

ADULT SERVICES COMMITTEE AGENDA



Monday 25th November 2012

at 10.00am

in Committee Room B

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

- 3.1 To receive the Record of Decision in respect of the meeting held on 4th November 2013 (*attached for information*)

4. **KEY DECISIONS**

No items

5. **OTHER ITEMS REQUIRING DECISION**

- 5.1 The Local Authority Mental Health Challenge – *Director of Child and Adult Services*



6. **ITEMS FOR INFORMATION**

- 6.1 North of Tees Dementia Collaborative – *Assistant Director – Adult Services*
- 6.2 Quality of Care in Older People’s Care Homes – *Assistant Director – Adult Services*

7. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – Monday 6th January 2014 at 10.00am in Committee Room B



**ADULT SERVICES COMMITTEE
DECISION RECORD
4 November 2013**

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Keith Fisher, Ged Hall, Alison Lilley, Linda Shields and Kaylee
Sirs

In accordance with Council Procedure Rule 5.2 (ii) Councillor
George Morris was in attendance as substitute for Councillor
Brenda Loynes

Also Present: Councillor Geoff Lilley
Steve Thomas and Liz Fletcher, Healthwatch

Officers: Jill Harrison, Assistant Director, Adult Services
Geraldine Martin, Head of Service, Adult Social Care
Neil Harrison, Head of Service, Adult Services
Laura Stones, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

42. Apologies for Absence

An apology for absence was submitted on behalf of Councillor Brenda
Loynes.

43. Declarations of Interest

Councillor Fisher declared a personal interest in Minute 45.

44. Minutes of the meeting held on 9 September 2013

Received.

45. Matters Arising from the Minutes

In relation to Minute 39 relating to Hartfields, a Member referred to attendance at the last meeting by representatives of the Joseph Rowntree Trust/Hartfields and reminded the Committee that further feedback from residents indicated that it was too early to determine whether any improvements to the heating system had been effective given that the winter months had only recently commenced. A Member reiterated concerns raised at the last meeting regarding the inability of residents to choose a preferred energy supplier and was keen to obtain clarification as to whether this issue had been addressed. The Chair requested that a report be provided to the next meeting to respond to the issues raised.

Decision

That the information given be noted and a report be submitted to the next meeting to respond to the issues raised.

46. Annual Complaints Reports 1 April 2012 – 31 March 2013 *(Assistant Director, Adult Services)*

Type of decision

For information only

Purpose of report

To present the Annual Complaints Report of the Child and Adult Services Department on complaints and representations for the period 1 April 2012 to 31 March 2013.

The Annual Report was attached as an Appendix 1 to the report.

Issue(s) for consideration

The Annual Report provided information on the complaints and representation frameworks and drew together information on activity during the reporting period. The report included details of complaints relating to Children and Community Services.

The report offered an opportunity to demonstrate that learning had occurred from complaints and also consideration of trends emerging through the year's activity within the Complaints Framework. The report included details of complaints and representations received by type, outcomes of

complaints, compliance with timescales, analysis of recorded complaints, compliments and representations and drew comparisons with the previous year.

The Chair welcomed the approach noting the benefits of learning from complaints. Whilst the Committee was pleased to note the low level of complaints received, the potential weaknesses of the complaints procedure in terms of elderly vulnerable groups was highlighted. The need to further explore complaints of this type and complaints that may not reach the formal complaints stage was suggested. A lengthy discussion ensued regarding the reluctance of service users to complain for fear of reprisal as well as the importance of advocacy support. The Assistant Director went on to provide clarification in response to queries raised by Members in relation to advocacy support arrangements, the formal complaints and lower level complaints process and outlined the robust departmental procedures in place to deal with issues raised.

Decision

- (i) That the annual report be noted.
- (ii) That online publication of the annual report be agreed.

47. S136 Mental Health Act (MHA) 1983/2007 Place of Safety *(Assistant Director, Adult Services)*

Type of decision

For information only

Purpose of report

To inform the Adult Services Committee of a decision made by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to close the Sandwell Park Place of Safety (PoS) in Hartlepool for a six month pilot.

Issue(s) for consideration

The report provided background information in relation to Section 136 of the Mental Health Act and the purpose of removing a person to a place of safety. Statistical information in terms of use of the place of safety for the period August 2012 to August confirmed infrequent use of the facility, details of which were included in the report.

Members were advised that the current Place of Safety at Sandwell Park in

Hartlepool did not meet the required standards. With regard to future proposals, it was noted that TEWV would close the interview room at Sandwell Park Place of Safety in Hartlepool for a trial period of six months from 1 October 2013, the benefits of which were provided. From this date all people detained on a S136 would be taken to Roseberry Park Hospital of Safety for assessment.

In the lengthy discussion that followed, concerns were raised regarding the proposal to remove services from the town, noting the potential impact on individuals as a result as well as the cost implications. Members also expressed concerns as to why standards had been allowed to reduce to an unacceptable level. The Assistant Director and Head of Service provided clarification in response to issues highlighted in the report which included clarification on the requirements of the Mental Health Act.

