

ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 12 April 2010

at 10.00 am

**in Committee Room B,
Civic Centre, Hartlepool**

Councillor G Hall, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

No items

3. ITEMS FOR INFORMATION

3.1 Hartlepool Vulnerable Adults Protection Committee Quarterly Statistics and Update – *Director of Child and Adult Services*

3.2 Integrated Mental Health Services – *Director of Child and Adult Services*

**ADULT AND PUBLIC HEALTH SERVICES
PORTFOLIO**

Report to Portfolio Holder
12 April 2010



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE QUARTERLY
STATISTICS & UPDATE

SUMMARY

1.0 PURPOSE OF REPORT

1.1 To present the Safeguarding Vulnerable Adults quarterly statistics and provide an update on safeguarding activity.

2.0 SUMMARY OF CONTENTS

2.1 This report provides information concerning Safeguarding Vulnerable Adults Quarterly Statistics including 1st, 2nd and 3rd Quarters to allow for comparison. The report provides information relating to trends and provides an update on safeguarding activity in the period from October to December 2009.

3.0 RELEVANCE TO PORTFOLIO MEMBER

3.1 Child and Adult Services hold lead responsibility for Adult Safeguarding.

4.0 TYPE OF DECISION

4.1 Non Key

5.0 DECISION MAKING ROUTE

5.1 For information only.

6.0 DECISION(S) REQUIRED

6.1 To note the report

Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
QUARTERLY STATISTICS & UPDATE

1. PURPOSE OF REPORT

- 1.1 To present Safeguarding Vulnerable Adults Quarterly Statistics for the third quarter October – December 2009 and provide an update on safeguarding activity.
- 1.2 The Quarterly Safeguarding Statistics Report is attached at **Appendix A** to the Portfolio Report.

2. BACKGROUND

- 2.1 This is the fourth report to the Portfolio Holder following a request by the Adult & Public Health Services Portfolio Holder in May 2008 for regular submission of reports to Portfolio Meetings.

3. TRENDS

- 3.1 There have been 38 alerts of possible cases of abuse/neglect which have been investigated during the third quarter. This is the same amount as in the second quarter.
- 3.2 Within the last two reporting quarters 82% of the alleged victims of abuse/neglect were people over 65 years of age with 66% of the victims being over the age of 80.
- 3.3 The most common locations of abuse/neglect are care homes both with and without nursing support. The next most frequent location for abuse is in supported living. This is most often caused by someone known to the alleged victim (either another service user or paid care or health Worker).
- 3.4 As can be seen from the statistics although the number of alerts remain the same in both quarters in comparison to last years figures, there has still been a significant increase overall. We consider this is due to the success of the awareness raising campaign we have undertaken in the past twelve months.

4. CONTINUOUS IMPROVEMENT - Update on Safeguarding Activity

- 4.1 The Hartlepool Vulnerable Adult Protection Committee Safeguarding Action Plan continues to progress and a further four actions have been included due to the implementation of the Deprivation of Liberty Safeguards. Progress with the Safeguarding Action Plan is monitored through the Hartlepool Vulnerable Adult Protection Committee and it is a

standard agenda item at each meeting. This Action Plan is progressing satisfactorily.

