

ADULT SERVICES COMMITTEE AGENDA



Monday 15 February 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 18 January 2016 (*for information as previously circulated*).

4. BUDGET AND POLICY FRAMEWORK ITEMS

- 4.1 Council Plan 2016/17 – Proposals for Consideration – *Director of Child and Adult Services*

5. KEY DECISIONS

No items.



6. OTHER ITEMS REQUIRING DECISION

No items.

7. ITEMS FOR INFORMATION

7.1 Care Home Update and Action Plan – *Director of Child and Adult Services*

7.2 Hartlepool Local Executive Group – 2015/16 Q2 Performance Report –
Director of Child and Adult Services

7.3 Hospital Discharge: Action Plan – Update on Progress – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Monday 7 March 2016 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

18 January 2016

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck, Brenda Loynes, Sylvia Tempest and Stephen Thomas.

Officers: Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service
Jeanette Willis, Head of Strategic Commissioning (Adult Services)
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

57. Apologies for Absence

Apologies for absence were received from Councillor Sandra Belcher.

58. Declarations of Interest

Councillor Stephen Thomas declared a personal interest in minutes 60, 61, 62 and 63 as a member of Healthwatch.

59. Minutes of the meeting held on 14 December 2015

Received.

60. Better Care Fund – Update on Progress (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

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

Issue(s) for consideration

The report provided the background to the provision of the Better Care Fund (BCF) along with the associated criteria and performance measures for the Fund. It was noted that progress in relation to the implementation of the BCF was reported to the North of Tees Partnership Board as set out in the BCF plan governance arrangements and the current position was outlined in the report.

In response to a question, the Assistant Director, Adult Services confirmed that since November 2015, social care staff had been available to support hospital discharges 7 days a week and the activity around this was currently being reviewed to inform future planning.

A Member, who was also a representative of Healthwatch, referred to the enhanced pharmacy support to be targeted at nursing homes. It was noted that at a recent meeting of the Local Professional Network of Pharmacists, they had indicated they were receptive to working alongside the Local Authority to explore ways of improving medicine management standards in care homes. As a representative of Healthwatch, the Member indicated he would keep the Committee updated on any progress with this. The Member then expressed concerns at the withdrawal of Government funding to Local Authorities and the impact this would have on the integration of health and social care.

Decision

That the progress in relation to the implementation of the Hartlepool Better Care Fund plan was noted.

61. Mental Health Update (*Director of Child and Adult Services*)**Type of decision**

For Information.

Purpose of report

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

Issue(s) for consideration

The report provided the background to the key mental health framework which supports mental health improvement across all sectors heavily influenced by social inclusion perspectives. Further detail included a summary of activity and achievements over the last 12 months (January 2015 – December 2015) across the following areas:

- Joint Mental Health Implementation Plan;
- Mental Health Peer Challenge;
- TEWV Mental Health Act Inspection;
- TEWV CQC Provider Inspection;
- Crisis Care Concordat – Tees Action Plan;
- World Mental Health Day 10 October 2015 – Creative Support;
- Healthwatch Mental Health Awareness Event;
- Waverley Terrace Allotments;
- Beautiful Minds Director Updated;
- Community Learning Pathway (CLP); and
- Children and Young People's Mental Health and Wellbeing Plan: 'Future in Mind'.

It was noted by a Member, who was also a Healthwatch representative, that the Mental Health Forum and Healthwatch Lead Officers alongside Tees, Esk and Wear Valley NHS Foundation Trust were driving forward mental health issues in the Town. An update on a number of pieces of work being undertaken by Healthwatch was provided for the Committee.

A Member sought clarification on how the additional funding allocated to the North East Ambulance Service (NEAS) by the Clinical Commissioning Group had been utilised. The Head of Service indicated that funding had been allocated in recognition of the additional winter pressures faced by NEAS in 2014/15. However, the ambulance service faced unprecedented pressure on the blue light service during the winter months which utilised the majority of the additional funding. In 2015/16, funding had been identified by the CCG System Resilience Group to fund a pilot scheme involving a private arrangement with UK Specialist Ambulance Service (SAS) and early indications were that this was having a positive impact with waiting times reducing from 5.5 hours to 1 hour in some cases. A Member expressed concerns with the principle of funding private ambulances, however the Head of Service indicated that prior to the introduction of this pilot, there were occasions when Approved Mental Health Practitioners were waiting for 4-5 hours for an ambulance to transport mental health patients to appropriate care which was not sustainable from a workforce perspective and could also have a detrimental impact on the individual. In view of the concerns expressed by Members, it was suggested that consideration be given to reporting any future proposals for private health care contracts to this Committee for consideration.