A Member suggested that Tees Esk and Wear Valley NHS Foundation Trust be asked to reconsider their proposals to transfer the Place of Safety to Middlesbrough and explore the feasibility of adapting the current building to enable the service to be retained in Hartlepool. Disappointment was expressed that the decision had been taken without any consultation or input from the Council or Healthwatch on the proposals and Members were keen to explore this issue with the Trust as well as receive information of their vision for mental health services in Hartlepool for the next few years. Members were also keen to seek the views of service users. Given that a representative from Trust had been invited to today's meeting, had been unable to attend and the level of concerns of this Committee, Members requested that a representative from Tees Esk and Wear Valley NHS Foundation Trust be invited to a future meeting of this Committee to respond to the issues raised.

Decision

- (i) That Tees Esk and Wear Valley's intention to trial a change of venue for their Place of Safety for Hartlepool residents from Sandwell Park to Roseberry Park at Middlesbrough be noted.
- (ii) That a further report be presented to the Committee in May 2014 to evaluate the impact of the change of venue and to consider any positive or adverse impacts that it may have on our Approved Mental Health Practitioner workforce.
- (iii) That Tees Esk and Wear Valley NHS Foundation Trust be invited to a future meeting to respond to the issues raised by Members, as set out above.

48. Tees Place of Safety Scheme *(Assistant Director, Adult Social Care)*

Type of decision

For information only

Purpose of report

The purpose of the report is to provide the Adult Services Committee with information on the current arrangements for a Tees Place of Safety Scheme.

Issue(s) for consideration

It was reported that the Council was committed to encouraging access to facilities in the town via a range of transport options and the Council's Integrated Transport Unit had developed a Hartlepool Community Travel Support Network. The Council had also introduced an Independent Travel Training Scheme (Safe on the Move in Hartlepool). The network now had a number of volunteers and volunteer organisations trained to assist people to travel safely and independently, details of which were attached as an appendix to the report. In addition to the Safe on the Move Scheme an Autism Alert Card had been rolled out. Details of support arrangements by key stakeholders to assist with developing the scheme were provided, as set out in the report.

It was proposed that the existing Safe on the Move in Hartlepool scheme was rebranded and, along with other similar schemes across Tees, carried the new Tees Place of Safety Logo as detailed at Appendix 3. Inclusion North and key stakeholders of the Tees Safeguarding Vulnerable Adults Board had agreed to promote the scheme within their local areas, ensuring a consistent approach across Tees.

In response to a request for clarification, the Head of Service outlined the benefits of the Safe on the Move Scheme.

Decision

The report together with the plans in place to further enhance the Safe on the Move in Hartlepool Scheme were noted.

49. Savings Programme 2014/15 *(Assistant Director, Adult Services)*

Type of decision

For information. It is recommended that Members of the Committee note the content of this report and formulate a response to be presented to Finance and Policy Committee on 29 November 2013.

Purpose of report

To identify proposals for the delivery of savings in Adult Services for consideration as part of the 2014/15 budget process.

Issue(s) for consideration

The Assistant Director presented the report which included the proposals for delivery of savings in Adult Services as part of the 2014/15 budget process, the risks associated with the proposals and the considerations which had been taken into account in developing them.

The report included a breakdown of expenditure of £44.5m as well as details of the outcomes/outputs. The savings target for Adult Services for 2014/15 was £1,325,000. Details of how the savings target would be achieved were provided as detailed in the report. Members were referred to the risk implications, financial equality and diversity considerations and staff considerations, as set out in the report.

In response to Members' concerns regarding the impact of the deletion of posts and continuing reductions in staffing levels on individual staff and front line services, the Assistant Director, whilst acknowledging Members' concerns, reported that the savings had been identified from areas which would result in the minimal level of impact on frontline services. Whilst the Committee were reluctant to agree savings proposals relating to Adult Services, Members considered there were no alternative options and emphasised the need to try to maintain front line services as far as possible.

Following further discussion, Members reiterated great concern at the scale of the cuts and the longer term implications that the cuts would place on services, staff and the community. Concerns were also expressed at the potential implications of further cuts in 2015/16 and beyond.

Decision

- (i) The Committee reluctantly agreed the savings proposals relating to Adult Services and emphasised the need to try to maintain front line services as far as possible.
- (ii) That the contents of the report and comments of Members be noted and be utilised to formulate a response to be presented to Finance and Policy Committee on 29 November 2013.

50. Strategic Financial Management Report as at 31 August 2013 *(Director of Child and Adult Services and Chief Finance Officer)*

Type of decision

For information

Purpose of report

The report informed Members of the 2013/14 Forecast General Fund Outturn; 2013/14 Capital Programme Monitoring, and provided details for the specific budget areas that the Committee was responsible for.