- 4.2 The Tees-wide Safeguarding Adults Board, (TSVAB), whose function it is to ensure the strategic policies and procedures and practices designed to prevent abuse and to promote the safety of vulnerable adults are developed, is in the process of appointing a Business Manager to support it.
- 4.3 The four Tees-wide authorities have agreed to share the cost of the Business Manager post and Jan Douglas, Executive Director of Middlesbrough has been nominated to chair the Board for the next twelve months. The Board have met on two occasions in this quarter though now there is agreement to meet quarterly as opposed to bi monthly. The Strategic Lead for Safeguarding and Vulnerabilities and the Assistant Director of Operations attend and represent Hartlepool Vulnerable Adult Protection Committee.
- 4.4 The TSVAB have developed a work programme for 2010 operated through the work of four sub groups. The sub groups lead on Performance, Audit and Quality Assurance; Workforce Development and Training; Policy and Procedures; and Information, Involvement and Engagement.
- 4.5 Terms of Reference have been completed for all of the four sub groups. The strategic lead in Hartlepool is involved with several of these sub groups and the Workforce Development Manager attends the Workforce Development and Training sub group.
- 4.6 It has been agreed that the TSVAB will produce a Tees-wide Annual Report with input from each of the local authorities and this has been added to the board's Terms of Reference.
- 4.7 The National Health Service Information Centre, following a pilot exercise, has developed a national data set for the collection of information on the Abuse of Vulnerable Adults. This data set addresses various aspects of Safeguarding relating to the details of the victim, alleged perpetrators and the alleged offence. The Tees-wide authorities have agreed to use the data set from October 1st 2009 and this has been implemented in Hartlepool. There is an expectation that the records on completed safeguarding cases will identify the outcomes under the categories of substantiated, partly substantiated, not substantiated/ inconclusive. The TSVAB have expressed concern about how such judgements are made given the complexity of such decisions and this will be monitored going forward. The safeguarding recording documents have been amended to accommodate the above process.
- 4.8 It has been agreed by the Tees-wide Board that the Improvement and Development Agency for Local Government facilitate training on Outcome Based Accountability for members of the board to assist with progressing work on identifying outcomes. It is expected this will go

ahead in March 2010. The strategic lead and Assistant Director – Operations will attend.

- 4.9 In October 2009 a Serious Case Review was completed. This was in relation to an individual who had died in April 2008. The family had written a letter of complaint to the Provider of the Nursing Home in which the service user had been accommodated prior to being admitted to the University Hospital of Hartlepool where he subsequently died. All in all there were 11 complaints which taken together amounted to alleged neglect. The Serious Case Review followed the stages laid down in the Tees-wide Inter-Agency Policy, Procedures and Practice.

The purpose of the Serious Case Review was determined as follows:

- To establish whether there are lessons to be learned from the case about the way in which local professional agencies work together to safeguard vulnerable adults;
- To identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and as a consequence;
- To improve inter-agency working and better safeguard vulnerable adults.

The key issues from the family's perspective were identified as follows:

- The care delivered by the Provider and the way in which the complaint investigation was undertaken;
- Dissatisfaction with subsequent complaints processes which appear to have involved the PCT, CSCI, HCC and HBC.
- How interagency working could be improved.

Each agency undertook a Single Agency Review and made recommendations. An Overview Report was provided by an Independent Investigator who analysed the findings from the Single Agency Reviews and interagency practice. Recommendations were made to improve practice and an Action Plan developed. A time table for action has been established and will be monitored via the Hartlepool Vulnerable Adult Protection Committee.

- 4.10 The Strategic lead has continued to be involved with the screening of prospective taxi drivers.
- 4.11 Continued attendance at Multi Agency Public Protection Meetings has been ongoing.
- 4.12 Child Protection Training has been provided to relevant people in adults social care. Managers are now routinely informed of any training on offer in relation to children.
- 4.13 Awareness raising events have been undertaken by the Mental Capacity/ Deprivation of Liberties Lead, Diane Whitehead, to promote understanding of the role of the agencies in relation to the Deprivation of

Liberty Safeguards. This training is ongoing for staff across the Hartlepool locality.

- 4.14 A Provider's event has been planned to reinforce training and raise awareness of safeguarding issues, the new complaints procedure and the Mental Capacity Act/DOLS processes.
- 4.15 Meetings with the Safeguarding Lead in Tees and Esk, Wear Valleys have been initiated and links have been strengthened to ensure safeguarding processes are robust and appropriate safeguarding referrals are received from Mental Health Services.
- 4.16 Meetings have taken place between the Strategic Safeguarding Lead and the Workforce Training and Development Manager and additional training for staff has been identified, including understanding dementia, chairing and minute taking of strategies/progress meetings.
- 4.17 The Tees-wide Workforce and Development sub group has established Foundation and Intermediate training in Safeguarding. It is now prioritising the development of an Advanced Programme and a competency framework which will clarify roles and responsibilities at each stage of the Safeguarding Process. Work is ongoing in relation to the collection of data on training within the Independent Sector, though it has been acknowledged this is a difficult and time consuming task as many of the larger Providers do not access training provided via the local authorities and tend to provide this via alternative means.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications arising from the report.

