

ADULT SERVICES COMMITTEE

AGENDA



Monday 6 July 2015

at 10.00 am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Atkinson, Beck, Belcher, Loynes, Richardson, Tempest and Thomas

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 8 June 2015 (*for information as previously circulated*).

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

5. **KEY DECISIONS**

- 5.1 Day Opportunities – Consultation on Fairer Pricing Framework – *Director of Child and Adult Services*

6. **OTHER ITEMS REQUIRING DECISION**

No items.



7. ITEMS FOR INFORMATION

- 7.1 Tees Esk & Wear Valleys NHS Foundation Trust – Care Quality Commission Inspection Feedback – *Director of Child and Adult Services*
- 7.2 Outcome of Peer Challenge: Mental Health Service – *Director of Child and Adult Services*
- 7.3 Mental Health – S136 Update – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION: -

Date of next meeting – Monday 3 August 2015 at 10.00 am in Committee Room B, Civic Centre



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

8 June 2015

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Sandra Belcher, Sylvia Tempest and Stephen Thomas

Also Present:

In accordance with Council Procedure Rule 5.2 (ii) Councillor Paul Thompson was in attendance as substitute for Councillor Kelly Atkinson

Frank Harrison, Years Ahead Forum
Member of the Public – Evelyn Leck

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service, Adult Services
Leigh Keeble, Development Manager, Adult Services
Denise Wimpenny, Principal Democratic Services Officer

1. Introductions/Welcome

The Chair welcomed newly Elected Councillors to the Committee.

2. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Kelly Atkinson, Paul Beck and Brenda Loynes. It was reported that Councillor Atkinson's non-attendance was due to her role as Exams Officer in GCSE exams.

3. Declarations of Interest

Councillor Thomas declared a personal interest in Minute 8 as an employee of Healthwatch. Councillor Tempest declared an interest later in the meeting (Minute 8 refers).

4. Minutes of the meeting held on 9 March 2015

Received.

5. Matters Arising from the Minutes

In relation to Minute 68 decision (vi) – that feedback be provided to a future meeting of this Committee in relation to:-

- a) a review of Section 136 suite and crisis care arrangements
- b) the recent Peer Review and Care Quality Commission Review, it was reported that a feedback report would be provided to the July meeting of this Committee.

6. Waverley Allotment Group: Promoting Change, Transforming Lives Project Update *(Director of Child and Adult Services)*

Type of decision

No decision required – for information

Purpose of report

To update Members on behalf of the Waverley Allotment Group (WAG) Promoting Change, Transforming Lives Project and to inform Members of recent success at the National Gardening Against the Odds Awards and the Best of Hartlepool Awards.

Issue(s) for consideration

The report provided background information together with an update on progress made in relation to the Waverley Terrace Allotment Project. On behalf of WAG, the Council had submitted a Big Lottery Fund Reaching Communities Application to support the development of the project.

The project incorporated three key elements, Therapeutic Services, Employment and Training Services and Commercial Services, details of which were set out in the report. The overall cost of the project would be £475,000 over five years with £400,000 of funding being requested from the Big Lottery Fund Reaching Communities Programme and a £75,000 in-kind contribution from the Council. The first stage of the application had been approved and a stage two application had been submitted providing further information, to which a response was awaited.

The Head of Service was pleased to report that the project had recently achieved the National Gardening Against the Odds Award and had been

described by the judging panel “as a shining beacon of success”.

Whilst the benefits of the project were welcomed, some concerns were expressed that the restrictions placed upon allotment holders differed from the Group given that allotment holders were prevented from selling their produce. In response, Members were advised that whilst the Waverley Allotment Group were allowed to sell produce they could not do so at a profit.

Members noted and welcomed the commitment of allotment holders in relation to provision of surplus produce to food banks leading up to Christmas.

The Head of Service responded to further queries raised in relation to the project. In terms of delivery of the project, clarification was provided as to the reasons why the staff salaries had been set at the proposed level as well as the benefits of the project. In response to a request for clarification as to whether the Allotment Group was part of the Council or a separate entity, details of the management and operational arrangements were provided. The importance of ensuring that opportunities to use the site were extended as widely as possible to the community was emphasised including the need for partnership working with a range of voluntary sector organisations to facilitate this.

The Chair requested that a site visit be arranged for Members of this Committee.

Decision

- (i) That the contents of the report and comments of Members be noted.
- (ii) That a further report be submitted once a decision had been made on the Council’s Big Lottery Funding application.
- (iii) That a site visit to the Waverley Terrace Allotment site be arranged for Members of this Committee.

7. Provision of Information and Advice (*Director of Child and Adult Services*)

Type of decision

No decision required – for information

Purpose of report

To provide Members of the Committee with an update in relation to

provision of Information and Advice and the work that had been undertaken to ensure that Adult Services complied with the new requirements of the Care Act.

Issue(s) for consideration

The Assistant Director, Adult Services, presented the report which provided the background to the requirements of the Care Act including the requirement to ensure that there was comprehensive information and advice about care and support services in their area.

