the reasons why there were no 'inadequates' in the city.

216.9 The OPC asked if the CQC were able to track owners who popped up in different areas, after their homes had been closed down in a different location. Jane Jewell explained that a relative or friend could be the owner of the new home, but if it was the same owner trying to register, then the CQC would look at them. Following on from the failure of Southern Cross, the CQC now looks at how to replace hard to replace providers in locations such as the Isle of Wight. There is an oversight group which monitors the finances of large or hard to replace providers and identifies triggers which may lead to the breakdown of services. They also employ forensic accountants to look at the issue of financial vulnerability.

216.10 The CQC is not responsible for sorting out the impact of closures; this is for commissioners and providers. In Primary Care Services there have been an alarming number of 'inadequates' and last year the CCG was forced to close a surgery urgently, displacing 10,000 patients. This had a high impact, but those patients were not safe.

216.11 Jane Jewell explained that if a service is judged 'inadequate' then it has to be re-inspected in 6 months. But these timescales really depended on the degree and type of risk: if there was an issue of safety then services would be shut immediately, but they could be given longer if the issue was less urgent. While hospitals may be offered help to comply with conditions, care homes were stand-alone businesses and the onus was on the providers to sort the issue out.

216.12 A sanction on GPs could be that if the practice was closed down due to unsafe practices, then they could be referred to their professional body e.g. GMC or the Nursing & Midwifery Council. If you had a PMS contract then you could be served with a notice that you could no longer provide this service. Information which was used to close down a service would also be used to decide whether they could be register to provide a new service.

216.13 When a service was placed in 'special measures' it was up to the provider to determine whether it could improve or close down the service. Inspection reports could include a notice of proposal to make a condition, such as the doctor not being allowed to practise.

216.14 The OPC enquired if there was a link between the CQC, NHS England and GPs. Ms Jewell explained that a colleague had oversight of GP practices along with NHS England and they would find ways to support practices and would only take enforcement action when there were significant reasons to do so. Local authorities used to own care homes and could use these homes to help take over failing services. But now they are generally only commissioners, so West Sussex had a 'care and continuity team' now to try and help failing services. A hospital facing problems would pose much greater risks and would have commensurately greater support.

216.15 Jane Jewell explained that anecdotal information suggested that budget cuts had the biggest impact on staffing and the environment. Many providers told the CQC how fragile the market was, with problems including meeting the national Living Wage requirements; finding staff in a region with many alternative employers there were alternative employers, and where living costs were very high. There is polarisation in the market. Where there

used to be a lot of single, medium sized providers - the majority providing mental health care- there were now good, small independent providers and the large services such as Mycroft. The demise of the residential care market meant that domiciliary care was taking over, and those with higher needs were going straight into nursing care.

216.16 The city was below the National Average for requires improvement in relation to hospitals, but concern has been expressed about the hospital and how it is rated today.

216.17 The OPC asked if there was any regulation of voluntary day services that may have stepped into the breach as local authorities took a step back from providing day care. Jane Jewell clarified that the CQC did not regulate day care, but this was a valid concern and some care homes did also provide a day care service. There would be a cross over with these providers if the CQC were concerned about them, such as if it involved sufficient numbers of people. She was also asked if CQC monitored preventative care as this was an important part of Better Care. The city was 147 out of 150 for those who invited patients to health checks.

216.18 Action: Jane Jewell to check with colleague if preventative care was regulated by the CQC, but felt it was likely to be an issue for NHS England. She suggested that they could invite a member of the CQC involved in Primary or Acute care to a future meeting.

216.19 The OPC thanked Jane for attending the meeting and she urged anyone who wanted to become an expert by experience to contact the CQC and use the website to share their experiences of services.

217 ANY OTHER BUSINESS

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of