Issue(s) for consideration

The Assistant Director indicated that the latest report submitted to the Finance and Policy Committee on 18 October 2013 advised Members that there would be an overall underspend in the current year. The report also advised Members that this position reflected action taken by the Corporate Management Team to achieve underspends to help address the significant financial challenges facing the Council over the next few years and to fund one-off commitments not provided for in the approved 2013/14 budget as these items were not known at the time.

The agreed approach was that no specific decisions would be taken in relation to the use of underspends until the details of the Government's grant settlement were known. It was likely that this would not be available to the Council until November/December. Members were advised of the overall budget position for Child and Adult Services by Committee, the reasons for the forecast outturn together with planned capital expenditure, as detailed in the report.

Decision

That the contents of the report be noted.

The meeting concluded at 11.55 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 11 NOVEMBER 2013

ADULT SERVICES COMMITTEE

25 November 2013



Report of: Director of Child & Adult Services

Subject: THE LOCAL AUTHORITY MENTAL HEALTH CHALLENGE

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to provide the Adult Services Committee with information regarding the Mental Health challenge for Local Authorities.
- 2.2 Members of the Committee are requested to identify a 'member champion' for mental health and to sign up to the 'Time to Change' pledge to tackle mental health discrimination.

3. BACKGROUND

- 3.1 The 'Mental Health Challenge' has been set up by Centre for Mental Health, Mental Health Foundation, MIND, Rethink Mental Illness, Royal College of Psychiatrists and Young Minds.
- 3.2 The 'Mental Health Challenge' is funded by the Department of Health through the Mental Health Strategic Partnership.
- 3.3 The Association of North East Councils was approached by Kevin Jones, MP earlier this year with a request that Local Authorities in the North East consider supporting the 'Mental Health Challenge'.
- 3.4 The Government's Mental Health Strategy (2011) 'No Health without Mental Health' sets out six overarching objectives aimed at improving the mental health and wellbeing of the whole population and improving outcomes for people who use services:

1. more people will have good mental health
2. more people with mental health problems will recover
3. more people with mental health problems will have good physical health
4. more people will have a positive experience of care and support
5. fewer people will suffer avoidable harm
6. fewer people will experience stigma and discrimination

The strategy presents mental health as everybody's business with specific commitments to:

- Improve people's health and wellbeing.
- Keep people well.
- Ensure more people with mental health problems regain a good quality of life as quickly as possible.

3.5 Mental health affects everybody:

- One in five people has a mental health condition (such as depression or anxiety) at any one time.
- Around 50% of people with a lifetime mental health problem experience the first symptoms before the age of 14.
- Only 25% of people with mental ill-health receive any treatment.
- 90% of people in prison have at least one mental health condition.
- 25% of people in prison have a mental illness that requires specialist treatment.
- Mental ill health has an economic and social cost of £105 billion a year in England.
- Mental illness accounts for 23% of the total burden of disease but only 13% of NHS spending in England.
- Untreated mental illness adds around £10 billion a year to the cost of physical health care for people with long term conditions.
- People with severe and enduring mental illness die on average 20 years earlier than those without this diagnosis (source: <http://mentalhealthchallenge.org.uk>)

3.6 The mental health charity MIND has recorded a surge in calls to its helpline since the start of the recession. Calls to the charity concerning personal finance, employment and housing issues have doubled since 2008. The impact of the welfare reforms has yet to fully impact people who are already struggling to maintain minimum standards of living.

3.7 Councils have a key role in implementing the mental health strategy, ensuring that action is taken locally to achieve the strategy's objectives, improve mental health for all and the quality of support offered to people using mental health services.

4. PROPOSALS

4.1 The 'Mental Health Challenge' aims to achieve 100% sign up to the Local Authority Mental Health Challenge by Councils in England.

- 4.2 It is proposed that Hartlepool Borough Council considers joining other Councils in the North East who have signed up this initiative by nominating a 'member champion' for mental health and adopting the 'Mental Health Challenge'. Councils that join the Challenge will receive support and advice to drive this initiative forward.
- 4.3 The 'Mental Health Challenge' sets out some actions that will enable Councils to promote mental health across all of their business. These include:
1. Appoint an elected member as mental health champion for the Council.
 2. Work to reduce inequalities in mental health in the local community.
 3. Work with the NHS to integrate the support that people receive.
 4. Use the joint Health and Wellbeing Strategy to promote mental wellbeing.
 5. Encourage positive mental health in schools, colleges and the workplace.
 6. Sign up to the 'Time to Change' Pledge.
- 4.4 Hartlepool Borough Council is committed to delivering optimum mental health services and promoting wellbeing for its citizens in a wide variety of ways such as integrated mental health services, the Mental Health Forum and a variety of wellbeing initiatives within the public health framework. It is proposed that this work could be further supported by:
- Appointing an elected member as a 'champion'. This role would include raising awareness of mental health issues across the range of the Council's work and with other elected members as well as linking to the work of the Health and Wellbeing Board.
 - Sign up to the 'Time for Change' campaign by signing the 'Time to Change' pledge. This pledge is taken via a public e-display of signed-up organisations' commitments to tackle mental health discrimination. All participating organisations add their names to the online pledge 'wall' which currently includes various individuals and organisations including Local Authority Councils, NHS Trusts and Universities.
- 4.5 National mental health organisations will support participating Councils by:
- Providing resources (briefings, evidence and expert opinion) to help Councils take local action in support of the strategy.
 - Offering networking opportunities and peer support for champions, including through an annual meeting and the use of electronic media;
 - Recognising and acknowledging publicly the Councils that sign up to the challenge and the 'champions' they appoint.
- 4.6 The role of the Member Champion will be focused on influencing the full range of the Council's activities and responsibilities. Key activities of the role might include:
- Raising awareness of mental health issues in the development of Council policies and strategies and in public forums;
 - Ensuring the Audit and Governance Committee has a view to mental health in their workplans;