Linked to implementation of the Care Act, the Hartlepool Now site had been completely redeveloped and re-launched with a new provider. It was recognised that online services were not accessible by all residents, so the Hartlepool Now site was only part of the solution. People would also be able to access information and advice through factsheets and printed information downloaded by frontline staff from Hartlepool Now. There was also an information and signposting service, details of which were provided, as set out in the report.

In support of the report, a demonstration of the site was provided at the meeting which outlined how the site worked.

In the discussion that followed the Assistant Director responded to issues raised in relation to the type of information available on the site and the plans to further develop the site over time. In response to a suggestion from a member of the public that ratings of care homes should be available on the site, it was reported that residential and non residential providers, commissioned by Adult Services, would be required under their contracts to keep the site up to date regarding their services as well as promoting any regular activities or one off events. However, publication of care home ratings was the responsibility of the Care Quality Commission as regulator of the service as opposed to the Council.

A Member was pleased to note that the Hartlepool Now site was just one strand of the Council's Information Strategy and placed emphasis upon diversity and equality considerations and the importance of ensuring information of this type was disseminated by a number of methods.

Clarification on the next steps was provided including the process in terms of feedback on usage of the site.

Decision

- (i) That the contents of the report and comments of Members be noted.
- (ii) That the Hartlepool Now Site be promoted with residents and local communities as a means to access information and advice.

8. **Healthwatch Hartlepool Hospital Discharge Project: Action Plan** *(Director of Child and Adult Services)*

Type of decision

No decision required – for information

Purpose of report

To update Members in relation to Healthwatch Hartlepool's recent Hospital Discharge Project, and action that was being taken in response to the recommendations.

Issue(s) for consideration

The Assistant Director advised that the Hospital Discharge Project had been undertaken during 2014 and involved visits to key services and teams, interviews with staff and gathering of feedback from people who had experience of hospital discharge along with their families/carers. A report summarising the process and findings had been presented to the Health and Wellbeing Board on 12 January 2015, a copy of which was attached at Appendix 1. Work had been undertaken following that meeting involving Adult Services within the Council and hospital discharge leads within North Tees and Hartlepool NHS Foundation Trust to develop an action plan that responded to the recommendations made.

Members were referred to the Action Plan, attached at Appendix 2, which set out actions being taken to address each of the recommendations.

At this point in the meeting, Councillor Tempest declared a personal interest in this item of business indicating that her husband was an employee of Healthwatch.

Concerns were expressed that COPD patients had experienced difficulties, post discharge, contacting and obtaining support from the COPD Nurse via the Single Point of Access Service. The most appropriate means of addressing this issue was discussed. Reference was made to a recent scrutiny investigation in relation to COPD and it was suggested that the concerns of the Committee be reported to the Audit and Governance Committee as part of the scrutiny investigation monitoring process.

A Member made reference to previous concerns regarding bed blocking problems and welcomed the co-ordinated plan that had been established with a view to addressing this issue.

A Member commented on the importance of closely monitoring outcomes in response to recommendations to ensure improvements to the hospital discharge process were achieved.

Decision

- (i) That the recommendations made as a result of Healthwatch Hartlepool's recent Hospital Discharge Project and the actions being taken to address those recommendations be noted.
- (ii) The links to be Better Care Fund Plan be noted.
- (iii) The comments of the Committee in relation to access to the COPD Service be referred to the Audit and Governance Committee as part of the scrutiny investigation monitoring process.
- (iv) That actions/ outcomes in response to the recommendations of Healthwatch in relation to the recent Hospital Discharge Project be closely monitored.

9. **Care Homes – Verbal Update** (*Director of Child and Adult Services*)

Issue(s) for consideration

The Assistant Director provided a verbal update in relation to care provision in Hartlepool:-

Gardner House Residential Home

Community Integrated Care (CIC) as the provider of the service, has been considering the future of Gardner House residential home for some time. The building was not fit for purpose in the modern care market owing to the design, particularly the lack of en-suite facilities and the inability to be able to add them. This unsuitability had been borne out by poor occupancy rates which had been around 50% for a number of years. As a charity CIC had been suffering losses which were unsustainable and made the very difficult decision to close the home on 8 July 2015.

Briefings were held with residents and family members on 8 April. The briefings were handled in a very caring and professional way by CIC, with input from HBC. CIC worked in close partnership with all parties to ensure a safe transition and the social care workforce did everything they could to make sure information and support was available for families and residents at this difficult time.

There were sixteen residents who needed to move to alternative accommodation and all moves were completed during May 2015.

Four Winds Group

As reported in the local press, the proprietor of the Four Winds Group was convicted of two Health & Safety breaches in relation to Parkview

Residential Home in November 2014 and was given a custodial sentence on 16 February 2015. The provider was involved with five care homes within Hartlepool:

- Admiral Court Nursing Home
- Dinsdale Lodge Nursing Home
- Four Winds Residential Home
- Highnam Hall Residential Home
- Park View Residential Home

The Care Quality Commission had inspected the five homes in recent months and identified a range of concerns and breaches of regulations. This had resulted in all five homes being rated as inadequate under the new CQC rating framework with reports published on the CQC website that gave further detail.