In response to a question from a Member, a representative from Tees, Esk and Wear Valley NHS Foundation Trust confirmed that CQC inspections were

undertaken by 'experts by experience' as well as CQC Inspectors.

Clarification was sought on the sustainability of the Waverley Terrace Allotments project. The Head of Service indicated that as part of the bid for lottery funding, a business plan had been developed which included the aim of the allotment becoming a sustainable project in the longer term. It was noted that the process to appoint a Volunteer Co-ordinator, primarily to co-ordinate volunteers to work on the site and assess the associated risks, was underway.

The Head of Service provided the Committee with an update on the progress with the Centre for Independent Living (CIL) development as well as developments at Jones Road and potential developments at Warren Road and Seaton Carew and informed the Committee that discussions were ongoing with a number of providers who had expressed an interest in investing in the provision of care facilities within the town.

Decision

The update in respect of mental health was noted with further updates being received on an annual basis.

62. 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)*

Type of decision

For information.

Purpose of report

To provide the Committee with an overview of the urgent mental health services available to adult residents of Hartlepool.

Issue(s) for consideration

The report provided the rationale for relocating the s136 Crisis Assessment Suite to Roseberry Park, Middlesbrough. The Suite operates 24 hours a day, 7 days a week and offers those requiring a s136 assessment or any other urgent mental health assessment a purpose built environment suited to their needs.

It was highlighted that since opening in April 2015, the Centre had been monitored in relation to the deliverables set with assessments taking an average time of 1 hour and 52 minutes to complete. It was noted that in the final 3 months of the facility being located at Sandwell Park in Hartlepool, there

were 7 referrals for individuals requiring a mental health assessment with 8 referrals taking place at Roseberry Park in a similar three month period between September and November 2015. This highlighted that the number of referrals remained consistent and a further breakdown of performance figures was included within the report.

The Committee was informed that patient satisfaction surveys had shown very positive feedback with 72 people participating with 82% rating the overall care received as 'excellent' with the remaining 18% rating the overall care received as 'good'. Further extracts from the surveys were included in the report.

In addition to the Crisis Assessment Suite, it was noted that there were other services which were available to Hartlepool residents requiring urgent mental health treatment as follows:

- Street Triage;
- Liaison Psychiatry;
- Hartlepool Crisis and Home Treatment Service; and
- Liaison and Diversion Team.

In response to a question from a Member, a representative from Tees, Esk and Wear Valley NHS Foundation Trust commented that previously when the assessment service was provided at Sandwell Park, assessments could take around 3-4 hours. It was noted that the transfer of individuals by the Police to the suite for assessment was highest on reasons for attendance and there were concerns that future cuts to Police budgets may have implications for this provision. A representative from Tees, Esk and Wear Valley NHS Foundation Trust confirmed that the Police avoided detaining people awaiting mental health assessments on Police premises wherever possible and as the Suite was operational 24 hours a day/7 days a week there was always someone at the Crisis Assessment Centre to admit the person requiring assessment. However, in addition to this, there was a joint working arrangement with the Police with teams in place to attend people's homes therefore avoiding them having to be taken anywhere if this was considered the most appropriate course of action. It was noted that the Police had a dedicated Officer who attended the Crisis Concordat Group and was involved in planning services and it was suggested that an invite be extended to this Officer to attend a future meeting of the Committee to gain their views on how the service was operating.

Further clarification was provided on the operation of the Crisis Assessment Suite and it was suggested that future reports should include further detail on the referrals where individuals were 'discharged with no follow up required' as whilst there may be no mental health treatment required, there may be a need to refer this person to their GP or to social services for an alternative method of support. A representative from Tees, Esk and Wear Valley NHS Foundation Trust confirmed that this would be looked at as part of the six month review of the operation of the service which was being undertaken.

