



**REPORT TO: CLINICAL CARE AND GOVERNANCE COMMITTEE ON 30
AUGUST 2018**

SUBJECT: MENTAL WELFARE COMMISSION FOR SCOTLAND

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Committee of The Mental Welfare Commission for Scotland Visit and Monitoring Report – Themed Visit to People with Dementia in Community Hospitals.

2. RECOMMENDATION

2.1 It is recommended that the Committee consider and note:

- i) the content of this report;
- ii) the content of the Mental Welfare Commission for Scotland visiting and monitoring report and the recommendations made on page 10 of APPENDIX 1; and
- iii) the table of actions to address the recommendations of the Commission's report (APPENDIX 2).

3. BACKGROUND

3.1 During 2017 the Mental Welfare Commission conducted a review of community hospitals to consider the care and treatment of people with dementia. They visited 11 Health Board areas in Scotland between June and September and visited 287 people with dementia, or who were in the process of being assessed for dementia. The review included visits to 78 wards in 56 community hospitals across Scotland, which included 3 in Moray. These were Turner Hospital, Keith; Seafield Hospital, Buckie and Leancoil Hospital in Forres. The report details the experience of patients and carers in these community hospitals.

3.2 The report revealed that community hospitals are valued by patients and carers and whilst the physical care and treatment was found to be generally good, there is a requirement for a greater focus on patients' needs related to

their dementia. The focus should include managing stressed and distressed behaviours, care planning, appropriate activity provision and environmental design. On identification of approximately a quarter of patients in community hospitals across Scotland having dementia or awaiting diagnosis of dementia, the visits highlighted that people often stay in hospital for a month or longer. The report recommends that the service is designed with the needs of this group in mind.

- 3.3 The visiting and monitoring report published by The Mental Welfare Commission practice (**APPENDIX 1**) sets out the recommendations to Health Boards and Local Authorities seeking a response by 31 August 2018, ensuring this practice is adopted for Integration Joint Boards (IJBs). Twelve recommendations have been made and are detailed on page 10 of the report (**APPENDIX 1**).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In response to the recommendations made by the Mental Welfare Commission, discussions have been held with the members of the Managing Dementia in Community Hospitals Group across Moray that have involved the NHS Grampian Dementia Nurse Consultant and an action plan has been developed that addresses the recommendations and is attached (**APPENDIX 2**). The action plan will be submitted to the Commission ahead of the deadline of 31 August 2018. In addition the action plan will be routinely monitored by the Interim Service Manager with responsibility for community hospitals and the members of the Managing Dementia in Community Hospitals Group with progress being regularly reported to Health and Social Care Moray Operational Management Team (OMT).
- 4.2 To date there has been no detailed information regarding the conduct of a follow-up exercise by the Commission. However, through the development of an action plan and regular monitoring and reporting, reasonable assurance can be given that Moray will be in a position to respond positively to any such exercise.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The commitment to address the recommendations as set out by the Mental Welfare Commission remains consistent with the strategic objectives set out in the MIJB Strategic Plan 2016-19.

(b) Policy and Legal

The work being undertaken in addressing the recommendations through the action plan will help ensure understanding of and compliance with legal requirements and may bring rise to an amendment to policies and procedures at some point in the future.

(c) Financial implications

None arising directly from this report

(d) Risk Implications and Mitigation

There is a risk in not addressing the recommendation made by the Commission that we are not providing the most appropriate pathways for individuals which will impact on quality of service. In addition we may be open to challenge of not operating within the legal framework. The action plan developed will provide reasonable assurance that we are addressing the issues raised in a consistent manner.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as the report is for the Board to note.

(h) Consultations

Consultations have taken place with the Managing Dementia in Community Hospitals group and the Senior Charge Nurses within community hospitals. Any comments received have been considered in writing this report.

6. CONCLUSION

6.1 This is the first time the Mental Welfare Commission has visited Community Hospitals to look at the care and treatment of people with dementia. It was found that although much of the focus of care is on the physical reasons for admission, the care and treatment provided is generally good with the Community Hospitals being valued by patients and by carers. The Managing Dementia in Community Hospitals group has acknowledged the range of ways in which care and treatment and the environment could be improved in relation to those patients admitted with a diagnosis or awaiting diagnosis of dementia. The table of actions (APPENDIX 2) and the monitoring of those actions within the group, alongside discussions at OMT will support the recommendations.

Author of Report: Fiona Abbott, Interim Service Manager

Background Papers: with author

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