6. RECOMMENDATIONS

- 6.1 That this Report be noted.

**CONTACT OFFICER - PAMELA SIMPSON
STRATEGIC LEAD FOR SAFEGUARDING VULNERABLE ADULTS**

Hartlepool Safeguarding Vulnerable Adults Protection Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Suspected Abuse	Physical abuse	21	20	16	57	64
	Financial abuse	8	0	3	11	23
	Sexual abuse	3	2	6	11	7
	Neglect and acts of omission	27	15	9	51	25
	Psychological	1	1	4	6	3
	Discriminatory	0	0	0	0	1
		60	38	38	136	123

Note : Within 3rd Quarter 1st Oct – 31st Dec 09

**25 further alerts were raised however following consideration were deemed
No Further Action under Safeguarding Vulnerable Adults procedures.**

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	Vulnerable adults subject to previous referrals/s	6	5	10	21	18
	Vulnerable adults placed by another Authority	0	0	1	1	1

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 st Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Vulnerable Adult Client Group	Physical Disabilities - Older People (65 & over)	28	18	0	46	66
	Physical Disabilities - Adults (18-64)	3	2	1	6	20
	Mental Health - Older People (65 & over)	18	11	6	35	16
	Mental Health - Adults (18-64)	4	1	0	5	7
	Learning Disabilities - Older People (65 & over)	0	0	0	0	1
	Learning Disabilities - Adults (18-64)	7	4	6	17	12
	Older People (65 & over)	0	0	23	23	0
	HIV / AIDS Adults (18-64)	0	0	0	0	0
	Sensory Loss	0	0	0	0	0
	Carer	0	0	0	0	1
	Substance misuse & Drugs	0	0	0	0	0
Adult	0	0	0	0	0	
	60	36	36	132	123	

Noted – In 3rd quarter 2 service users have more than 1 referral in the framework.

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 st Oct – 31 st Dec	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Source of Referral	Social Services Department	23	8	13	44	40
	Care Home Provider	0	9	7	16	32
	Care Home with Nursing Provider	0	12	5	17	11
	Home Care Provider	16	2	2	20	3
	Friend/Neighbour	2	0	0	2	0
	Relative	0	2	0	2	3
	Health Professionals (Community based)	2	2	3	7	3
	Health Professionals (Hospital based)	0	0	0	0	7
	Self or persons formal advocate	0	0	0	0	0
	CSCI	0	0	0	0	6
	Probation Service	0	0	0	0	0
	Police	1	0	0	1	7
	Other Service User	0	0	0	0	0
	Housing Support Provider	0	0	2	2	3
	Other Local Authority	0	1	0	1	4
	Department of Works & Pensions	0	0	0	0	0
	Other-please name individually Anonymous x 4 EDT x 17 Self x 1	16	0	6	22	4
	60	36	38	134	123	

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 1 st July – 30 th Sept 09	Hartlepool 01 st Oct – 31 st Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Location of Abuse	Care Home	17	3	8	28	56
	Care Home with Nursing	21	27	22	70	24
	Day Care Unit	0	1	0	1	0
	Relative's Home	1	0	0	1	3
	Users Own Home	13	5	3	21	32
	Hospital	0	0	0	0	0
	Supported Living	5	2	5	12	2
	Public Place	1	0	0	1	4
Other (please list) CHC Unit x 2	2	0	0	2	2	
		60	38	38	136	123

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept	Hartlepool 01 July – 30 Sept	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Alleged Perpetrator	Friend/Neighbour	0	0	0	0	4
	Other Service User	21	18	16	55	37
	Paid Carer or Health Worker	30	14	12	56	38
	Partner	3	0	1	4	4
	Relative	5	4	4	13	23
	Volunteer	0	0	0	0	0
	Trader	0	0	1	1	0
	Unknown	1	1	4	6	13
	Institution	0	0	0	0	4
	Self	0	1	0	1	0
		60	38	38	136	123