The Local Authority and Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG) had been working with the provider over the last few months to provide support and oversight and to ensure that all residents were receiving safe and appropriate care and support.

The CQC had been considering taking further action in relation to the provider's registration.

Admiral Court

Due to the breaches of regulations identified by the CQC and the complex needs of a number of residents, the Four Winds Group advised the Council and partners that they intended to cease operating the home and, as a result, intended to give the 24 residents of Admiral Court 28 days notice to find alternative accommodation.

The CQC identified that 12 of the residents at the time needed to move to alternative accommodation within 7 days due to the complexity of their nursing care and support needs. Moves were facilitated for the 12 residents within the required timescale, and work was also undertaken to support the remaining residents to find suitable alternative accommodation. The last resident moved out of Admiral Court on Friday 5 June 2015.

A 'Lessons Learned Review' had been scheduled to review the process that had been followed in relation to Admiral Court to identify good practice and areas where improvements could be made if similar issues arose again. The outcome of this review would be reported to the Tees Safeguarding Adults Board.

Following conclusion of the update, the Assistant Director responded to queries raised by Members in relation to the impact of the closures. The need to ensure that there was adequate provision of nursing beds within Hartlepool to meet local demand was highlighted and an option for residents who may have been placed outside of Hartlepool to return was

also highlighted. It was noted that officers were working closely with the CCG on this issue, as had been reported to the Committee in November 2014.

Disappointment was expressed that five homes in the town had been rated as inadequate by the CQC and Members were keen to see improvements in this regard. The increasing pressures on Adult Social Care were discussed and the need to urgently examine the future of social care in Hartlepool and impact of continuing budget cuts was highlighted.

Decision

- (i) That the information given be noted and further detail be awaited.
- (ii) That the future of social care in Hartlepool and the impact of continuing budget cuts be explored.

The meeting concluded at 11.10 am

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 15 JUNE 2015

ADULT SERVICES COMMITTEE

6 July 2015



Report of: Director of Child and Adult Services

Subject: DAY OPPORTUNITIES - CONSULTATION ON FAIRER PRICING FRAMEWORK

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision, test (ii) applies: impact on one of more Council Wards.
Forward Plan Ref: CAS (036/15)

2. PURPOSE OF REPORT

- 2.1 To seek approval from the Adult Services Committee to engage with stakeholders regarding
- the service delivery model for the new Centre for Independent Living; and
 - the implementation of a fairer pricing framework for adult day opportunities.

3. BACKGROUND

- 3.1 Hartlepool Borough Council has provided building based day opportunities at Warren Road and Havelock since the early 1970s. Service delivery in the past has been limited by the restrictions of the building, which were at best designed around an industrial and rehabilitative model of community care, and have been added to or adapted over many years in an attempt to meet current standards.
- 3.2 Members will be aware of the proposal to move to a new Centre for Independent Living (CIL) in 2016 following consultation and approval in 2014.

4. ASSESSMENT OF NEED UNDER THE CARE ACT

- 4.1 The Care Act 2014 reinforces the duty for local authorities to assess need and determine eligibility for social care.

- 4.2 An assessment must be provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible.
- 4.3 The care and support planning process is there to help decide the best way to meet a person's needs.
- 4.4 As part of the planning process, the local authority will tell the person about their personal budget. This is the amount of money that the local authority has worked out it will cost to arrange the necessary care and support for the person. This includes any amount that the local authority is going to pay itself towards those costs.
- 4.5 Using the information from the personal budget the person can ask the local authority for a direct payment, to pay for the cost of arranging all or part of their own support.
- 4.6 Care and support is not a free service, people pay a contribution towards the cost of their care and support. People are only asked to pay what they can afford and the local authority will carry out a financial assessment. The person's income and any assets they own are considered to calculate how much they will contribute towards their care and support costs.
- 4.7 People who currently access existing day services do so using their personal budgets and make a contribution towards the cost of all support received based on their ability to pay (in line with the Council's Contribution Policy).

5. PROPOSALS FOR THE NEW CIL

- 5.1 Consolidating services in a single purpose built facility will enable best use to be made of available resources and will help to shift the focus and model to better support the aspirations of people using the services.
- 5.2 A reconfigured service in the proposed new facility will offer the opportunity to review staffing structures to reflect the aspirations and outcomes of those people who receive services.
- 5.3 The new CIL will provide an independent living resource designed to support the aspirations of people with a disability, aimed at those looking to live independently, or who may require reablement support to remain at home.
- 5.4 The new CIL will also provide a bistro, meeting spaces, a Main Hall and sensory garden which can be utilised by the local community, and the centre aims to extend its opening times to evening and weekends
- 5.5 The new CIL will accommodate a range of services that support adults with a disability to live more independently with a focus on promoting health and wellbeing, meaningful activity and access to community facilities and employment.