- Leading discussions on mental health issues with NHS organisations locally;
- Speaking with schools, business and community groups about mental health;
- Linking with mental health service users and voluntary groups locally to understand their needs and concerns;
- Tackling myths about mental health in the local community.

5. RECOMMENDATIONS

- 5.1 It is recommended that Hartlepool Borough Council supports the Centre for Mental Health's 'Mental Health Challenge' initiative to tackle stigma/discrimination and promote mental health and wellbeing by:
- Identifying a member champion for mental health and
 - Signing up to the 'Time to Change' pledge by adding Hartlepool Borough Council to the many other organisations, Councils and members of the public already posted on the online pledge wall.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Councils have a duty to promote their local communities' wellbeing and resilience. Public mental health has become a key issue. The current financial climate and welfare reforms have impacted on people's mental health and increased the risk of them developing both common and complex mental health problems.
- 6.2 The World Health Organisation predicts that depression will be the second largest cause of illness by 2020. MIND's information line received 50% more calls in 2012/13 than the previous years.
- 6.3 Signing up to the National Local Authority 'Mental Health Challenge' initiative and appointing an elected member as 'Mental Health Champion' across the Council will provide leadership and focus to ensure mental health and wellbeing is prioritised across all areas of the Council's work.

7. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

25 November 2013



Report of: Assistant Director - Adult Services

Subject: NORTH OF TEES DEMENTIA COLLABORATIVE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update on the work of the North of Tees Dementia Collaborative.

3. BACKGROUND

3.1 In 2009 the Government launched Living Well with Dementia: A National Dementia Strategy (NDS). This is a five-year plan for improving health and social care services for everyone with dementia and their carers. The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas:

- improved awareness;
- earlier diagnosis and intervention; and
- improved quality of care.

3.2 The Dementia Collaborative is a joint venture between health and social care organisations in Stockton and Hartlepool which will deliver large scale change across organisational boundaries in order that commissioning and delivery of services for patients with dementia are of the highest quality.

3.3 The collaborative is made up of following organisations:

- Hartlepool and Stockton on Tees Clinical Commissioning Group
- North Tees and Hartlepool NHS Foundation Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust

- 3.4 The collaborative approach uses the Quality Improvement methodology which has been developed by NETS (North East Transformation System) to deliver the improvements. This methodology is fundamentally about improving the quality of what we do and the elimination of waste. The method provides:
- a way of thinking about how work is done;
 - an operating philosophy for organisations who wish to deliver maximum value to customers as efficiently as possible; and
 - a way to deliver more value within the same resources.
- 3.5 The collaborative aims to improve quality and outcomes for people with dementia by:
- putting the person with dementia first and designing processes to maximise their experience;
 - providing care and support that is as safe as possible through using continuous improvement; and
 - providing care and support that is as effective as possible by agreeing standards based on the best available evidence.

4. PROGRESS TO DATE

- 4.1 The dementia collaborative began in January 2013 with plans to deliver seven Rapid Process Improvement Workshops (a week long process involving key people from all relevant organisations) focused on key issues affecting people with dementia.
- 4.2 The aim was for the seven workshops to be completed by the end of September 2013 and this has been achieved.
- 4.3 The latest Dementia Collaborative Briefing is attached as **Appendix 1** and outlines the remit of each RPIW and achievements to date.
- 4.4 The RPIW that looked at preventing unnecessary A&E attendances by people with dementia living in care homes was particularly successful. Based on the outcomes achieved in the pilot, Hartlepool and Stockton on Tees CCG has identified funding for the new approach to be rolled out to all care homes in Hartlepool and Stockton. A case study giving more information on this RPIW is attached as **Appendix 2**.
- 4.5 Although the focus of this work has been on improving outcomes for people with dementia, lots of the areas and processes that have been reviewed are equally relevant to older people without dementia and to other groups. The lessons learned and improvements made through the Dementia Collaborative will be rolled out where appropriate to benefit all people who access services.
- 4.6 The Dementia Collaborative was originally funded by Hartlepool and Stockton on Tees CCG for twelve months, until the end of September 2013. All organisations involved have seen the benefits of this approach, and the

dedicated project post that has driven this agenda forward. As a result, the five partners have committed to jointly fund the project for a further year until September 2014. The cost to the Council is £15,000, which is being funded from a 2013/14 managed underspend that has been created due to vacant posts being held.