3.1 Appendix A

Ethnicity		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 st Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	White – British	60	38	38	136	122
	White- European	0	0	0	0	1
	Asian-India	0	0	0	0	0
	Asian-Pakistan	0	0	0	0	0
	Asian-Bangladesh	0	0	0	0	0
	Asian- Chinese	0	0	0	0	0
	Asian-Vietnamese	0	0	0	0	0
	African	0	0	0	0	0
	Caribbean	0	0	0	0	0
	Other ethnic group (please name)	0	0	0	0	0
Not Known	0	0	0	0	0	
	60	38	38	136	123	

3.1 Appendix A

		Hartlepool 01 April – 30 June 09		Hartlepool 01 July – 30 Sept 09		Hartlepool 01 st Oct – 31 st Dec 09		Hartlepool Total		ANNUAL STATS 01 APRIL 08 – 31 MAR 09	
		F	M	F	M	F	M	F	M	F	M
Age	18 - 19	1	0	0	1	0	0	1	1	2	0
	20 – 29	0	2	0	0	1	0	1	2	3	1
	30 – 39	0	0	0	0	1	0	1	0	4	2
	40 – 49	3	2	0	1	0	0	3	3	3	2
	50 – 59	1	2	2	2	1	3	4	7	7	5
	60 – 64	0	0	1	0	2	0	3	0	2	9
	65 – 69	3	6	1	0	0	0	4	6	4	0
	70 – 79	10	4	6	3	6	1	22	8	21	18
	80 – 89	9	10	8	8	14	7	31	25	21	9
	90 – 99	4	3	4	1	1	1	9	5	9	1
			31	29	22	16	26	12	79	57	76
		60		38		38		136		123	

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct 09 – 31 st Dec	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Victim	3.1 Existing service provision reducing risk of further harm	19	24	3	46	19
	3.2 New Community Care Assessment & Services	2	1	1	4	2
	3.3 Removed from Property/Service	12	0	2	14	12
	3.4 Counselling, support & advocacy	0	0	0	0	0
	3.5 Management of access to alleged perpetrator	8	0	2	10	8
	3.6 Action under Mental Health Act	0	0	0	0	0
	3.7 Declaratory Relief	0	0	0	0	0
	3.8 Appointeeship/Receivership	0	1	0	1	0
	3.9 Civil Action	1	0	0	1	1
	3.10 Unwilling to co-operate with Protection Plan/advice	1	0	0	1	1
	3.11 Crime prevention/security advice	0	0	0	0	0
	3.12 Other (please specify) Deceased NFA Management Training Ongoing Assessment New Equipment / Diet Increased Monitoring	5	3	30	38	5
	48	29	38	115	48	

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Perpetrator/ Organisation/Service	4.1 Criminal Prosecution/Caution	4	0	1	5	4
	4.2 No further legal action following Police investigation	0	2	0	2	0
	4.3 Disciplinary action/POVA referral	4	1	4	9	4
	4.4 Action by Commissioning/Placing Authority	14	2	0	16	14
	4.5 Action by CSCI	0	0	0	0	0
	4.6 Action by Healthcare Commission	0	0	0	0	0
	4.7 Carer's Assessment offered	0	0	0	0	0
	4.8 Management action – supervision, training etc.	2	2	0	4	2
	4.9 Counselling/support	0	0	4	4	0
	4.10 Removed from property/service	0	0	3	3	0
	4.11 Community Care Assessment & Services/Case Review	2	0	0	2	2
	4.12 Action under Mental Health Act	3	0	0	3	3
	4.13 Management of access to vulnerable adult	9	1	2	12	9
	4.14 No Further Action	9	17	16	42	9
	4.15 Other (please specify) <ul style="list-style-type: none"> • Deceased • Exoneration • Continued monitoring • Move to all male unit 	1	4	7	12	1
	48	29	37	114	48	

Note: 3rd Quarter

* Of the 32 cases that have come out of the framework they are broken down as follows

- 32 came in and out in the same period
- 6 were from previous periods
- Therefore 6 cases from this quarter carry forward into the next period.

