

ADULT SERVICES COMMITTEE AGENDA



Monday 18 January 2016

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 14 December 2015 (*for information as previously circulated*).

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.



6. OTHER ITEMS REQUIRING DECISION

No items.

7. ITEMS FOR INFORMATION

- 7.1 Better Care Fund – Update on Progress – *Director of Child and Adult Services*
- 7.2 Mental Health Update – *Director of Child and Adult Services*
- 7.3 Mental Health Update: S136 Assessment Suite and Crisis Services – *Director of Child and Adult Services and Tees Esk and Wear Valley NHS Foundation Trust: Hartlepool Locality Management Team*
- 7.4 Update on Care Home Provision (Verbal Update) – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Monday 15 February 2016 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

14 DECEMBER 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: Councillor Allan Barclay as substitute for Councillor Paul Beck in accordance with Council Procedure Rule 5.2.

Frank Harrison – Years Ahead Forum
Members of the Public – Evelyn Leck, Sue Little, Stella Johnson
and Gordon Johnson

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service, Adult Services
David Ward, Head of Finance, Child, Adult Services and Public Health
David Cosgrove, Democratic Services Team

48. Apologies for Absence

Councillors Paul Beck and Brenda Loynes.

49. Declarations of Interest

Councillor Steve Thomas declared a personal interest as an employee of Healthwatch.

50. Minutes of the meeting held on 9 November, 2015

Received.

51. Disabled Facilities Grants (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

The issue of Disabled Facilities Grants and how cases are prioritised was referred by the Regeneration Services Committee on 24 September 2015 to the Chair of the Adult Services Committee to explore the potential to reduce the waiting list.

The purpose of the report was to clarify the current process for accessing Disabled Facilities Grants, and the methods used to prioritise cases.

Issue(s) for consideration

The Assistant Director, Adult Services reported that a Disabled Facilities Grant (DFG) was provided to support someone with a disability to make changes to their home, for example to:

- widen doors and install ramps
- improve access to rooms and facilities – e.g. stair-lift or a downstairs bathroom
- provide a heating system suitable for their needs
- adapt heating or lighting controls to make them easier to use

A DFG could be up to £30,000 and did not affect a person's benefits. The amount a person received depended upon their household income and savings and they may need to contribute towards the costs of the work.

The current process started when a request for an assessment and support was received into the Department. Options are then explored including signposting to relevant others; using the Trusted Assessor at the Centre for Independent Living and providing minor equipment; and Reablement Services. If these options do not meet the identified need a further and more comprehensive assessment is undertaken.

The further assessment by a relevant professional involves looking at the available options in more detail including the provision of minor equipment; accessing domiciliary care services and exploring re-housing opportunities. If these options do not meet the identified need and an adaptation is acknowledged via the assessment process to be the most suitable and cost effective option the DFG process is commenced via an Occupational Therapist within Adult Services. This takes into account the Professional Guidance – The Provision of Equipment and Housing Adaptations for Disabled People (February 2014) which sets out the criteria to be used. All work is completed taking into account the principles of meeting assessed need in the most cost effective way and the national good practice guidance provided.

Typical works covered by a grant include: installation of stair-lifts; bathroom and kitchen adaptations; installation of ramps and extensions.

Details of how many such adaptations had been undertaken in the past twelve months were set out in the report.

As reported to Regeneration Services Committee on 24 September 2015, the funding allocation that the Council received for disabled facilities grants had been insufficient to meet local needs for a number of years. The report to Regeneration Services Committee was attached as appendix to the report. The Assistant Director reported at the meeting that additional one-off funding of £500,000 had recently been approved to address the waiting list in the current financial year from the Better Care Fund. The Assistant Director stressed this would be one-off funding and would not address the longer term issue of funding for DFGs. Consideration is to be given to additional recurrent funding at the next Better Care Fund Pooled Budget Partnership Board.

Councillor Barclay, the Council's Armed Forces Champion, questioned the provision of DFGs to ex-armed forces personnel, an increasing number of which were leaving the service with some form of disability, as he had not been aware of these grants and doubted many ex-service personnel were aware. The Assistant Director stated that the criteria for DFGs were nationally set and ex-armed forces personnel were treated no differently to any other eligible applicants. In response to further questions from Councillor Barclay, the Assistant Director stated that the authority would not know if an applicant was ex-forces unless they declared it and it was therefore not possible to say how many veterans had applied. Information on the grants could be reinforced with ex-service groups and Councillor Barclay indicated that he would raise the issue with the Tees Valley Armed Forces Forum.

A Member expressed some concern at the timescales involved and the Assistant Director indicated that this was reflective of the assessment process and the pressure the service was under. The Councillor also expressed concerns that in light of the government's general push towards people remaining at home within their own community rather than going into residential care, the need for adaptations and DFGs would only increase and without proper funding from central government too many people would be waiting too long for these services. The Councillor suggested that pressure through the Local Government Association should be applied to government to raise this issue. The Assistant Director reported that there had been an announcement in the comprehensive spending review of additional monies for DFGs being made available by government by 2020 but there was little detail in the announcement.

The re-use of equipment was questioned and the Assistant Director stated that where possible, equipment would be re-used where it was serviceable. Some equipment and adaptations could, however, be very site specific or custom installations.