- 4.7 As part of the programme, staff from each of the organisations involved were been offered the opportunity to access training and become Certified Leaders in the Quality Improvement approach. Two officers from Hartlepool Borough Council have completed this training and are now able to use their skills and learning to apply the RPIW approach to other areas of work. Two RPIWs have already taken place within adult services – one in September focusing on referrals and allocations and one in November looking at the assessment process.

5. RECOMMENDATIONS

- 5.1 The Adult Services Committee is asked to note the progress made by the North of Tees Dementia Collaborative and to receive further reports as appropriate.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To make members aware of the work that is being undertaken and the positive outcomes achieved to date.

7. CONTACT OFFICER

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Stockton and Hartlepool Dementia Collaborative

Briefing note 5 – September 2013

What is the Stockton and Hartlepool Dementia Collaborative?

The health and social care organisations in Stockton and Hartlepool have agreed to collaborate on a joint venture of delivering large scale change across organisational boundaries in order to commission and deliver health and social care of the highest quality for patients with dementia. The organisations involved are:-

- Stockton and Hartlepool Clinical Commissioning Group
- North Tees and Hartlepool NHS Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

What has been happening since the last briefing?

We have been testing and spreading the changes from the first five Rapid Process Improvement Workshops (RPIW) We have also held an additional two RPIWs.

1st RPIW Continuing Healthcare process from checklist to completion of Decision Support Tool

In January our first RPIW we focussed on the process of being considered for Continuing Healthcare and involved representatives from all of our five partners. We confirmed the process improvements with the pilot teams and started to roll out across all Stockton and Hartlepool. All the wards in North Tees and Hartlepool University Hospitals and all TEWV Older People's teams have now adopted the new processes and we are progressing the roll out to Acute Community services.

The new process includes:

- Standard information provided throughout for clients and their families
- Standard nursing assessment that meets the needs of the Decision Support Tool (DST)
- Standard process to ensure social workers assessments are completed and shared
- Streamlined process for booking a DST
- Standard process for DST meeting including scripted opening and dosing

What have we achieved:

- Annual saving of 2200 hours of staff time across all organisations including 1266 hours of nursing time because of re-designed paperwork releasing nursing time to be spent on patient care

2nd RPIW 'Preventing unnecessary attendance at A&E for people with Dementia living in Care Homes

Three care homes: Elwick Grange in Hartlepool and Cedar Lodge and Cherry Tree in Stockton attended the workshop together with staff from North Tees & Hartlepool and TEWV NHS Trusts and North East Ambulance Service.

The pilot has allowed us to demonstrate the benefits of the new processes to the Clinical Commissioning Group who have agreed to fund the roll out of these changes to all the Care Homes across Stockton and Hartlepool.

The new processes include:

- Regular physical health monitoring including when residents appear unwell
- Introduction of a document called 'All about me' to capture information about a person with

dementia that will help assist staff to provide better, more person centred care.

- Information sharing process to ensure documentation follows patients into and out of hospital
- Standard communication tool to report health deterioration to GPs, Nurses, 111 and 999 services
- Promotion of 'Deciding right' within care homes.

What have we achieved so far:

- Reduction in 999 calls per month of 33% across the 3 homes
- 100% of residents now receive basic physical observations to agreed frequency

3rd RPIW 'Assessment and discharge planning for persons with Dementia on an Acute Ward'

And

4th RPIW 'Managing behaviours from persons with Dementia that staff find challenging in an Acute hospital setting'

We carried out two workshops looking at different aspects of an acute hospital stay for people with a Dementia. These workshops included staff from North Tees & Hartlepool and TEWV NHS Trusts and Stockton Borough Council

The new processes include:

- Improving awareness of the patient's needs by encouraging use of 'All about me', improving communication between A&E, EAU and using a whiteboard behind patient's bed to display important information e.g. dietary requirements, mobility etc.
- Standard flowcharts to decide when and why to refer for specialist dementia support of Social Services input
- Ensuring key 'Memory' medication is available on the ward
- Standardised process for assessing behaviours that challenge

- Standardised process for devising and delivering intervention plan with support from Acute Liaison services
- Review of equipment available on ward for patients with Dementia and purchase of additional equipment as required
- Standardised process for involving carer in providing support on a voluntary basis

What have we achieved:

- Memory drugs are available ensuring no break in this key medication
- 24% improvement in the time from the first challenge identified by Acute staff to Acute Liaison referral
- 78% reduction in the time taken for Acute Liaison service to respond to a referral

5th RPIW 'Access to Intermediate care/Reablement for persons with Dementia'

The Reablement Service provides support to people who need help with day-to-day living. The service aims to help people to live as independently as possible for as long as possible in their own homes reducing the need for longer-term care services and to get more involved in their local community.