- 5.6 The existing day services at Havelock Street, Cromwell Street, Warren Road and Handprints will transfer to the new CIL, which will provide a range of support to approximately 120 people, many with complex and multiple disabilities. This will include;
- Hydrotherapy and Rebound Therapy
 - Autism accredited sensory support and relaxation suite
 - Art studio and craft sessions
 - Condition Management Programme (Long term conditions)
 - Training Kitchen (Independent living suite)
 - Bistro and catering facilities
 - Wheelchair accessible Sensory Garden
 - Accommodation for a team of 43 health and social care staff, including social workers, community nurses and allied health professionals.

6. PROPOSALS FOR A FAIRER PRICING FRAMEWORK

- 6.1 Previous consultations and engagement through the 'Working Together for Change' review of day services have identified that services have operated separate charging frameworks that are not equitable and consistent, and it is proposed that a new fairer pricing framework is introduced in 2016.
- 6.2 The current pricing framework is based on a number of factors and includes a set price for access to day services based on existing Personal Social Services Expenditure collection (PSSEX1) calculations. At present this rate is £41.60 per day for all individuals who access services.
- 6.3 In addition to this cost individuals will contribute to a subsidised meals service, transport to certain activities and, where excursions take place, may be asked to contribute to certain activities.
- 6.4 At present there is no framework in place to increase or reduce this rate linked to the needs of an individual and the support required. The same rate would be applied to an individual with no physical support needs who travels independently to the centre and brings their own meal as would be applied to a person with very complex needs who may require support from 2 staff at all times, including support at meal times and needs specialist transport.
- 6.5 It is proposed that the service will adopt a fair and equitable pricing framework that is linked to the support requirements of the individual.
- 6.6 The proposal would address current issues of equity and consistency and an impact assessment will be undertaken where any individual faces an increased cost for the service. Such cases would be managed on an individual basis with transitional arrangements made available and those affected offered the opportunity for a reassessment of need to be undertaken or a revised support plan developed.

- 6.7 Due to the relatively small numbers of people affected, officers and care managers would engage in face to face discussions to ensure people were able to make an informed choice about their provision and understand the impact of the proposed fairer pricing framework.

7. FINANCIAL CONSIDERATIONS

- 7.1 The proposed new framework will be based on the existing financial envelope for day services and it is anticipated that there will be no negative financial impact for the department.
- 7.2 There remains a risk, as with any service and market forces, that if prices are deemed too high that some individuals may chose to use their resource allocation and purchase from other providers. In this instance there is little the service can do to respond to market forces other than attempt to reduce overheads and ancillary costs should this happen.

8. ENGAGEMENT AND CONSULTATION

- 8.1 It is proposed that engagement and consultation with people using services and their families / carers / advocates is undertaken over a three month period from 1 September 2015 to 30 November 2015.
- 8.2 There will be a range of methods used to gather views including consultation events, a presentation to the Learning Disability Partnership Board and a telephone consultation with all carers.
- 8.3 The outcome from the consultation and engagement work will be reported back to Adult Services Committee in January / February 2016 for a decision regarding implementation of a new service model and pricing framework from September 2016.

9. RECOMMENDATIONS

- 9.1 It is recommended that the Adult Services Committee agree to the proposed process of engagement with stakeholders regarding:
- the service delivery model for the new Centre for Independent Living; and
 - the implementation of a fairer pricing framework for adult day opportunities.
- 9.2 It is also recommended that the Adult Services Committee receive a further report in January / February 2016 which will provide feedback on the consultation and engagement exercise and make further recommendations regarding the new service model and fairer pricing framework.

10. REASONS FOR RECOMMENDATIONS

- 10.1 For the Adult Services Committee to support the delivery of a fit for purpose service model within the new purpose built facility, linked to a fairer pricing framework.

11. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

6 July 2015



Report of: Director of Child & Adult Services

Subject: Tees Esk & Wear Valleys NHS Foundation Trust -
Care Quality Commission Inspection Feedback

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

2.1 To provide an update to the Adult Services Committee on the Care Quality Commission (CQC) inspection of services provided by Tees Esk & Wear Valleys NHS Foundation Trust (TEWV).

3. BACKGROUND

3.1 The role of the CQC is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings, to help people make choices about their care.

3.2 The CQC inspection framework changed in October 2014 and inspections are now based around five key questions about whether services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

3.3 There are a number of indicators and key lines of enquiry associated with each of the five domains and these are used to identify questions about the quality of care. Judgements are based on the result of an inspection, which will take into account intelligent monitoring, local information from the public, the Trust and other organisations.