- 1 case did not have a perpetrator.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
12 April 2010



Report of: Director of Child and Adult Services

Subject: INTEGRATED MENTAL HEALTH SERVICES

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on key issues in relation to Integrated Mental Health Services.

2.0 SUMMARY OF CONTENTS

There has been significant progress in a number of areas that the Portfolio Holder needs to be aware of including:

- 2.1 New Horizons
- 2.2 Day Services
- 2.3 Dementia Strategy
- 2.4 Personal Budgets/Personal Health Budgets
- 2.5 Update of the new Mental Health Act
- 2.6 Improving Access to Psychological Therapies (IAPT)
- 2.7 Social Prescribing
- 2.8 Partnership Agreement
- 2.9 Social Inclusion Initiatives
- 2.10 Integrated Mental Health Service Staffing
- 2.11 Employment Link Services
- 2.12 Mental Health Promotion Action Plan
- 2.13 Out of Area Placements
- 2.14 Performance
- 2.15 Areas for Development and Risks

3.0 RELEVANCE TO PORTFOLIO MEMBER

Mental Health Services are a key provision within Child and Adult Services and the Portfolio Holder needs to be aware of progress and challenges.

4.0 TYPE OF DECISION

For information only.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 12 April 2010.

6.0 DECISION(S) REQUIRED

For noting.

Report of: Director of Child and Adult Services

Subject: INTEGRATED MENTAL HEALTH SERVICES

1 PURPOSE OF REPORT

To update the Portfolio Holder on key issues in relation to integrated mental health services.

2 BACKGROUND

2.1 New Horizons: A Vision for Success

2.1.1 New Horizons is the vision that replaces the Mental Health National Service Framework (NSF) which has successfully come to an end. The new vision focuses on early intervention, mental health promotion, wellbeing, improving transitions, tailoring services to individual needs and the development of personal health budgets and the emphasis is on prevention and personalisation of services

2.1.2 A consultation programme was completed in autumn 2009 to elicit the views of people who use mental health services and providers on New Horizons and what local priorities were felt to be important over the next three years. The consultation responses returned rich information and can be summarised as follows:-

People wanted:

- Improved partnership working.
- Emphasis on prevention, personalised community services, choice, and personalised budgets with clear outcomes.
- Increased family and carer involvement; they wanted attention to be given to cultural issues and improvements in alternatives to medication with fair treatment regardless of age.
- Increased access to trained counsellors, fewer managers and more qualified staff, web based treatments, the use of text and email to confirm appointments and the development of self-help CDs.
- Funding to be targeted at well being, better information about services, more support in schools, child friendly information and joint training for staff on raising awareness of mental wellbeing and mental health needs.
- Community focused facilities as opposed to mental health facilities.

- Improved access to Child and Adolescent Mental Health Services (CAMHS) to 21 years old and a new service for young adults aged 18-26 with transitions work beginning earlier.
- People felt that financial constraints resulted in targeting the “severely mentally ill” and that there was limited capacity to develop Providers wanted to see integrated information systems, single data bases and better use of Telecare and Telehealth.

2.1.3 A new Strategic Commissioner for Mental Health, Beverley Thompson, took up post in February and one of her first tasks is to hold an event to feedback the results of this consultation and to allow stakeholders to register their interest in forming and shaping the working group to take New Horizons forward. The event is due to take place on 15 April 2010 at Belle Vue Community Centre.

New Horizons – A Vision for Success, will be the vehicle that will enable us to take Mental Health Promotion and Wellbeing forward leading to improved education, understanding, choice and personal services, that are accessible and equitable to all.

2.2 Day Services Update

Day Services including Employment Link are currently under review. It is proposed that we will continue to offer a specialised employment link service. The remaining elements of traditional day services will continue to be reviewed over the coming year. A certain amount of money has been released by Tees Esk & Wear Valleys NHS Foundation Trust (TEWV) following the decommissioning of the community health element of day services. The intensive day support within Sandwell will continue.