The workshop involved staff from Stockton and Hartlepool Social Services Reablement services and North Tees and Hartlepool Intermediate Care and focussed on increasing referrals into these services for persons with Dementia and how to tailor the service for this clients group.

The new process includes:

- Standard access pathways into reablement agreed for Stockton and Hartlepool from various settings e.g. Community, Acute Hospital etc
- Standard access route for reablement staff to obtain Mental health advice and support agreed
- Common Reablement guide for Stockton and Hartlepool developed which includes:

- Overview
- Access criteria
- Assessment info
- Access pathways
- Referral information required
- Section 2 notification with additional question re cognitive screening or Contact Assessment (SW)
- SBARD to guide referral information required with examples
- Directory of services including contact details
- Maximising the potential of reablement for people with Dementia
- Agreement to pilot introduction of Dementia Screening Tool in the Community for Acute Community staff
- Training needs for each staff group identified

What have we achieved:

- 60% increase in the number of people with a dementia accessing these services

The reablement services work with people for up to six weeks. We are also measuring the outcomes of the service for people with a Dementia and will be able to report this in future briefings.

6th RPIW was held w/c 15th July: 'Supporting People with Dementia to Live in their Own Homes'

The workshop team was made up of staff from North Tees & Hartlepool and TEWV NHS Trusts, Hartlepool and Stockton Borough Councils. The RPIW focussed on ensuring that the Social Care assessment process takes into account health information and provides a holistic support package that will maintain individuals with Dementia in their own home and minimize the need for un-necessary admissions to hospital and residential care.

We asked the RPIW participants whether the workshop had improved their team processes

'It will enable staff to attend patient with all relevant information and diagnosis.'

'It can only improve quality of assessment; but most importantly the service for the person and family/carer from start to end.'

The new process being tested includes:

- Agree a 'memory issue' trigger to prompt all services e.g. Acute Community, TEWV and HBC/SBC to check for involvement of each other when they receive a referral with for someone with possible cognitive impairment
- Streamline social care assessment process incorporating the 'All about me' document developed and adapted on previous RPIWs. We now have a process that ensures this person centred document is used by all partners in the collaborative including independent sector from the post diagnostic meeting onwards.
- Revise the care/support plan to provide a clear, easy to understand person centred document that meets the needs of domiciliary care providers

Feedback from our sponsors

Improvements to the support planning process will allow staff to be more efficient and effective and will support people to be independent in their own homes for as long as possible. This should have real benefits to the quality of life of people with dementia.

Jill Harrison, Hartlepool Borough Council
Liz Hanley, Stockton Borough Council

7TH RPIW was held w/c 9th September

The workshop team was made up of staff from North Tees & Hartlepool and TEWV NHS Trusts, Hartlepool and Stockton Borough Councils. This RPIW linked with RPIW 6 and focussed on the delivery of domiciliary care for people with a Dementia living in their own homes.

What did you like most about the workshop?

'The amount of process and documentation reviewed and produced over the week is unbelievable and would normally have taken months of consultation, ratification and protected time to complete'

'Having a voice and the opportunity to make a difference'

RPIW participants

The new processes include:

- Standardised and streamlined assessment process for setting up a new package
- Standardised & mistake proofed medication process
- Streamlined care files in client's homes to make it quicker and easier for care staff to access important information
- Pocket sized guide developed for care staff including practical suggestions for delivering care to people with a Dementia

Feedback from one of our sponsors

'It was great to see Providers, Commissioners, Health & Social Care staff working towards a common goal. I do feel the changes made will be translated into improved outcomes for people. Co-production at its best'

Neil Harrison
Hartlepool Borough Council

What is happening next:

We have come to the end of the first year of the collaborative which is also the end of my secondment as project lead. The five organisations have agreed that they want to continue to work collaboratively and are in the process of recruiting a project lead for a second year.

We have started to plan the work for year 2. A large part of the focus will be to share the improved processes we have tested with every ward, team, care home and care agency.

Would you like to be involved:

It is vital that we make sure that all people involved in Dementia care in Stockton and Hartlepool are represented in this improvement work in order to ensure we meet the objectives of the National strategy.

In particular we would like to hear from patient and carers to ensure your views are reflected in this improvement work. We would appreciate your suggestions on issues you would like the collaborative to tackle in year 2.

We will keep you up to date with our progress and provide further details of how you can input your ideas for in future briefings.

If you would like to be know more about or be involved in this work please contact the project lead (see below for contact information)

North Tees Dementia Collaborative

Case study: Preventing unnecessary attendances at A&E by people with a dementia living in a Care Home RPIW

What is the North Tees Dementia Collaborative?

In February 2009 the Government launched Living Well with Dementia: A National Dementia Strategy (NDS). This is a five-year plan for improving health and social care services for everyone with dementia and their carers.