Reference was made to recent changes in planning regulations that may

affect the potential for properties being fully accessible by disabled people. The Chair requested that further details be reported to the Committee.

Decision

1. That the report be noted.
2. That officers look to increasing the awareness of Disabled Facilities Grants among the ex-armed forces community.
3. That a report be submitted to a future meeting on the changes to planning regulations that affect disabled access to future development.

52. Learning Disability Self-Assessment Framework 2014/15 (*Director of Child and Adult Services*)

Type of decision

Non key decision.

Purpose of report

The purpose of the report was to:

- update the Adult Services Committee on the results of the ninth annual learning disability performance and self assessment framework (SAF);
- seek approval to share the findings of the report with the Health and Wellbeing Board; and
- seek approval of the key priorities agreed by the Learning Disability Partnership Board.

Issue(s) for consideration

The Head of Service, Adult Services reported on the background to the self assessments and indicated that Hartlepool Borough Council and Hartlepool and Stockton on Tees Clinical Commissioning Group had completed the joint self assessment and, following validation by NHS England, the report set out the outcomes which were positive for Hartlepool.

The SAF Self Assessment Framework) was applied alongside the following policies and guidance documents;

- Winterbourne View Concordat Report
- Adult Social Care Outcomes Framework (ASCOF)
- Public Health Outcomes Framework (PHOF)

- The Health Equalities Framework (HEF): an outcomes framework based on the determinants of health inequalities
- National Health Service Outcomes Framework (NHSOF)
- The 6 Lives Report 2009 - an investigation into the deaths of six people with learning disabilities who were in the care of the NHS

The SAF was measured against three distinct areas, using a traffic light rating system (Red, Amber, and Green)

- | | | |
|----|-----------------------------|----------------|
| 1. | Section A - Staying Healthy | (9 Indicators) |
| 2. | Section B – Keeping Safe | (9 Indicators) |
| 3. | Section C – Living Well | (8 Indicators) |

Hartlepool was ranked third amongst the twelve Local Authorities in the North East. National data indicated that Hartlepool was ranked 25 of 152 Councils across England.

The Hartlepool Learning Disability Partnership Board discussed the SAF outcomes and identified the following priorities for 2015/16;-

1. Staying Healthy – Improving reasonable adjustments in primary care
2. Staying Healthy – Offender Health and Criminal Justice System
3. Keeping Safe – All care packages to be reviewed within 12 months
4. Keeping Safe – Learning Disability Service, contract compliance
5. Living Well – Local amenities and transport
6. Living Well – Effective joint working

Concern was expressed regarding access to services at the Centre for Independent Living (CIL) on an evening due to the lack of bus services. The Chair commented that this was something that Members were aware of and hoped to address in the future.

Members questioned the areas for improvement and how they were being tackled. The Head of Service commented that many of the areas where the assessment had been scored red were outside of the local authority's control and some were simply impossible to achieve. Members noted the positive work that the authority did with a number of groups for people with learning disabilities in the town and felt this showed the value of such consultative arrangements that needed to be protected. Concern was expressed, however, at the changes in adult education. The Head of Service reported that there had been some curriculum changes but officers were looking at the potential for adult education courses at the new CIL when it was opened.

Decision

1. That the contents of the report be noted;
2. That a progress report is shared with Health and Wellbeing Board;
and

3. That the priorities that the Learning Disability Partnership Board had proposed for 2015/16 be supported and approved.

53. Strategic Financial Management Report – as at 30 September 2015 (*Director of Child and Adult Services and Chief Finance Officer*)

Type of decision

For Information.

Purpose of report

The purpose of the report was to inform Members of the 2015/16 forecast General Fund Outturn, 2015/16 Capital Programme Monitoring and provide details for the specific budget areas that this Committee was responsible for.

Issue(s) for consideration

The Head of Finance, Child, Adult Services and Public Health outlined the overall financial position for the Council as set out in in the Medium Term Financial Strategy Report submitted to the Finance and Policy Committee on 23 November 2015. At this stage the detailed financial picture was unclear until the final settlement figures had been given to local authorities which was expected later this week.

Specifically in relation to Adult Services, the Head of Finance reported on the current position in relation to both the revenue and capital budgets. At this stage a £398,000 underspend was predicted for the department as a whole and should this remain at the end of the financial year it was proposed that two specific adult services reserves be created to assist the budget position in the following year in relation to Demographic Pressures in Adult Social care and Telecare Equipment.

Decision

That the report be noted.

54. Care Home Update and Action Plan (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To provide the Adult Services Committee with an update in relation to care home provision and actions progressed since the October 2015.

Issue(s) for consideration

The Assistant Director, Adult Services reported that Care Home Provision for Older People was discussed in detail at the Adult Services Committee meeting on 12 October 2015, when representatives from the Care Quality Commission (CQC) and Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) were in attendance.

An update on changes and developments in the care home sector from September to November 2015 was submitted and an update in this format would be shared with the Adult Services Committee on a regular basis while concerns remain regarding the care home sector.

An action plan regarding care home provision, which included actions identified at the Adult Services Committee on 12 October 2015, was also submitted. This identified the progress that had been made in a number of areas, but it was recognised that further work were still required to address current challenges.