Decision

- 1) The update on the relocation of the s136 assessment suite to Roseberry Park was noted.
- 2) The update in relation to the provision of crisis services was noted.
- 3) That the designated Police Officer be invited to attend a future meeting of the Committee to provide a view from a Police perspective of the services provided to support people with mental health needs.

63. **Update on Care Home Provision (Verbal Update)** *(Director of Child and Adult Services)*

Type of decision

For information.

Purpose of report

To provide the Committee with an update on care home provision in Hartlepool.

Issue(s) for consideration

The Assistant Director, Adult Services informed the Committee that in December 2015, the Care Quality Commission (CQC) cancelled the registration of the Four Winds Group which included Four Winds, Highnam Hall and Park View Residential Care Homes. It was noted that all residents from these care homes had been relocated to alternative accommodation appropriate to their needs and had remained in Hartlepool. In addition to this, the Assistant Director, Adult Services confirmed that the moratoriums on admissions for Manor Park and Warrior Park Care Homes had been lifted and these homes were now able to accept new admissions on a phased approach which was being supported through a multi agency allocations panel. Members were reassured that Council Officers, with continuing input from health partners, would continue to monitor the admission of residents to these care homes. The Chair thanked Officers for the effective intervention which had resulted in residents being relocated to alternative accommodation in a timely manner.

It was requested that an update on the number of Hartlepool residents residing in care homes outside the Town be provided at the next meeting of the Committee

It was highlighted that there were a number of care providers interested in the further development of care provision in the town and an update report would be submitted to a future meeting of the Committee once more information was

available.

A discussion ensued on the inspections of the care homes by Healthwatch representatives. The Assistant Director indicated that the inspections undertaken by Healthwatch were extremely valuable and very welcome and the reasons that the CQC had cancelled the registration of the care homes were in the main technical issues that had been identified by experts in those fields. It was noted that the report undertaken by Healthwatch on Dinsdale Lodge, Seaton Lane will be presented to the next meeting of the Committee. The Head of Strategic Commissioning commented that it was important to focus on the positive work that was ongoing in other care homes resulting in the provision of good quality care.

Decision

- 1) The update on Care Home provision in Hartlepool was noted.
- 2) That the Healthwatch report on Dinsdale Lodge Residential Care Home be submitted to the next meeting of the Committee.
- 3) That an update on the number of Hartlepool residents accommodated in residential care homes out of town be provided at the next meeting of the Committee.

64. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 11.35 am

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 25 January 2016

ADULT SERVICES COMMITTEE

15 February 2016



Report of: Director of Child and Adult Services

Subject: COUNCIL PLAN 2016/17 – PROPOSALS FOR CONSIDERATION

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Budget & Policy Framework

2. PURPOSE OF REPORT

2.1 To provide the opportunity for the Adult Services Committee to consider the proposals that fall under the remit of the Committee for inclusion in the 2016/17 Council Plan.

3. BACKGROUND

3.1 The service planning process commenced during the summer of 2015 with a review of the Outcome Framework with some minor changes being made for the Framework for 2016/17. The changes were reported to and agreed by Finance and Policy Committee on 21 September 2015.

3.2 As in previous years detailed proposals are being considered by each of the Policy Committees throughout January and February in respect of their areas of responsibility. A further report will be prepared for Finance and Policy Committee on 14 March detailing the comments/observations of each of the Committees along with Departmental responses and a full draft of the 2016/17 Council Plan.

3.3 The Council Plan will then be presented to Council for agreement on 17 March. It is proposed that any additional updates or changes agreed by the Finance and Policy Committee on 14 March will be noted when the report is presented to Full Council.

4. PROPOSALS

4.1 The outcome that relates to the remit of the Adult Services Committee is:

- Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.

4.2 **Appendix A** provides detail on the proposed actions, performance indicators and risks identified to deliver the outcome. The Committee is requested to consider the proposals and provide any comments or observations to feed into the consideration of the overall Plan by Finance & Policy Committee on 14 March.