In 2012 five Chief Executives with responsibility for providing health and social care services in Stockton on Tees and Hartlepool agreed to collaborate on a joint venture of delivering large scale change across organisational boundaries in order to commission and deliver health and social care of the highest quality focussing on improving services and outcomes for patients with dementia and their carers.

The statutory organisations involved are:-

- Stockton and Hartlepool Clinical Commissioning Group
- North Tees and Hartlepool NHS Foundation Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust

In addition the collaborative recognised the importance of engaging with both the independent and voluntary sectors.

The collaborative agreed to use the Quality Improvement methodology which has been developed by NETS (North East Transformation System). This methodology is fundamentally about improving the quality of what we do to meet the needs of people and, in so doing, eliminate waste. A rapid process improvement workshop (RPIW) is a key tool for change in this improvement methodology.

Engaging with the Independent Sector

In December 2012 representatives from every care home across Stockton and Hartlepool were invited to a high level mapping event. We mapped the health and social care processes for care home residents in order to identify the problems with the current processes. One concern was the response to deterioration in health that, if not responded to in a timely manner, can

Planning and Preparation

Three care homes, Cherry Tree, Cedar Lodge and Elwick Grange, volunteered to be the pilot sites for this RPIW. Throughout January and February 2013 two members of staff, one from TEWV and one from HBC, undertook the preparation tasks for the RPIW. This involved extensive data collection, information gathering and process mapping of the process from a resident becoming unwell to resolution which may involve a 999 emergency call, transport to A&E and possible admission.

In preparing for the workshop the processes under review were observed by the workshop leads. This enabled staff to clearly identify what steps were undertaken to manage each process from end to end, how long processes took and opportunities for improvement.

The focus and targets for the improvement workshop were developed and agreed during a series of planning meetings with attendance by the Sponsors, who represented SBC, HBC and HTH&H FT and the Process Owners, Care Home and A&E Managers.

The Workshop

The RPIW group was made up of representatives from the collaborative organisations, the pilot Care Homes and North East Ambulance Service. Initially they were trained to use lean methodology before focussing on A&E attendances. The RPIW group were provided with a range of data, information and value stream maps that had been collected and produced during the observations prior to the workshop.

Listening to a recorded 999 call emphasised the importance of being with the resident during the call to ensure a successful outcome

The RPIW group used this information to generate ideas to improve the experience of the residents and improve their collective processes.

The real benefit of this work has been that staff from multiple organisations have worked collaboratively to improve the service they provide creating strong relationships between the partners. This has provided an excellent platform for further collaborative work to improve outcomes and achieve efficiencies.

RPIW Improvements

The 'All about me' document incorporates the best of the Alzheimer's Society 'This is me' and Hospital Learning Disabilities Passport to provide a clear, concise picture of the resident to aid person centred care wherever they are

The following process improvements were implemented as a result of the RPIW:

- Development of a standard transfer document pack including North East ambulance Service documentation and 'All about me' document.
- Set up reduction by completing and holding these documents in care home records in readiness for any 999 call
- Using yellow folders to provide Visual control of the transfer document pack ensuring the paperwork follows the patient into and out of acute hospital with updating of record by acute staff if required.
- Introduction of regular health observations by residential homes, training provided by Acute Clinical educators.
- Introduction of SBARD tool for communications between care home and health staff for any concerns about resident's health deterioration.
- Agreed procedure for promoting 'Deciding right' within care homes.
- Communication plan and tools to ensure all other parties e.g. GPs, Acute community staff and relatives are informed of the changes.

Introduction of regular physical health monitoring by care homes has improved the interaction with the GPs and District Nurses resulting in a timely response to health issues and reducing A&E attendances

Key Outcomes

The introduction of the regular physical health monitoring and improved communication with GPs and Health professionals has resulted in a 33% reduction in the number of 999 calls made by the three care homes since the RPIW. This equates to 64 fewer 999 calls annually.

Over the course of a year there will be 31 fewer trips to A&E for these care home residents

Each resident has a standard document pack incorporating the 'All about me' and NEAS transfer form. These travel with the patient for planned and emergency hospital visits and have greatly reduced the number of phone calls from the hospital to the Care Homes to request information about the residents needs and preferences during a hospital stay. When a new resident moves into the care home the documentation is completed helping the staff get to know the resident and deliver person centred care.

All current residents and their families have been provided with information about 'Deciding right'. The care homes will then assist in arranging appointments with the GPs if the residents want to progress any of the Deciding right decisions. This forms part of the welcome process for new residents.

Estimated annual savings to the Health economy from these three care homes alone in reduced 999 calls, attendances at A&E and admissions are in excess of £33,000

Share & spread

The Stockton and Hartlepool Clinical Commissioning Group have agreed to fund the roll out of these processes to the remaining 54 Care Homes in Stockton and Hartlepool. The funding will be used to provide equipment for the regular physical health checks and training in all the agreed standard processes developed and tested by the pilot care homes.