A tender is currently being prepared to re-commission a ‘Moving Forward Service’ which will exclude employment services. The contract will be awarded later this year. The current contracts with Hartlepool MIND, Artrium and Peoples Relief Of Pressure (PROP) have been extended until September 2010, to enable a full tender process to be completed. Due to the Strategic Commissioning post being vacant for a number of months the timescales have had to be readjusted which may require further arrangements to be made with the current three providers named above. It is suggested that a further temporary contract may be needed to assist with the tender process and to ensure continuity of service during this time.

2.3 Dementia Strategy

The focus of the national Dementia Strategy is now embedded into action plans and strategies across health and social care, including housing. The main focus of improving access, early intervention, understanding of dementia and the provision of a range of appropriate housing options and

intermediate care is a commissioning priority for the PCT and Local Authority for 2010/11.

Funding from the Social Care Reform Grant has been used to fund a new 2 year post from April 2010 to support the roll out and implementation of the Dementia Strategy.

There is currently a high profile national advertisement campaign being delivered to raise awareness and understanding of dementia.

2.4 Personal Budgets/Personal Health Budgets.

There are currently 711 people who use mental health services in Hartlepool.

There is a nationally recognised need to increase the numbers of people receiving a personal budget in mental health services and the local situation mirrors the research. There is a need to see more 'advanced directives' and 'indirect payments' such as Trust Funds and individual service funds within mental health services.

The pilot for Personal Health Budgets is getting underway and will, hopefully in time, increase choice and control for people with mental illness. A Tees launch event is being held on Friday 26 March

Mental health services are supporting the Putting People First agenda and this approach for all service users has been adopted by the integrated staff, both health and social care as a means to provide those service users whose mental health is stable with an alternative means to meet their care needs.

At the end of 2009 Self-Directed Assessment Questionnaires (SDAQs) and a personal budget had been offered to 47 people under 65 years old and 112 people over 65 years old.

In order to promote the uptake of direct payments, it is proposed to employ within current resources, a social worker with the primary remit to develop personalisation and direct payments.

2.5 Update of the new Mental Health Act amendments

As reported in the previous Portfolio report the legislation governing the compulsory treatment of certain people who have a mental disorder is the Mental Health Act 1983 (the 1983 Act) which was updated and amended in 2007. This provided for extended rights of victims by amending the Domestic Violence, Crime and Victims Act 2004 and introduced Deprivation of Liberty Safeguards by amending the Mental Capacity Act 2005 (MCA) in April 2009.

- **DOLS (Deprivation of Liberty)** There have been 34 DOLS orders since April 2009. It has been noted that there have been no referrals received from within TEWV, and more training is to be offered, to ensure that practitioners have a full understanding of DOLS.
- **IMCA (Independent Mental Capacity Advocacy)**. This service is currently delivered by Skills for People. There have been 13 referrals to this service in the past year.
- **IMHA (Independent Mental Health Advocacy)**. This service is currently delivered by Stockton and Middlesbrough Citizens Advice Bureaus. First activity report has become available. However there appears to be no demand for the service from Hartlepool.

2.6 Improving Access to Psychological Therapies (IAPT)

As reported at the previous Portfolio update, a consortium of providers including local statutory and third sector providers was identified to deliver this service across Tees (although there will be a Hartlepool specific pathway within this arrangement). The service has a remit to address the needs of people experiencing anxiety and depression from a holistic and evidence based perspective. The service commenced at the end of September 2009 and staff have begun to undertake the training requirements. It is anticipated that the full impact of this initiative will not be seen until late 2010. The IAPT service will also have a specific focus on improving access for veterans and people who are deaf.

2.7 Social Prescribing

A six month pilot programme through Public Health has been running within GP surgeries for three months has been successfully extended until September. This involves a number of providers coming together to help improve the number of alternative services that can be offered to the people of Hartlepool, in relation to Health and Wellbeing and includes referral to the IAPT service

2.8 Partnership Agreement

Hartlepool Borough Council (HBC) delivers its mental health services in partnership with TEWV. This arrangement was previously delivered via a Section 31 agreement and the partnership is currently under review.