It was questioned if residential homes could take nursing care patients as long as there were regular visits by a district nurse. The Assistant Director stated that registered nursing homes had to have nursing staff on duty 24 hours a day, 7 days a week. Any individual requiring 24 hour nursing care had to be in a registered nursing setting.

Members welcomed the report and considered that the committee needed to receive regular updates. A discussion at previous meeting was referred to where there was consideration of the potential of the Council becoming involved in the provision of nursing home beds. The Assistant Director stated that information was still being pursued from those authorities where it was believed that nursing homes were being provided by the authority. This work was not yet completed and would be reported to Committee at a future meeting.

There was general concern at the lack of nursing care beds in Hartlepool and the impact this may have on those that would have to take placements outside the town. The impact of the minimum wage rises on care home providers was questioned. The Assistant Director indicated that the authority would have to meet the increased costs as a budget pressure but some of the providers the Council contracted with already paid the living wage.

The Chair commented that the information on other authorities that were providing nursing care was essential to the Council deciding if it should make a similar move. A Member indicated that at a previous meeting the CCG had referred to the potential of commissioning additional nursing care beds. Hospital discharge procedures were being impacted upon because of the shortage of beds and the Member suggested that the CCG should be invited back to the next meeting to update the Committee on their progress.

Decision

1. That the report be noted and further update reports be submitted to future meetings of the Committee.
2. That representatives of the Hartlepool and Stockton on Tees Clinical Commissioning Group be invited to the next meeting to update Members on the commissioning of nursing care beds in Hartlepool.

55. Transforming Care – North East and Cumbria Fast Track Programme (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To update the Adult Services Committee on progress regarding the North East and Cumbria Fast Track programme.

Issue(s) for consideration

The Head of Service, Adult Services reported that the Learning Disabilities Transforming Care Programme aimed to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services were provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

The North East and Cumbria was one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas had access to a share of an £8.2 million transformation fund to accelerate service redesign. An overarching North East and Cumbria plan has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. Notification

had been received from NHS England on 5 October that the North East and Cumbria had been successful in securing £1.432million from an available pot of £8.2 million. A further £623,000 had been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety.

The Head of Service highlighted that the existing funding was not adequate in relation to covering the cost of the overarching plan and additional locality plans. Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death. It is anticipated that the dowry would be paid for by the responsible commissioner at the point of discharge and will apply in prospective terms only. There would be no retrospective application.

The ambition across the North East and Cumbria was to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There was also an ambition to reduce the number of specialised commissioning beds which were occupied by North East and Cumbria patients. This ambition related to a 24% reduction in medium secure beds and 50% in low secure.

A Member expressed concern that while it was a very positive move to reduce the number of long stay beds, the short term nature of this funding didn't lay a viable foundation for future of services. Some of the patients concerned had highly complex needs that could have extremely high costs associated with them. Concerns needed to be raised at the highest level as to the future issues that this funding wouldn't meet.

The Head of Service commented that very similar concerns had been raised as part of the Tees Valley plan. The five year time period for people being in hospital seemed rather arbitrary and could be open to legal challenge.

There was concern at where the funding was being allocated and the money being spent on training and other issues that should be fully funded by the NHS. The Head of Service indicated that this was being discussed with NHS England and the CCG. The aim was to save money in the longer term but this was a challenge particularly in light of some of the packages of care that needed to be designed for some individuals.

Decision

That the report be noted.

56. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 10.55 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 23 DECEMBER 2015

ADULT SERVICES COMMITTEE

18 January 2016



Report of: Director of Child & Adult Services

Subject: BETTER CARE FUND – UPDATE ON PROGRESS

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 Service Committee regarding progress made in implementing the Better Care Fund plan.

3. BACKGROUND

3.1 The Better Care Fund has six National Conditions that must be met:

- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board).
- Protection for social care services (not social care spending).
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

3.2 There are five nationally determined BCF performance measures:

- Permanent admissions of older people (aged 65 and over) to residential and nursing homes.
- Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital to reablement / rehabilitation services.
- Delayed transfers of care from hospital.
- Avoidable emergency admissions to hospital.
- A measure of patient / service user experience.

- 3.3 BCF plans were required to include one locally determined performance measure. The agreed local measure for Hartlepool is the estimated diagnosis rate for people with dementia.
- 3.4 BCF plans were also required to demonstrate achievement of the national conditions, and to set targets to improve performance against the national and locally determined measures. Performance against these conditions and targets is monitored nationally by NHS England through quarterly BCF returns.