5. NEXT STEPS

5.1 The remainder of the Council Plan proposals will be discussed at the relevant Committees during January and February. Comments and observations from those Committees will be added to those from this meeting and included in the overall presentation of the final draft of the Council Plan to Finance and Policy Committee on 14 March 2016, before being taken for formal agreement by Council at its meeting on 17 March 2016.

5.2 Progress towards achieving the actions and targets included in the Council Plan will be monitored throughout 2016/17 by officers across the Council and progress reported quarterly to Elected Members.

6. RISK IMPLICATIONS

6.1 The Council needs appropriate planning and performance management arrangements in place in order to manage its key strategic risks. The aim of the Council Plan is to provide assurance to Elected Members that these risks are being managed.

7. FINANCIAL CONSIDERATIONS

7.1 All proposals have been prepared giving due regard to financial considerations.

8. LEGAL CONSIDERATIONS

8.1 There are no legal considerations.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

9.1 There are no child and family poverty considerations.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 There are no equality and diversity considerations.

11. STAFF CONSIDERATIONS

11. There are no staff considerations.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations.

13. RECOMMENDATIONS

13.1 It is recommended that the Adult Services Committee:

- considers the proposal (Appendix A) for inclusion in the 2016/17 Council Plan; and
- formulates any comments and observations to be included in the presentation of the overall Council Plan 2016/17 to Finance and Policy Committee on 14 March 2016.

14. REASONS FOR RECOMMENDATIONS

14.1 Adult Services Committee has responsibility for services that are included within the Council Plan.

15. BACKGROUND PAPERS

15.1 There were no background papers used in the preparation of this report.

16. CONTACT OFFICER

Sally Robinson
Director of Child & Adult Services
01429 523732
sally.robinson@hartlepool.gov.uk

4.1 APPENDIX A

SECTION 1 OUTCOME DETAILS

Outcome:	Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.	Theme:	Health & Wellbeing
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Lead Dept:	CAD	Other Contributors:	RND
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SECTION 2 ACTIONS

Action	Due Date	Assignee
Further develop integrated health and social care services that support people living in their own homes and in care homes, avoiding unnecessary admissions to hospital and facilitating timely and safe hospital discharges through implementation of the Better Care Fund plan.	March 2017	Assistant Director
Deliver reablement services that enable people to maximise their abilities and develop the skills and capacity to retain their independence for as long as possible; working with strategic partners to develop a more integrated model to meet health and social care needs.	March 2017	Head of Service
Monitor the impact of the implementation of the Care Act and review services that support carers to ensure that the requirements of the Care Act are being met and services for carers are being maximised.	March 2017	Assistant Director
Ensure that local arrangements for safeguarding are compliant with the Care Act, utilising the Local Executive Group to highlight local issues and priorities to the Teeswide Safeguarding Adults Board.	March 2017	Head of Service
Implement the actions identified in the Mental Health Local Implementation Plan and work with partners through the Mental Health Forum to improve outcomes for people with mental health needs.	March 2017	Head of Service
Work with the Clinical Commissioning Group and local providers to improve standards in care home settings, manage the local market and explore new models of service delivery.	March 2017	Head of Service
Improve pathways and services to meet the needs of individuals with dementia and their families / carers.	March 2017	Head of Service
Complete the development of a new independent living centre that improves outcomes for adults with a disability and / or long term condition.	October 2016	Head of Service

4.1 APPENDIX 1

Ensure that people with learning disabilities receive good quality, outcome focused care and support, including those included within the Transforming Care Fast Track work.	March 2017	Head of Service
Through the development of a quality assurance framework, we will review systems, learn lessons from surveys and complaints and develop the workforce to ensure that staff are supported and working safely and effectively	March 2017	Principal Social Worker
Develop joint working between Public Protection and Adult Safeguarding to help protect elderly and vulnerable people from rogue traders and scams.	March 2019	Trading Standards & Licensing Manager / Head of Service