We will monitor the impact of this roll out to ensure the improvements of the pilot are replicated.

ADULT SERVICES COMMITTEE

25 November 2013



Report of: Assistant Director - Adult Services

Subject: QUALITY OF CARE IN OLDER PEOPLE'S CARE HOMES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required, for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to update the Adult Services Committee on the results of the 2013 assessments of quality of care in older people's care homes, using the Quality Standards Framework.

3. BACKGROUND

3.1 The Quality Standards Framework (QSF) for older people's care homes, which was developed in partnership with providers and followed the Care Quality Commission Core Standards, was introduced in 2011/12.

3.2 The initial QSF assessment resulted in 6 of the 21 care homes achieving the top Grade 1 rating, 12 being rated as Grade 2 and 3 being rated as Grade 3. No care home fell within the lowest (Grade 4) banding.

3.3 Following the assessment, each provider was given a copy of their individual quality assessment report to review and consider the findings and to provide providers with the opportunity to address the areas identified as requiring improvement.

3.4 There were two appeals following the initial assessment completed in February 2013. Both were not upheld and the grades remained in place.

3.5 The outcome of this assessment determined the grades and fee levels for the older people care homes from April to October 2013.

3.6 In order to help people who require residential care, their families or carers, to make an informed choice when considering the range of homes available,

it was agreed with the providers that the reports and the grades would be made publicly available.

- 3.7 An explanation of the QSF process and the detailed reports were made available via www.hartlepool.gov.uk/gsf. A summary of the QSF process and grades for the homes is detailed in the 'Guide to Extra Care and Care Homes' booklet which is available both online and in hard copy.

4. QUALITY STANDARDS FRAMEWORK 2013

- 4.1 Officers held meetings with the managers of each of the homes to clarify how the 2012 judgements were arrived at and to discuss the areas requiring improvement. Managers were required to develop a detailed action plan to show how the improvements would be made.
- 4.2 The 2013 QSF assessment was undertaken between May and August 2013 and the action plans developed to address areas requiring improvement formed the basis of the assessment.
- 4.3 As part of the 2013 assessment Healthwatch Hartlepool were engaged to undertake the consultation with residents and the information gathered was used to support the assessment process. This approach brought another level of independence to the QSF assessment
- 4.4 The results of the 2013 QSF assessment will determine the grades and fee levels for the older people care homes for the year October 2013 to September 2014. The fee levels with effect from 21 October 2013 are as follows:

	Older People	Older People EMI*
Grade 1	£469	£486
Grade 2	£445	£463
Grade 3	£422	£440
Grade 4	£399	£417

*EMI refers to 'Elderly Mentally Infirm'

- 4.5 The fee levels include a 2.3% inflationary uplift based on the basket of inflationary indices that are used within the Cost of Care model which was developed by Price Waterhouse Cooper and has been used to support determination of fee levels for Hartlepool.
- 4.6 The assessment indicated further improvements in the evidence presented by providers and subsequently verified by officers with 11 of the 21 care homes achieving the top Grade 1 rating, 9 rated as Grade 2 and 1 rated as Grade 3. As in the previous year, no care home fell within the lowest (Grade 4) banding.

- 4.7 There were three appeals following the assessment completed in August 2013. Two of the appeals were not upheld and the grades remained in place, a third appeal was upheld and the grade for the home adjusted accordingly.
- 4.8 Detailed below is a list of the grades for older people's care homes with effect from 21 October 2013:

Care Home	Grade
Brierton Lodge	1
Four Winds	1
Gretton Court	1
Highnam Hall	1
Parkview	1
Queens Meadow	1
Seaton Hall	1
Sheraton Court	1
Stichell House	1
West View Lodge	1
Wynyard Woods	1
Admiral Court	2
Charlotte Grange	2
Clifton House	2
Elwick Grange	2
Gardner House	2
Lindisfarne	2
Manor Park	2
Warrior Park	2
Dinsdale Lodge	2
Ascot	3

5. NEXT STEPS

- 5.1 Officers will be undertaking a trend analysis of the results from the 2013 assessment to identify, with the involvement of providers, any areas for further development and future service improvements.
- 5.2 It has been agreed with providers that there will be a comprehensive review of the QSF process prior to the 2014 assessment. This will take into account forthcoming changes to the Care Quality Commission's standards as well as the frequency of assessments and how the assessment process is applied.
- 5.3 There is a commitment to implementing a QSF approach across all regulated services within Hartlepool. An assessment of care homes for adults with learning disabilities and mental health needs will commence in October 2013 using the same QSF principles and the model is currently being used to review in house day services for adults with disabilities.

6. RECOMMENDATIONS

- 6.1 The Adult Services Committee is asked to note the outcomes of the 2013 Quality Standards Framework assessments for older people's care homes and to note planned next steps in terms of analysing performance trends, further reviewing the assessment process and implementing the QSF approach for other providers.

7. CONTACT OFFICER

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