4. BCF IMPLEMENTATION & PERFORMANCE

- 4.1 Progress in relation to BCF implementation is reported to the North of Tees Partnership board, as set out in the BCF plan governance arrangements.
- 4.2 The current position is as follows:
- At the Pooled Budget Partnership Board (PBPB) in October new spend was approved for enhanced pharmacy support for care homes, HBC weekend working pilot and co-location costs. At the December meeting the PBPB approved a new non recurrent allocation of £500,000 to address the waiting list for Disabled Facilities Grants. Funding was also agreed for a review of demand management and for clinical input to the NHS Single Point of Access, to improve triage and patient outcomes.
 - Social Workers are now available from 10.00-4.00 during weekends and bank holidays from 1 November 2015 to 31 March 2016, focused on facilitating hospital discharges. This is supported by additional weekend capacity commissioned from independent home care providers for the same period using system resilience funding. The outcomes of the pilot will be monitored to inform future planning, and work is underway to ensure that system wide impact is captured in any evaluation criteria.
 - Adult services first contact team are co-located with the NHS Single Point of Access in the first step towards an integrated health and social care single point of access. Further work is underway to establish how these teams work more cohesively and how capacity is enhanced.
 - Discussions have taken place regarding Rapid Response Nursing and potential to reduce the timescale for HBC to pick up cases. A proposal to increase capacity within HBC's Early Intervention Service and free up Rapid Response Nursing capacity to focus on admission prevention, will be considered by the PBPB in January 2016.
 - The Hartlepool Now site was formally launched on 19 October with positive feedback from all involved regarding the current site and potential for further development. The site is being used at the first contact point as a tool for signposting and early intervention, and information is being collected to monitor effectiveness and impact on referrals for assessment.
 - Enhanced pharmacy support is now in place, initially for twelve months. The enhanced support will be targeted initially at nursing homes, then residential homes and home care providers.
 - Task and Finish Groups continue to meet for all key work streams and project plans are being reviewed and updated to ensure that each group has a clear remit and timelines to work to.

- Work continues in relation to care homes through the North of Tees Care Home Commissioning Group. The CCG met with care home providers on 4 November to feed back regarding a proposed new financial model, a more structured approach to assessment of clinical quality, future commissioning intentions and potential developments in relation to telehealth and digital systems.
- Potential to implement an enhanced Intensive Community Liaison model in care homes in relation to dementia is being explored. Costed options will be presented to a future PBPB for consideration.

4.3 BCF performance is reported to NHS England on a quarterly basis as follows:

Submission Date	Reporting Period
21 August 2015	Q1: April – June 2015
27 November 2015	Q2: July – September 2015
26 February 2016	Q3: October – December 2015
27 May 2016	Q4: January – March 2016

- 4.4 The two quarterly returns submitted to date indicate that performance is largely on track and 'payment by performance' funding has been released based on the reported reduction in emergency hospital admissions.
- 4.5 There are some issues in relation to performance indicators for admissions to care homes and people who remain at home 91 days after hospital discharge, predominantly due to changes in how these indicators have been collected nationally. Performance is monitored on a monthly basis and any issues or concerns are highlighted through the North of Tees Partnership Board.
- 4.6 Local BCF performance measures are also monitored and indicate that uptake of assistive technology continues to increase, the proportion of carers accessing support is growing and HBC reablement services are increasingly effective, with 94% of reablement goals achieved at the end of a period of reablement in Q1 of 2015/16 (an increase from 87% in 2014/15).

5. RISK IMPLICATIONS

- 5.1 A risk register was completed as part of the original BCF plan and mitigating actions identified. No additional risks have been identified.

6. FINANCIAL CONSIDERATIONS

- 6.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board.
- 6.2 It was a requirement that BCF Plans included an element of funding for 'Payment by Performance'. This funding is released based on quarterly performance in terms of reducing non elective hospital admissions. Hartlepool's performance in this area means that an element of this funding has been released in Q2 which can now be utilised to support implementation of the BCF plan.

- 6.3 There continues to be some slippage against the BCF Plan however it is anticipated all funding will be fully spent in accordance with the Plan by the end of the financial year.
- 6.4 The 'Medium Term Financial Strategy (MTFS) 2016/17 to 2018/19' Report to Finance and Policy Committee on 11 January 2016 provided a comprehensive update on the Local Government Finance Settlement issued on 17 December 2015. The report advised Members in relation to the Better Care Fund:-

Additional funding will be provided from 2019/20 of £1.5 billion, consisting of £800 million reallocated from the New Homes Bonus grant and £700 million of new funding. Use of this funding will be tied into the development of an integrated Better Care Plan with the NHS and the development of a Government audit regime to monitor spending.

Whilst this funding will begin to be paid from 2017/18 (£105m) the main additional funding will not be received until 2018/19 (£825m) and the full amount until 2019/20 (£1.5 billion). The back loading of this funding is not helpful as Councils will face increased inflationary pressures, including phased increases in the National Living Wage, and demand pressures in relation to care services in 2016/17, 2017/18, 2018/19 and 2019/20.

Therefore, in 2016/17 and 2017/18 the Government's financial strategy is effectively assuming Councils will fund these pressures from the 2% Social Care precept on Council Tax.

As part of the additional Better Care Fund will be funded by reallocating the New Homes Bonus, there is a risk that the Council loses more in New Homes Bonus than it gains from the Better Care Fund. Further detail will be reported when the outcome of the New Homes Bonus consultation has been completed and the Government publishes details of the new regime.

- 6.5 It should also be noted that the MTFS Report advised Members that the budget deficit for the next 3 years has increased from £14.192m to £18.332m owing to the impact of the actual government grant cuts being higher than forecast.
- 6.6 The local implications of these announcements will become clearer as further information is made available and this will be reported to Members.

7. LEGAL CONSIDERATIONS

- 7.1 None identified.

8. CHILD AND FAMILY POVERTY

- 8.1 No implications identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 None identified.