- 3.4 The CQC give a service a rating for each of the five domains, as well as an overall rating for the service. Services are rated as:
- Outstanding
 - Good
 - Requires Improvement; or
 - Inadequate

4. CQC INSPECTION PROCESS

- 4.1 In January 2015, the Care Quality Commission undertook a comprehensive inspection of the services that Tees Esk & Wear Valleys NHS Foundation Trust are commissioned to provide which includes:
- Acute psychiatric wards
 - Community based services for working age adults, older people, learning disability and autism
 - Forensic inpatient / secure wards
 - Mental health crisis services
 - Child & Adolescent Mental Health Services
- 4.2 The inspection involved over 100 CQC inspection staff split into teams across the localities, which include North Yorkshire, Teesside, and Durham & Darlington. Prior to the inspection, the CQC requested data and intelligence in relation to services that TEWV provided and then chose a range of inpatient and community services to visit in each locality.
- 4.3 Within Hartlepool, the inspection focused on the Adult Mental Health Psychosis Team based at Stewart House and the Adult Mental Health Crisis Team based at Sandwell Park Hospital. Service users, general public, carers and other agencies were all offered the opportunity to meet with the CQC during the visit either on a one to one basis or within a group setting.

5. CQC INSPECTION OUTCOME

- 5.1 The inspection report was published on 11 May 2015. The overall rating given to TEWV was 'Good' with the following breakdown across the five domains:

Domain	Inspection Rating
Safe	 Requires Improvement
Effective	 Good
Caring	 Good
Responsive	 Good
Well Led	 Outstanding

The full inspection report is available at www.cqc.org.uk/provider/RX3.

5.2 Dr Paul Lelliott, CQC's Deputy Chief Inspector of Hospitals, said: *"People are entitled to services which provide safe, effective, compassionate and high quality care. Tees, Esk and Wear Valleys NHS Foundation Trust provides good and some outstanding services to a large population. We found a committed and caring workforce that was meeting the needs of its patients.*

"The staff we met were positive about their work and proud to be employed by Tees Esk and Wear Valleys. They trust the leadership team to manage the uncertainties, and lead the organisation in a way that enables them to concentrate on developing the services and delivering high quality care.

"While our overall finding is that the trust provides a Good service, we did find some areas for improvement. The trust has told us they have listened to our inspectors' findings and we are confident that the executive team, with the support of their staff, will work to deliver those improvements on behalf of all of their patients. We will return in due course to check that the improvements have been made."

5.3 CQC found that TEWV had a strong leadership team that promoted the delivery of good quality care with a clear statement of vision and values. The team was leading by example in focusing on quality and safety while improving the experience of staff working at the trust. Morale across all staff groups was high and staff felt engaged in the continuous improvement of services across the trust.

5.4 TEWV provided effective services that met people's needs in line with national guidelines. It monitored information routinely about patient care, treatment and outcomes to improve the quality of care and staff fully understood their responsibilities to raise concerns and report incidents.

5.5 There were good systems in place for multidisciplinary working between the staff and with other agencies in all of the core services. This was particularly evident in relation to the safeguarding of vulnerable adults, children and young people. TEWV regularly reviewed its staffing levels to keep people safe and published these on their website.

5.6 Although staff planned services in consultation with health and social care partners and commissioners, some patients remained on TEWV's learning disability wards longer than necessary because there were no suitable places for patients to move to.

5.7 Inspectors found safe management of medicines across all sites. However, on wards for older people where some medicines were administered covertly (disguised by mixing with food or drink), authorisation for this was not always recorded in patient notes in line with Trust policy.

5.8 CQC provided 12 service based overview reports in relation to the inspection of TEWV provision which included the following comments relating to Hartlepool:

- We observed a team meeting at Hartlepool psychosis service and saw training dates were provided to staff to make them aware of Mental Health Act (MHA) training as well as Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Tees psychiatric liaison team had arranged bespoke training for staff about the MHA, MCA and DoLS.
- We found some good examples of how teams ensured that the physical healthcare needs of patients were being met. For example, Hartlepool psychosis service provided physical wellbeing appointments to patients annually. Electrocardiograms (ECGs), blood tests, body mass index (BMI) checks, smoking cessation, blood pressure and sexual health checks were offered and discussed.
- Patients at Hartlepool psychosis team attended a hearing voices group weekly at the team base. They told us this had kept them out of hospital and the team were very helpful and always at the end of a phone.
- We found some good examples of how teams worked proactively to engage with people who found it difficult or were reluctant to engage. An example of this was at Hartlepool psychosis service where they met patients in local cafes and care programme approach (CPA) reviews took place in patients' homes if needed.
- Some of the health based 'place of safety' environments did appear clinical in appearance with bare walls and no wall art giving a spartan appearance. The health based 'place of safety' at Hartlepool had been decommissioned because it did not provide a suitable environment.
- Information provided by the trust showed that 100% of young people had accessed a tier two service within four weeks at Stockton and Middlesbrough. At Hartlepool 93% had accessed a service within eight weeks. Staff reported that the transfer from tier two to tier three was seamless.

6. GOOD PRACTICE AND AREAS FOR IMPROVEMENT

6.1 The reports highlight several areas of good practice, including:

- The learning disability and autism service had a steering group and champions for positive behaviour support. The role and purpose of the group and champions was to embed teaching and learning across locations to ensure positive behaviour support was an effective tool to manage complex behaviours which challenged.