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Indicator	Assignee	Targeted or Monitor	Collection Period	Target 2015/16	Proposed Target 2016/17	Proposed Target 2017/18*
NI 130	Social care clients receiving Self Directed Support	Principal Social Worker	Targeted	Financial Year	95%	TBC	TBC
NI 131	Delayed Transfers of Care (attributable to social care)	Head of Service	Targeted	Financial Year	0	TBC	TBC
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Head of Service	Targeted	Financial Year	40%	TBC	TBC
ACS P051	Access to equipment and telecare: users with telecare equipment	Head of Service	Targeted	Financial Year	1600	TBC	TBC
ACS P066	Permanent Admissions to residential care – age 65+	Head of Service	Targeted	Financial Year	823.9	TBC	TBC
ACS P072	Clients receiving a review	Head of Service	Targeted	Financial Year	75%	TBC	TBC
ACS P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	Head of Service	Targeted	Financial Year	70%	TBC	TBC
NI 125	Achieving independence for older people through rehabilitation/intermediate care (at home after 91 days)	Head of Service	Targeted	Financial Year	89.2%	TBC	TBC

4.1 APPENDIX 1

RND P133	Number of minor adaption's completed	Karen Kelly - Principal Housing Strategy Officer	Monitored	Financial Year	N/A (monitored only)
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* This longer-term target is based on the current position and may be subject to change.

SECTION 4 RISKS		
Code	Risk	Assignee
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care (particularly in relation to nursing provision) which could lead to an increase in out of borough placements.	Head of Service
CAD R035	Increased demand on adult social care services due to demographic and financial pressures, and changes within partner organisations.	Assistant Director
CAD R038	Failure to provide statutory services to safeguard vulnerable adults.	Head of Service
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge.	Head of Service
CAD R060	Failure to work effectively with partners to deliver integrated health and social care services through the Better Care Fund.	Assistant Director
CAD R061	Increased demand on Adult Social Care Deprivation of Liberty Safeguards (DOLS) due to the national implications of the Cheshire West ruling and subsequent increased activity, expenditure & risk.	Head of Service

ADULT SERVICES COMMITTEE

15 February 2015



Report of: Director of Child & Adult Services

Subject: CARE HOME UPDATE & ACTION PLAN

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

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

3. BACKGROUND

- 3.1 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 & Stockton on Tees Clinical Commissioning Group (CCG) were in attendance.
- 3.2 A presentation was provided which covered:
- Current context in terms of population, care home provision and trends in admissions;
 - Current vacancy information, impact on out of borough placements and alternatives to residential care;
 - Role of HBC in terms of care management and safeguarding;
 - Role of HBC in terms of contracts, quality monitoring and the Quality Standards Framework;
 - Role of the Care Quality Commission as the regulator of care homes;
 - Role of Hartlepool & Stockton on Tees Clinical Commissioning as the commissioner of nursing care;
 - Current national challenges including nurse recruitment, fair cost of care and the National Living Wage; and
 - Current local challenges including care home closures, moratoriums on new admissions and impact on availability of care home places.

- 3.3 The presentation also summarised work undertaken to date and planned next steps.

4. CURRENT SITUATION

- 4.1 An update for the care home sector is attached as **Appendix 1**. An update in this format will be shared with the Adult Services Committee on a regular basis.
- 4.2 An action plan regarding care home provision, which includes actions identified at the Adult Services Committee on 12 October 2015, is attached as **Appendix 2**. This identifies that progress has been made in a number of areas, but it is recognised that continued work is required to address current challenges.
- 4.3 In response to home closures in January (Four Winds and Parkview Residential Homes) a significant level of support has been provided to those homes who have accepted large numbers of new residents at short notice. This is in recognition of the fact that a sudden influx of residents, some who may have dementia and / or complex needs) can have a negative impact on a home, if the process is not well managed and the homes proactively supported. The support provided includes:
- Named care managers for all residents who have facilitated the moves, completed follow up visits within 2 weeks to ensure that residents are settled, with further visits planned after six weeks.
 - Regular visits to the homes from Link Officers within the Commissioned Services Team to provide advice, guidance and support. This has included reviewing staffing levels, advice regarding safe recruitment and support to ensure that documentation is up to date and fit for purpose.
 - Proactive support from the Intensive Community Liaison Service, provided by Tees Esk & Wear Valleys NHS Trust, that supports people in care homes who have dementia. Support provided includes delivery of training sessions in February, provision of information about services available and ongoing proactive support from the Advanced Practitioner, as well as reviews of individual residents who have dementia.
 - Increased input from the enhanced Medicines Optimisation Service commissioned through the Better Care Fund. The service supported the moves by ensuring that all residents had sufficient medication and appropriate documentation in place, and has since visited the three homes that have seen the biggest impact of the moves, providing advice and guidance and support.
 - Continued access to District Nursing and OPTIN Team provided by North Tees & Hartlepool NHS Foundation Trust.
- 4.4 The Care Quality Commission (CQC) is seeking views on its plans for the next five years as it develops its approach to regulation. CQC has changed the way it works over the past three years and its consultation document