10. STAFF CONSIDERATIONS

10.1 No staff considerations identified.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 No asset management considerations identified.

12. RECOMMENDATIONS

12.1 It is recommended that the Adult Services Committee notes progress in relation to implementation of the Hartlepool BCF plan.

13. REASONS FOR RECOMMENDATIONS

13.1 Although the formal reporting requirements in relation to BCF are via Health & Wellbeing Boards the plan aims to deliver improved outcomes for older people, which is the responsibility of the Adult Services Committee.

14. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

18 January 2016



Report of: Director of Child & Adult Services

Subject: MENTAL HEALTH UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with a progress update in relation to mental health.

3. BACKGROUND

3.1 A number of key mental health framework documents have been produced in recent years. These documents look at supporting mental health improvement across all sectors and are heavily influenced by social inclusion perspectives. These include:-

NHS Outcomes framework 2013/14 - Improving experience of healthcare for people with mental illness

Adult Social Care Outcomes Framework 2013/14 – people who use services are satisfied with their care

Public Health Outcomes Framework 2013/16 – Suicide rates

No Health without Mental Health 2011 – most people will have good mental health

Closing the Gap – improved access to Psychological therapies

Mental Health Crisis Care Concordat 2014 – Access to support before crisis point

4. PROGRESS

- 4.1 The Hartlepool Mental Health Forum, chaired by Healthwatch Hartlepool, aims to promote collaborative working across statutory, private and voluntary sector organisations in partnership with people who use mental health services, their carers and families.
- 4.2 The Forum is tasked with monitoring progress against the joint plan and is led by Healthwatch Hartlepool with representation from Hartlepool Borough Council, Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG), Tees Esk & Wear Valley NHS Foundation Trust (TEWV) and local stakeholders from the private and voluntary sector, as well as people who services and carers.
- 4.3 Hartlepool Borough Council, while presenting the update on the mental health plan, would like to thank the Forum, and in particular Healthwatch Hartlepool, for supporting and raising the profile of mental health across Hartlepool.
- 4.4 The report aims to provide a summary of activity and achievements over the last 12 months (January 2015 – December 2015).

5. SUMMARY OF ACTIVITY & ACHIEVEMENTS 2015

- 5.1 Joint Mental Health Implementation Plan
The Joint Mental Health Implementation Plan for 2015-18 was co-produced with the CCG. The plan incorporates the key national and local mental health outcomes and is refreshed annually to demonstrate progress and reflect any changing national and local priorities as referenced in section 3.2.

A summary of progress was reported to Adult Services Committee on 9 March 2015 which included:

Objective 1: More people will have good mental health

- Hartlepool Borough Council workforce plan agreed to continue to commission Mental Health First Aid Course through MIND.
- The North East Clinical Network agreed to support a regional approach to raising awareness of Mental Health as one of its 3 key objectives.

Objective 2: More people with mental health problems will recover

- Community Learning Pathway - successful bid submitted to Skills Funding Agency for £80k via Adult Education.
- Development day held at Hartlepool Marina.

Objective 3: More people with mental health problems will have good physical health

- The Tees Commissioners Meeting has an expanded remit to include mental health on the agenda.
- Working party agreed to update the Joint Strategic Needs Assessment.

- Newly appointed Hartlepool Locality Manager within TEWV.
- Hartlepool Borough Council purchased a system (in part to meet the requirements of the Care Act regarding information advice and guidance). Hartlepool Now has been demonstrated to Adult Services Committee and was launched on World Mental Health Day in October.

Objective 4: More people will have a positive experience of care and support

- Mental Health Act Inspection – report presented to Adult Services Committee included positive feedback regarding user experience.
- CQC inspection of Mental Health Act – report to Adult Services Committee included further positive feedback on user experience.
- Healthwatch Hartlepool – hosted a mental health event at Hartlepool College of Further Education.

Objective 5: Fewer people will suffer avoidable harm

- New Tees Safeguarding Adults Board and Local Executive Group (LEG) established with clear remit to protect vulnerable adults respond appropriately when safeguarding concerns are identified.
- Hartlepool Borough Council and all key stakeholders have signed up to the Crisis Care Concordat.

Objective 6: Fewer People will experience stigma and discrimination

- World Mental Health Day in Hartlepool focused on the topic of Dignity.
- A range of events have taken place to raise awareness of mental health issues, aiming to reduce stigma and discrimination e.g. Healthwatch Hartlepool – provided public information at the Headland raft race.

5.2 Mental Health Peer Challenge

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. Hartlepool Borough Council's Peer Challenge took place in November 2014 and was focused on mental health services. 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 utilising mental health services are in receipt of high quality, timely, and accessible social care;
- current achievements and any opportunities to improve the design and / or delivery of these services; and
- 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.