- The implementation of a programme within substance misuse services to provide emergency medical treatment for those identified as high risk of opiate overdose was reported to have prevented a number of deaths in the community.
- In the wards for older people staff were using specialist computer programmes to enable them to interact with people with memory problems in a positive way.
- Some excellent examples of crisis teams encouraging patients to develop advance directives to help them determine their future crisis care needs.
- The pharmacy team had worked with some of the wards to develop and implement robust step down procedures to support patients in managing their own medicines in preparation for when they moved on from the ward.

6.2 Inspectors said that TEWV must improve in some areas, including:

- Taking action to review the covert administration of medication without reference to the pharmacist or a best interest meeting.
- Ensuring that in the acute wards, intervention plans are in place that clearly outline measures to manage any risks to patient safety.
- Ensuring that each patient in the learning disability wards has a comprehensive discharge plan which is holistic and person-centred.

6.3 Martin Barkley, Chief Executive of TEWV, responded to the inspection outcome by saying, 'This is an extremely positive report and is a testament to the commitment of our staff to providing excellent services. We were particularly pleased that the care we provide was found to be outstanding or good across all our services. This is reflected in the narrative of the report which contains dozens of comments about the positive, caring attitudes of our staff.'

6.4 Martin Barkley also noted that 'during their visits to all of our 69 wards and more than 50 of our community teams the inspectors did highlight a few areas for improvement. We have already carried out 50% of the work required to address the issues they raised and have plans in place to complete the remainder'.

7. RECOMMENDATIONS

7.1 It is recommended that the Adult Services Committee note the outcome of the recent CQC inspection of TEWV services and receive a further report in six months to outline progress made by TEWV in implementation of the CQC recommendations.

8. REASON FOR RECOMMENDATIONS

- 8.1 The CQC inspection process and outcome provide assurance in relation to the quality of services provided by TEWV across the Trust, including those within the Hartlepool locality.

9. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

6 July 2015



Report of: Director of Child & Adult Services

Subject: Outcome of Peer Challenge: Mental Health Service

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

2.1 To provide an update to the Adult Services Committee on the outcome of the peer challenge of mental health services that was undertaken through the Local Government Association in November 2014, and progress to date in relation to areas identified for consideration.

3. BACKGROUND

3.1 As part of Sector Led Improvement within the North East ADASS Region all Councils agreed to the Local Government Association (LGA) undertaking a peer challenge within adult social care over a three year period.

3.2 Hartlepool Borough Council's peer challenge took place in November 2014 and was focused on mental health services.

3.3 The peer challenge took place over a three day period and considered the following:

- the delivery of mental health social care services by the Council within the current partnership arrangement, to ensure that people using mental health services receive high quality, timely, and accessible social care.
- current achievements and any opportunities to improve the design and / or delivery of these services.
- helping the Council ensure that, wherever Social Workers are managed, the optimum infra-structure is in place to ensure that their role achieves the best possible social care outcomes for people with mental health problems.

- 3.4 Hartlepool Borough Council delivers adult mental health social care services under a s75 partnership agreement with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). TEWV is a large provider of acute, community and specialist mental health and learning disability services, operating over several local authority areas. In Hartlepool, social care staff have worked for 10 years in Integrated Community Mental Health Teams, managed and located within the Trust.
- 3.5 As part of the peer challenge, a team of experts from other areas of the country (including an Elected Member peer, a health peer and a number of senior officer peers from other local authorities) met with a range of stakeholders to discuss their experiences of services. Those interviewed included managers, frontline staff, people who user services and carers, service providers, commissioners and representatives from HealthWatch and the voluntary and community sector.
- 3.6 Recommendations from the review team were based on a triangulation of what they had read, seen and heard. Using existing materials, interviewing staff and using feedback from focus groups, they were able to scrutinise the delivery of mental health services focusing on the current partnership arrangements with Tees Esk & Wear Valley NHS Foundation Trust.
- 3.7 The review focused on 3 key themes; service delivery, working together and vision, strategy and leadership and for each area the team identified key strengths and areas for consideration as summarised below:

	Service Delivery	Working Together	Vision, Strategy and Leadership
Key Strengths	Benefits of integration recognised and supported at all levels	The importance of the HWB was recognised as a lever for change	The Mental Health Champion is passionate about improving services
	Strong performance in number of people using Direct Payments	The MH Forum and MH plan were good examples of interagency working.	The Council's committee structure allows all members to be involved in a proactive manner
	Evidence of different disciplines sharing tasks	Good multi agency development of a Mental Health Crisis Concordat Plan	There is a willingness to ensure a clear strategic direction of travel for mental health
Areas for consideration	Capacity within the teams with pressures on AMHP rotas	Ensure data is pooled to better inform planning	Ensure mental health is woven into wider corporate and financial planning and given higher priority by HWB
	Availability of professional leadership and supervision needs to be consistent across teams	Council to consider closer working relationships across Tees to effect strategic commissioning	Recent changes in personnel represents an opportunity to clarify and streamline roles and responsibilities
	Informal communication across teams could be improved	Further work to reduce high levels of placements in long-term care	Clarify the implications of the Care Act in relation to mental health

4. CQC INSPECTION PROCESS

- 4.1 Following the peer challenge, an action plan was developed in partnership with TEW to address the areas for consideration that were identified. This is attached at **Appendix 1**.
- 4.2 The action plan indicates that all of the areas identified have been given further consideration, with actions taken in a number of areas. Most notably, this includes:
- Development of the Joint Mental Health Implementation Plan to provide clear strategic direction and raise the profile of mental health issues through the Health & Wellbeing Board.
 - A review of capacity within the mental health teams resulting in two additional posts being funded (one by TEWV and one by Hartlepool Borough Council).