An internal audit of integrated mental health services undertaken in 2009 required a Management Board to be re-established and an action plan was developed to take account of the recommendations in July 2009.

A North of Tees Board has been established and a bi-monthly meeting acts as a local forum for operational, strategic and commissioning issues. The key issues are focused on improved communication, joint decision making, agreeing the governance framework and the roles of key personnel.

HBC currently has 25 staff in post within the integrated mental health service.

2.9 Social Inclusion Initiatives

The Social Inclusion Plan historically has been reported to and monitored through the Mental Health Local Implementation Team (LIT). It is expected that this plan will be included within the New Horizons working group.

The Allotments Project (Waverly Terrace) continues to be a success, supporting people back into routines and practices that will help them achieve better outcomes for themselves.

A Project Worker is employed by Disc (commissioned through HBC) for 16 hours per week to support users involved in the project - although the one year funding is coming to an end, due to an underspend, the project workers contract could be extended by a further 6 months

Multi agency involvement includes: Disc, Hartlepool Mind, HBC, Nacro, Ability 1st, Community Allotment Holders, Hartlepool College of Further Education, Owton Fens Community Association, Pride in Hartlepool, and the Healthy Food Coordinator

Funding has been obtained to install a compost toilet. The £10k project builds on other facilities already installed on the site which includes two greenhouses, a secure tool storage container and security fencing. These facilities were obtained through one off funding from the PCT (£30K) and we are currently awaiting the outcome of a planning application.

Discussion is currently taking place with Hartlepool College of Further Education to erect a learning site (portacabin) at Waverley Terrace as part of the colleges community programme. Horticultural and employment preparation course will be offered on the site through HCFE and other learning agencies and will involve many college staff initially due to the technical obstacles that would need to be overcome to make this happen.

The project will in future be supported by learning disability day services and the attached employment link team who will use the project as a stepping stone to volunteering opportunities and paid employment.

A community social event is planned for Tuesday 1 June to promote the allotment and to involve further local residents and other allotment holders.

The Shape Up programme was a time limited contract from Stockton PCT last year but working into Hartlepool. Its aim was to engage people in statutory mental health services with healthy lifestyles. This was run in several small groups and helped people to examine their lifestyles and find ways to introduce healthier eating, increased activity and ways to help them to lead a generally healthier lifestyle.

2.10 Integrated Mental Health Service Staffing

Mental health services continue to be able to attract external applicants for all vacancies that have arisen over the last three years and it is envisaged that this will continue. At present there is only one vacancy within the Support Time & Recovery (STR) service, which will be advertised in the near future. We have a number of staff who are due to retire shortly and following the vacancy monitoring process, measures are in place to recruit to these posts in order to sustain the appropriate number of Approved Mental Health Practitioner (AMHP) posts within the locality.

One AMHP retires in April 2010 and this post will be advertised as a social worker post with the primary remit to develop and champion personalisation and direct payments across the mental health teams.

2.11 Employment Link Services

The employment link service has been integrated with the community mental health teams to improve communication, access and outcomes. This has proved to be very successful in supporting people into a range of employment opportunities. The figures for the last quarter continue to show encouraging signs and although there is a fluctuation in numbers as expected these are still very positive indicators that people are choosing to take up education, part time work and full time employment. Most clients are enabled to have a clear pathway and a detailed action plan to allow them to take the relevant steps to paid employment. The service has been able to forge close links with the education department, which has paid dividends in enabling people to gain skills and confidence as part of their pathway to work.

Supported into full time paid work	9
Support into part time paid work	1
Numbers in University	1
Numbers achieved Vocational Qualifications	5

Numbers in Voluntary Work	3
Providing support with application forms, CV's	8
Support within the workplace	1

The numbers achieving Non Vocational Qualifications between 2008 to 2009 through the Moving Forward project was in total 68 people. This initiative has now come to an end but is due to be replaced by a new project in 2010.

2.12 Mental Health Promotion Action Plan

This plan was historically monitored through the Mental Health LIT and as with the Social Inclusion plan will be monitored and form part of the New Horizons agenda.