A summary of progress was presented to Health & Well Being Board on 22 June 2015 which included:

- recruitment by the Council of an additional Approved Mental Health Professional (AMHP) and Social Care Officer to alleviate the pressure on the AMHP function;
- recruitment by TEWV of an additional Care Worker to provide therapeutic support to the Integrated Team;
- TEWV and HBC supervision polices are being streamlined and the TEWV Locality Manager and HBC Head of Service have agreed a framework for supervision, with any issues to be discussed at quarterly management meetings;
- examination of admissions to residential care of people aged under 65; 14 people placed in 2014/15 with 8 placements as a result of a mental health need;
- Agreement to include mental health within the Tees Integrated Commissioning Group with an action plan developed to support Crisis Care Concordat, Regional Forensic Forum and AMHP Forum;
- Performance meetings held with HBC and TEWV Management Information Team and Team Managers to ascertain what would be useful to capture to support better planning;
- Joint Implementation plan for Mental Health reported to Adult Services Committee and Health & Wellbeing Board for approval;
- Mental Health Forum established with good representation and regular attendance;
- appointment of a new Locality Manager for Hartlepool;
- implementation of a proposal to include a reablement and review function in the integrated team;
- new advocacy service established;
- framework for direct payments for carers has been revised; and
- new Mental Health Code of Practice has been implemented.

5.3 TEWV Mental Health Act Inspection

The Care Quality Commission (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. An unannounced visit to TEWV produced a number of recommendations, as reported to Adult Services Committee previously.

In response to the recommendations:

- Actions were put in place to improve the availability of Section 12 doctors, however since the Supreme Court judgement in relation to Deprivation of Liberty Safeguards Hartlepool has seen an increase in activity of over 1000% and the use of this resource will be an area for consideration as the Law Commission are consulting on changes to the Mental Capacity Act.
- Additional funding was allocated by the CCG to reduce conveyance times with the ambulance service; however this did not result in reducing average waiting times for conveyance. The Tees Crisis Care Concordat group with the support of North East Mental Health Development Unit has agreed to establish a dedicated Mental Health Act Conveyance

framework; an interim model is in place for Hartlepool which is hoped will provide support to AMHPs and improve resilience across the system.

- The Crisis Assessment Suite at Roseberry Park has had its service extended.

5.4 TEWV CQC Provider Inspection

TEWV was inspected by over 100 Care Quality Commission (CQC) Inspectors together with experts by experience and lay assessors and received an overall rating of 'Good'.

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.

The overall plan and recommendations were reported to Adult Services Committee on 6 July 2015.

5.5 Crisis Care Concordat- Tees Action Plan

The Mental Health Forum and key strategic partners (including the Tees Local Authorities, Cleveland Police, Cleveland Fire Brigade, North East Ambulance Service, TEWV and the two acute Foundation Trusts) signed up to the principles of the Crisis Care Concordat. This led to the development of a Tees Crisis Care Action Plan

The Mental Health Forum monitors progress against the Tees Action Plan and an event is being planned to look at Crisis Care in Hartlepool in February 2016; with a focus on ensuring services are Concordat compliant.

5.6 World Mental Health Day 10 October 2015 – Creative Support

The Creative Cafe held a free lunch and information event to celebrate World Mental Health Day funded by Hartlepool Borough Council. The event was attended by more than sixty people who came and took part in making happiness boxes, finding out information on the Hartlepool Now website and other services for people with mental health problems as well as discussing the topic of World Mental Health Day – Dignity

http://www.hartlepoolnow.co.uk/blog_articles/281-successful-event-to-celebrate-world-mental-health-day?term=MENTAL+HEALTH

5.7 Healthwatch Mental Health Awareness Event

Healthwatch Hartlepool hosted a Mental Health Awareness Event in the Hartlepool College of Further Education, with guest speakers from the Integrated Mental Health service and Combat Stress (the Mental Health Charity for veterans). The event was attended by over 100 people and helped to raise the profile of mental health support services within the town.

5.8 Waverley Terrace Allotments

Waverley Terrace Allotment was established to support people with long term conditions including mental health needs and was proud to be selected as the winner of the Conservation Foundation's annual 'Gardening Against the Odds Awards' where the project was described as '*a shining beacon of success*'. The allotment provides a range of services and activities for people with mental health needs, including education, employment and training.

The allotment group is also celebrating following the news that it has been awarded £400,000 of lottery funding. The Big Lottery grant will enable facilities to be enhanced at Waverley Terrace Allotments creating stronger links with the community and over the next 5 years will provide a number of paid and voluntary positions and increase productivity and sustainability.

5.9 Beautiful Minds Directory Updated

In recognition of World Mental Health day the popular Beautiful Minds Directory was updated to reflect a number of service changes in 2015.

Hartlepool's Beautiful Minds Directory is a partnership project involving a range of organisations that deliver mental health services. The project is dedicated to promoting good mental health and the booklet is designed to give residents of Hartlepool knowledge on mental health services that can offer support and advice as well as ways to self help.

[http://www.hartlepoolnow.co.uk/uploads/hartlepool/document/file/301/NEW_Beautiful_Minds_Directory - October 2015.pdf](http://www.hartlepoolnow.co.uk/uploads/hartlepool/document/file/301/NEW_Beautiful_Minds_Directory_-_October_2015.pdf)

5.10 Community Learning Pathway (CLP)

Adult Education received £80,000 from the Skills Funding Agency and is working with Hartlepool and Stockton MIND who are referring their service users into the CLP pilot. 30 individuals have accessed the programme to date with an overall target of enrolling 140 learners by March 2016 throughout the whole pilot. The main focus of the pilot is ensuring learners are involved in the planning and implementation of the programmes and ongoing consultation with people who use services continues.