5. RECOMMENDATION

- 5.1 It is recommended that the Adult Services Committee note the outcome of the peer challenge and work that has been undertaken in the areas identified for further consideration.

6. REASONS FOR RECOMMENDATION

- 6.1 The peer challenge process identified a number of strengths and some areas for further consideration. This report provides the Committee with assurance that these areas have been considered and that action has taken where required.

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7.2 APPENDIX 1

Areas for Consideration	June 2015 Update
Capacity within the integrated teams with pressures on AMHP rotas.	<ul style="list-style-type: none"> Recruited additional AMHP & Social Care Officer to alleviate the pressure on AMHP function. In addition TEWV have funded an additional Band 5 post to provide therapeutic support.
Availability of professional leadership and supervision needs to be consistent across teams	<ul style="list-style-type: none"> TEWV & HBC supervision polices are being streamlined. Locality Manager and Head of Service to agree rationale for supervision with any issues to be discussed at Section 75 meetings.
Informal communication across teams could be improved	<ul style="list-style-type: none"> Team meetings planned and Section 75 Partnership meetings to recommence. Joint team event planned to seek the views of workers and inform teams of recent changes since peer challenge.
Further work to reduce high levels of placements in long-term care	<ul style="list-style-type: none"> Examined the admissions of people aged under 65 into residential care, 14 people placed in 2014/15, 8 with mental health needs. Data suggests need required for less restrictive care alternatives, eg shared living, supported accommodation which are being explored.
Council to consider closer working relationships across Tees to effect strategic commissioning	<ul style="list-style-type: none"> Agreed to include mental health issues within the Tees Integrated Commissioning Group. Action plan developed to support Crisis Care Concordat. Regional Forensic Forum and AMHP Forum in place.
Ensure data is pooled to assist with planning, using data to better inform planning	<ul style="list-style-type: none"> Performance meeting held with HBC & TEWV management information and Team Managers to ascertain what would be useful to capture, to support better planning.
Ensure mental health is woven into wider corporate and financial planning and given higher priority by HWB	<ul style="list-style-type: none"> Joint Implementation Plan for Mental Health approved by Adult Services Committee and referred to the Health & Wellbeing Board. Mental Health Forum has good representation.
Recent changes in personnel represents an opportunity to clarify and streamline roles and responsibilities	<ul style="list-style-type: none"> TEWV have appointed a new Hartlepool Locality Manager and Tees Adult Services lead. Team Manager role has been reviewed and clarified and a proposal to include a Reablement & Review function in the team is being implemented
Clarify the implications of the Care Act in relation to mental health	<ul style="list-style-type: none"> New advocacy service has been commissioned. Review & Re-ablement system being implemented. Further work needed with access teams and Duty Team. Streamlined assessment and care management documentation agreed. Revised framework implemented for carer support. New Mental Health Code of Practice distributed. Hartlepool Now site developed.

ADULT SERVICES COMMITTEE

6 July 2015



Report of: Director of Child & Adult Services

Subject: MENTAL HEALTH - S136 UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To provide an update to the Adult Services Committee on the relocation of the s136 assessment suite to Roseberry Park Hospital and wider developments to support people experiencing a mental health crisis.

3. BACKGROUND

- 3.1 A report to Adult Services Committee on 1 May 2014 outlined the rationale for relocating the s136 assessment suite to Roseberry Park; namely the Royal College of Psychiatrists' recommendations and the outcomes of an impact assessment in relation to the environment at the former Sandwell Park s136 assessment suite.
- 3.2 A number of concerns were raised in respect of the move namely the distance for Hartlepool citizens to travel, the timeliness of conveyance of patients and staff and concerns in relation to police intervention.
- 3.3 Since the earlier report a number of key policy directives have been implemented that impact on both the future direction of travel of mental health services, and key stakeholders duties and responsibilities. These policy directives were outlined in a report to Adult Services Committee on 9 March 2015.
- 3.4 The s136 suite at Roseberry Park is a Tees Wide service that has been formally inspected by the Care Quality Commission, and is currently commissioned by the North East Commissioning Support Unit on behalf of Hartlepool & Stockton on Tees Clinical Commissioning Group and Redcar &

Middleborough Clinical Commissioning Group to provide crisis support and assessment for people with a mental health crisis.