Shaping the future, published in 25 January 2016, sets out a vision for the future regulation of health and social care.

The key themes of the consultation are:

- Strengthening CQC's use of data and information – CQC's aspiration to develop even better insights into quality of care, particularly through the use of new technologies and involving more members of the public in its work than ever before.
- Implementing a single view of quality – a single shared system of measurement that supports providers to easily monitor their own quality and share information about their performance.
- Developing methods to assess quality for populations across local areas – looking at how care is coordinated to better meet people's needs.
- Targeting and tailoring inspection activity – focusing on providers who are performing less well to encourage improvement.
- Developing a more flexible approach to registration – with greater focus on high risk providers and innovative approaches for new models of care.
- Assessing how well hospitals use resources – ensuring services are increasingly sustainable and efficient, as recommended by the Secretary of State last July.
- Moving towards a risk-based model to protect people from poor care.

The consultation is open until 14 March 2016 and a response will be submitted by the Council. The response will reflect issues raised previously by the Adult Services Committee including consistency, support for providers who require improvement and protection of people who are not receiving good quality care.

5. RISK IMPLICATIONS

- 5.1 There are no specific risk implications associated with this issue.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are financial considerations associated with the issue of care home provision, including the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal implications associated with this issue.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this issue.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this issue.

12. RECOMMENDATIONS

- 12.1 It is recommended that Adult Services Committee note the contents of this report and receive further updates on a regular basis.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Adult Services Committee has identified care home provision for older people as a priority due to the role of care homes in supporting vulnerable older people.

14. CONTACT OFFICER

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough council
Tel: 01429 523911
E-mail: jill.harrison@hartlepool.gov.uk

CARE HOMES FOR OLDER PEOPLE**CQC Ratings Published**

Care Home	Publication Date	Rating
Wynyard Woods	16 April 2015	Good
Sheraton Court	4 September 2015	Good
Seaton Hall	9 September 2015	Good
Manor Park	10 September 2015	Requires Improvement
Lindisfarne	15 September 2015	Requires Improvement
Warrior Park	5 October 2015	Requires Improvement
Elwick Grange	3 December 2015	Good
Clifton House	9 December 2015	Requires Improvement

Comparison of Ratings Nationally (all services) vs. Hartlepool Care Homes

Categorisation	National %	Hartlepool %
Outstanding	0.4%	0%
Good	66.7%	26.7%
Requires Improvement	27.6%	33.3%
Inadequate	2.7%	0%
Not Rated*	2.5%	40%

* All services that have not yet been rated will be inspected and rated by 30 September 2016.

Moratoriums

Care Home	Moratorium Implemented	Moratorium Lifted
Manor Park	31 July 2015	7 January 2016
Warrior Park	3 August 2015	21 December 2015

Vacancy Position: 25 January 2016

Care Provision	Available Beds
Residential Only	32
Nursing Only	5
Residential or Nursing	17

Out of Borough Placements

Year	Admissions
2013/14	3
2014/15	9
2015/16	9 (at 31 December 2015)