The range of short courses on offer includes:

- Building your Personal Confidence
- Making the Most of Your Money
- Mixed Crafts, Christmas Crafts, Pottery Taster, Bag Craft
- Hartlepool History
- Work Skills
- Creative Writing
- BSL Taster
- Healthy Lifestyle Awareness

5.11 Children & Young Peoples Mental Health and Wellbeing Plan: 'Future in Mind'

This plan has been developed to ensure full co-ordination with the Better Childhood Programme, Healthy Relationships Project and the Education Commission's recommendations. Key overarching strands from each of the programmes have been clearly identified in the plan and existing resource will be directed to meet the planned outcomes.

A report was presented to Health & Wellbeing Board for approval on 5 October 2015 and is linked to a national funding allocation.

6. **FUTURE ASPIRATIONS**

6.1 The Mental Health Forum will continue to make progress against a number of key national and local drivers including:

- Tees Crisis Care Concordat 2016 Action plan
- North East Mental Health Development Unit – Vanguard Application
- Waverley Terrace Allotment – implementation of Big Lottery Bid
- Hartlepool Crisis Care Summit – 25 February 2016
- Hartlepool Mental Health Event – June 2016
- Hartlepool Joint Mental Health Plan 2015-2018
- Tees Esk & Wear Valley NHS FT: Smoke Free Services – March 2016
- Tees Esk & Wear Valley NHS FT – review of accommodation (Transforming Care)
- Exploring issues regarding access to mental health services for hard to reach groups including Asylum Seekers / Refugees and the BME community.

7. **RISK IMPLICATIONS**

7.1 There are no risk implications noted in this report.

8. **FINANCIAL CONSIDERATIONS**

8.1 There are no financial considerations associated with this report.

9. **LEGAL CONSIDERATIONS**

9.1 There are no legal considerations associated with this report.

10. **CHILD AND FAMILY POVERTY CONSIDERATIONS**

10.1 There are no child and family poverty considerations associated with this report.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 The plan supports the ethos of Equality Act, and the positive attributes of effective compliance with the Equality Act.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations associated with this report.

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations associated with this report.

14. RECOMMENDATIONS

- 14.1 It is recommended that the Adult Services Committee notes the update in respect of mental health and receive further updates on an annual basis.

15. REASONS FOR RECOMMENDATIONS

- 15.1 The work that's been undertaken in relation to mental health demonstrates joint working with strategic partners and provides evidence of local involvement, engagement and consultation in developing and shaping future service provision.

16. 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>

17. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

18 January 2016



Report of: Director of Child & Adult Services and Tees Esk & Wear Valley NHS Foundation Trust: Hartlepool Locality Management Team

Subject: MENTAL HEALTH UPDATE: S136 ASSESSMENT SUITE AND CRISIS SERVICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide an overview to the Adult Services Committee in relation to the urgent mental health services available to adult residents of Hartlepool.

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 In April 2015 the Tees Wide Crisis Assessment Suite at Roseberry Park, Middlesbrough became operational, providing access to urgent mental health services and a venue for those needing an assessment in a place of safety under s136 of the Mental Health Act. The suite is commissioned by Hartlepool & Stockton on Tees Clinical Commissioning Group and South Tees Clinical Commissioning Group to provide crisis support and assessment for people with a mental health crisis.

4. CRISIS ASSESSMENT SUITE

- 4.1 The Crisis Assessment Suite is a 24 hour, 7 day a week service which provides a safe area for assessment within the grounds of Roseberry Park for individuals detained under s136 of the Mental Health Act or presenting informally to the centre with urgent mental health needs. The centre is staffed by appropriately trained, registered mental health nurses and health care assistants to provide a rapid and prompt assessment and to ensure that individuals can access care and treatment for their mental health needs.
- 4.2 The suite offers those requiring a s136 assessment or any other urgent mental health treatment a purpose built environment suited to their needs and provides a health based place of safety for the adult population of Teesside in need of urgent mental health services, as outlined in the Mental Health Act Code of Practice.
- 4.3 The suite provides a telephone triage and signposting service to assist referrers and individuals to access the most appropriate service to meet their needs and provides an alternative to attendance at local Accident and Emergency departments for individuals with urgent mental health needs by providing open access to mental health assessment.
- 4.4 Since opening in April 2015 the centre has been monitored in relation to the deliverables set. Data for Hartlepool residents accessing the suite between September to November 2015 (inclusive) has shown:

- The overall time taken for a s136 assessment to commence for individuals has reduced. The average time taken to complete an assessment from arrival onto the suite is 1 hour and 52 minutes with the mode being 1 hour. Staff being readily available to assess individuals has significantly improved this figure
- Referrals for individuals that require a place of safety under s136 MHA remain relatively consistent to the numbers requiring this service when the s136 suite was located within Sandwell Park, Hartlepool. In the final 3 months of the s136 suite being located within Sandwell Park there were 7 referrals for individuals requiring a mental health assessment in a place of safety and between September and November 2015 there were 8 referrals for individuals requiring an assessment in a place of safety in the crisis assessment suite, Roseberry Park.
- Between September and November 2015 there were 35 referrals to the suite. The reasons for attendance are as follows:

Reason for Attendance	Numbers
Police conveyance of an individual to the suite for assessment	16
S136 MHA assessment	8
Ambulance conveyance of an individual to the suite for assessment	6
Self presentation by an individual	4
Individual diverted from A&E	1

- Of the 35 referrals received in this timescale the outcome of assessment in the suite is as follows:

Reason for Attendance	Numbers
Admission	5
Discharge with follow up from secondary care services	11
Discharge with no follow up required	5
Discharged and signposted to non-secondary care services	6
Individual arrested	3
Individual taken to A&E	2

- A reduction in the time police spend attending individuals detained under s136 of the Mental Health Act – an average of one hour, compared to just over 3 hours when the S136 suite was situated in Sandwell Park.
- 4.5 Despite the suite re-locating to Roseberry Park, the Hartlepool Crisis Team continues to offer access for those requiring urgent mental health services (excluding s136 assessments) within Hartlepool.
- 4.6 The Hartlepool Crisis and Home Treatment Team continues to be based on the Roseberry Park site between the hours of 8pm and 8am which can enhance patient experience for those individuals attending Roseberry Park.
- 4.7 Staff numbers for those requiring urgent mental health services have increased; meaning that treatment can be accessed more quickly.
- 4.8 Provision for those requiring intensive home treatment from the Crisis Team is enhanced as urgent care is provided by dedicated health care professionals in the suite.

5. CRISIS ASSESSMENT SUITE PATIENT EXPERIENCE FEEDBACK

- 5.1 Patient satisfaction surveys have shown very positive feedback for the suite. 72 people completed patient satisfaction surveys in October 2015 with 82% rating the overall care received as 'excellent' and the remaining 18% rating the overall care received as 'good.'
- 5.2 When asked 'How likely are you to recommend our service to friends and family if they needed similar treatment?' 75% reported 'extremely likely', 23% reported 'likely' and 1% reported 'unlikely' (due to reasons associated with stigma).
- 5.3 Of those that responded with 'extremely likely' comments included:
- 'Staff gave me the time and listened to me.'
 - 'Caring staff have time to listen.'
 - 'Able to speak openly and treated with respect.'

- ‘The staff were so kind when I was scared. If only every experience was like this.’
- ‘They helped me when no one else did.’
- ‘They were welcoming and understood me.’

5.4 Of those that were ‘likely’ to recommend the service to friends and family if they needed similar treatment, comments included:

- ‘Got me some help.’
- ‘Supported.’
- ‘Felt I was listened to.’
- ‘Trust.’

6. CRISIS SERVICES

6.1 In addition to the Crisis Assessment Suite, there are other services which are available to Hartlepool residents requiring urgent mental health treatment. These are:

6.2 Street Triage

The street triage team work alongside Cleveland Police to carry out mental health assessments for individuals that the police come into contact with who they feel require an assessment and / or those who may display vulnerabilities to the police. The team identifies the services the individual requires and may refer the person to other services for care and treatment. This triage method helps to reduce the number of people detained under the Mental Health Act and identifies those who do need to be detained but may otherwise not have been seen. It also helps to ensure the most appropriate services are received for the individual in a timely manner. The team provide this service from 12 noon to 12 midnight as required.

6.3 Liaison Psychiatry

The Liaison Psychiatry team based at North Tees Hospital provide early and timely assessments and interventions for people over the age of 18 who present at North Tees Hospital with mental health concerns or difficulties. The team offers advice, information and support for individuals and will refer the individual to appropriate agencies or services for follow up care where necessary.

6.4 Hartlepool Crisis and Home Treatment Service

The Hartlepool Crisis team continues to provide a multi-disciplinary community based mental health treatment service 24 hours a day, 7 days a week for individuals requiring access to urgent mental health services. The team will also assertively engage individuals and their families and provide Intensive Home Treatment to patients and their families where appropriate. They will act as a gateway to mental health services, rapidly assessing individuals with acute mental health problems and referring them to the most appropriate agency including in-patient areas where appropriate.

6.5 Liaison and Diversion Team

The Liaison and Diversion Team are based in Middlehaven police station and provide a service for individuals requiring urgent mental health services and/or those that display vulnerabilities to the police. The service operates from 8am-8pm 7 days a week.

7. RISK IMPLICATIONS

7.1 There are no risks identified in relation to this report. Data indicates improved service response times and better outcomes for people supported by the Mental Health Act.

8. FINANCIAL CONSIDERATIONS

8.1 There are no financial considerations identified in this report.

9. LEGAL CONSIDERATIONS

9.1 There are no legal considerations associated with this report.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

10.1 There are no child and family poverty considerations identified in this report.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

11.1 The report provides information that suggests improved outcomes for those people with protected characteristics, as defined under the Mental Health Act.

12. STAFF CONSIDERATIONS

12.1 There are no staff considerations identified in this report.

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations identified in this report.

14. RECOMMENDATIONS

14.1 It is recommended that the Adult Services Committee:

- note the update on the relocation of the s136 assessment suite to Roseberry Park; and

- note the update in relation to provision of crisis services.

15. REASONS FOR RECOMMENDATIONS

- 15.1 The update provides the Adult Services Committee with assurance that people experiencing a mental health crisis have access to appropriate support.

16. 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>

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