4. SERVICE DELIEVRY

- 4.1 A Crisis Assessment Unit was recently commissioned by the two Tees Clinical Commissioning Groups. This unit is based at Roseberry Park Hospital and is operational 24 hours a day, 7 days a week. Patients are able to self refer to the assessment unit and will be seen by qualified mental health staff who work in collaboration with locality teams for any follow up once the Crisis Team are no longer required. The s136 suite is part of the Crisis Assessment Unit and is permanently staffed.

5. PATIENT EXPERIENCE

- 5.1 As part of the CQC inspection in January 2015, a range of patients and carers were interviewed both on an individual and group basis by CQC inspectors to gain their views on the services that they receive from TEWV NHS Trust. Overall, the feedback was positive in relation to the care and treatment received.
- 5.2 Initial feedback from Cleveland Police and the North East Ambulance Service in relation to the new Crisis Assessment Unit is that the experience for patients, carers and other agencies is greatly improved. The feedback is limited at this point in time with the unit only commencing officially from 1 June 2015 but patient outcome data will be collected on an ongoing basis.

6. CQC MENTAL HEALTH ACT MONITORIING VISIT

- 6.1 As reported to Adult Service Committee 9 March 2014, the CQC undertook an announced visit to Tees Esk & Wear Valley NHS Foundation Trust (TEWV) in December 2014. By law, the CQC is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act. Mental Health Act Reviewers do this on behalf of CQC by interviewing detained patients or those who have their rights restricted under the Act and discussing their experience. They also talk to relatives, carers, staff, advocates and managers and review records and documents.
- 6.2 This visit looked at how TEWV worked with other agencies including local authorities, police and ambulance services to ensure that the right people were involved in the process; showed evidence of assessment outcome and why detention under the MH Act was necessary; demonstrated adherence to the guiding principles of the MH Act Code of Practice and complied with the requirements of law.

- 6.3 The key developments that were reviewed included:
- The closure of the section 136 suite at Sandwell Park Hospital, Hartlepool and centralisation of section 136 provision at Roseberry Park Hospital, Middlesbrough, where the police could take people who appeared to have mental health problems.
 - The Street Triage Team (STT) pilot in the Middlesbrough area in conjunction with Cleveland Police
 - The improved working arrangements between Approved Mental Health Practitioners (AMHPs) of all four local authorities (Hartlepool, Middlesbrough, Stockton and Redcar and Cleveland) and improved effectiveness of the emergency duty team that covers all four boroughs outside of core working times
- 6.4 CQC fed back that ‘the patients and carers we spoke with said that the staff had treated them with respect and courtesy. When one nearest relative recounted the circumstances of her daughter's MHA assessment to us she said that the people attending in her home “were all respectful”. She also said that “the community psychiatric nurse was outstanding” in the way she had responded to her request for help by visiting them four times in the week of her daughter's admission and by visiting within an hour of her call on the day of the assessment’.
- 6.5 In each report CQC reviewed they saw that the AMHP had made a full record of the patient's own views and those of their nearest relative. Evidence was present of interpreters being provided when needed. While some AMHPs reported that they were concerned by the closure of some community resources, it was confirmed to CQC that a review had been undertaken which showed that none of the patients who had formerly used the services had since been admitted to hospital and no evidence was found that the hospital was being used because there were insufficient community alternatives.
- 6.6 Key areas for improvement for the Tees area were identified as follows:
- AMHPs were spending long periods of time attempting to locate section 12 approved doctors
 - AMHPs and trust staff reported that at times they experienced long delays in accessing transportation via the ambulance service to convey the assessed service user to hospital.
 - An increase in the number of service users self-presenting at the reception of Roseberry Park Hospital at night was identified as a risk.
- 6.7 In response to the recommendations:
- actions are already being put in place to rectify the issue regarding availability of Section 12 doctors
 - additional funding has been allocated by the CCG to reduce conveyance times with the ambulance service; and
 - Funding has been agreed to develop additional resources to support people self-presenting at Roseberry Park.

7 CRISIS CARE CONCORDAT

- 7.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.
- 7.2 In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:
- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
 - **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
 - **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
 - **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.
- 7.3 The Mental Health Forum and key strategic partners (including the Tees Local Authorities, Cleveland Police, Cleveland Fire Brigade, North East Ambulance Service, TEWV NHS FT and the two acute Foundation Trusts) have signed up to the principles of the Crisis Care Concordat. An action plan is being developed by March 2015 through the Tees Crisis Concordat Working Group, which will also monitor progress against the agreed actions.

8. RECOMMENDATIONS

- 8.1 It is recommended that the Adult Services Committee note the update on the relocation of the s136 assessment suite to Roseberry Park Hospital, and the wider developments underway to support people experiencing a mental health crisis.

9. REASONS FOR RECOMMENDATIONS

- 9.1 The update provides the Committee with assurance in relation to current service provision and future direction of travel for people experiencing a mental health crisis, with further work to be taken forward through the Teeswide Crisis Care Concordat action plan.

10. BACKGROUND PAPERS

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

<https://www.gov.uk/government/news/better-care-for-mental-health-crisis>

<https://www.gov.uk/government/consultations/changes-to-mental-health-act-1983-code-of-practice>

11. CONTACT OFFICERS

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