2.13 Out of Area Placements

Mental health services continue to work closely with commissioners to return people from out of area placements where appropriate, a recent initiative has enabled people to return from long term placements in Darlington to more local provision.

2.14 Performance

TEWV have purchased a new information system, PARIS which has taken time to bed in. During the bedding in period there has been some effect on the information provided to HBC which has been intermittent. The Management Information Team (MIT) are working with TEWV to ensure the robust collection of bi monthly stats, develop some joint performance reporting systems and enable the Duty Team to access PARIS.

As with the introduction of any new system there have been some data quality issues which over previous months have seen significant improvements leading to an information system which is now very comprehensive.

The system is undergoing continuous improvement and with the introduction of additional data fields aims to ensure that performance indicators of both the Trust and Local Authorities can in the main be met by one system thus avoiding the need for double entry. Care First will continue to be used for contracted care packages including direct payments.

It is essential that TEWV staff can gain access to the Electronic Protection Register (EPR). This requires an information sharing

agreement which is currently being developed by the HBC legal department.

Performance targets have been set for 2010/2011 and will be monitored through covalent.

C31 (adults with mental health problems helped to live at home) is now shown to be over performing (6.3) against target (5.5) since receiving the data from TEWV. Previously this had been a failing target.

The numbers of Mental Health Act assessments continues to average about 2.5 assessments per week across a 12 month period. The results of these are reflected in the figures below :

- Guardianship 1
- Community Treatment Order (CTO) 6
- CTO Renew al 1
- S2 24
- S3 12
- S4 1
- S5 (2) 3
- S136 9
- 17 mental health assessments have resulted in informal admission, support from the Crisis Resolution Action Team or no detention / admission.

2.15 Areas for Development and Risks

Fulfilling and Rewarding Lives”- The Autism Strategy - The National Autism Strategy was published earlier this month. The first ever adult autism strategy sets out how local services should be improved to meet the needs of adults with autism.

The strategy covers five areas: health, social inclusion, employment, choice and control, and training.

The purpose of the strategy is to ensure the Autism Act (passed in law in 2009) is realized. Certain legal obligations were identified and need to be met, by central government and local authorities.

To deliver this strategy there is a commitment to partnership working required across health, social care and with experienced and specialized providers

The commissioning intention is to work collaboratively with learning disability commissioners to realise the strategy, assess the current needs identified within the Joint Strategic Needs Assessment and develop a range of services to support this.

Recovery – recovery is area that has been promoted to all our services and identified through commissioning intentions, however it is not felt that it is truly embedded and having the full impact possible. This needs to be a continued area for development.

Personalisation / Self directed support – The vision is to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of social care ensuring that every person across the spectrum of need has control over the shape of his or her support in the most appropriate setting.

In achieving this vision for social care it is of fundamental importance that systems and processes are streamlined and managed in the most effective way in order that this strategic shift can be achieved whilst maintaining the delivery of services during the transitional period. This programme aims to ensure that both the social care reform agenda and the Value For Money agenda complement and support each other and issues around finances are robustly managed.

Payment by Results – work has commenced on the care pathways and packages project across North East and Yorkshire Strategic Health Authority areas with a target date of describing a currency for mental health services by 2012. Whilst some development work has been undertaken, this has been led by provider organisations with little or no commissioner input. This is an area that requires a higher degree of commissioner engagement to develop the tariff to ensure the financial modelling can be undertaken and the impact managed effectively.

Community Development Workers

This is a service that has been delivered on Teesside since 2007. It was initially delivered through Stockton International Family Centre; however following this company ceasing trading an interim agreement with an emergency provider was made (Middlesbrough MIND).

The interim contract was agreed for 12 months and commissioners intend to procure a new service from January 2011. Data is now being made available.

3.0 RELEVANCE TO PORTFOLIO MEMBER

Mental health services are a key provision within Adult Services and the Portfolio Holder needs to be aware of progress and challenges

4.0 TYPE OF DECISION

For information.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 12 April 2010

6.0 DECISION(S) REQUIRED

For noting.