* Figures based on new permanent admissions of people aged 65+

CARE HOMES FOR OLDER PEOPLE**ACTION PLAN UPDATE – FEBRUARY 2016**

Action	Progress Update
CCG to develop commissioning intentions that improve support to care homes.	Range of CCG commissioning intentions developed to support care homes including: <ul style="list-style-type: none"> • End of Life Care/ Gold Standards Framework • Integrated Education and Training Programme • Review of OPTIN Service • Review of enhanced services commissioned from GPs to support care homes and residents at risk of hospital admission.
Review of current CCG funding for care homes.	Funding review has been undertaken and the outcome was reported to current and potential providers on 4/11/15. Fee uplifts were positively received by providers and it is hoped that increased fee levels will maintain existing provision and potentially attract new providers to the area.
Review of CCG Clinical Quality Assessment (CQA) process.	Review has been completed and new CQA tool has been developed, which will be tested and refined with existing providers prior to implementation from April 2016. The CQA tool is linked to financial incentives to recognise good quality nursing care.
Establishment of North of Tees Care Homes Commissioning Group.	Group established with representatives attending from key partner agencies - Hartlepool Borough Council, Stockton Borough Council, Hartlepool & Stockton on Tees Clinical Commissioning Group and NECS (North East Commissioning Support). The group has been established to: <ul style="list-style-type: none"> • identify issues across Hartlepool & Stockton regarding care homes; • share good practice; • review activity and improve links with GP's and community based services; and • identify opportunities to implement initiatives across both localities where there are common issues, e.g. assistive technology and digital health.
Learning from Vanguard sites – New Models of Care	Vanguard sites are still in the early stages and there is no learning to be shared at this stage. CCG is in contact with sites and will share learning as and when available.

Enhanced support for care homes linked to Better Care Fund developments.	<p>Support for care homes is identified as a priority in the BCF plan and a range of developments are being progressed:</p> <ul style="list-style-type: none"> enhanced medicines management support for all care homes has been commissioned from December 2015; options to provide enhanced support for care homes in relation to dementia is being explored with the Intensive Community Liaison Service; a proposal to provide more proactive falls support to care homes, including use of assistive technology such as falls sensors has been developed; and enhanced support for care homes outside of normal working hours is being explored.
Communication between key agencies is essential and needs to be maintained.	Regular Information Sharing meetings are established involving the Council, CQC and CCG. Ad hoc communication takes place regularly when issues or concerns arise.
Regular updates to be provided to Adult Services Committee	<p>Quarterly update reports to be provided covering developments in the sector and progress in relation to the action plan.</p> <p>Updates to include information on CQC ratings and enforcement action, moratoriums and vacancies.</p>
Provider Engagement – Managers Forum	<p>There has been one forum held since the last committee. The forum was very well attended and received by managers. The topics discussed were Healthwatch Dementia report & Medicines Optimisation service.</p> <p>All managers contributed and demonstrated how they share experiences and best practise. The dementia report was well received with commitment from all parties to review and address within their own organisations.</p> <p>The Medicines Optimisation service was introduced in January – all managers were keen to complete the suggested audit and then to action plan with the pharmacist and technician from the service to ensure the best policies, procedures and practice they could.</p> <p>A further forum is set for 12 February 2016 where Training & Education, DoLS, QSF and Infection Control will be on the agenda.</p>

ADULT SERVICES COMMITTEE

15 February 2016



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL LOCAL EXECUTIVE GROUP FOR
ADULT SAFEGUARDING – 2015/16 Q2
PERFORMANCE REPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present the Hartlepool Local Executive Group (LEG) mid-year performance report for 2015/16 and to share a summary of the progress made with the implementation of the Tees-wide Safeguarding Adults Board (TSAB) strategic aims and objectives for the same period.

3. BACKGROUND

- 3.1 The Care Act 2014 came into force in England on 1 April 2015. The Act introduces new duties and responsibilities on Local Authority adult social services as the lead agency for protecting adults at risk. This gives public services and Local Government clear responsibility to make sure that people in the most vulnerable situations are safe from abuse or neglect. Along with all other Local Authorities, Hartlepool assessed local readiness for implementation, and work has been undertaken locally and across the TSAB area to ensure that all policies and procedures are compliant with the new requirements of the Care Act.
- 3.2 The lead agency for the co-ordination of the arrangements regarding protecting vulnerable adults from abuse is the Local Authority and, where necessary, this includes coordinating the actions of other key local agencies including the NHS, the Police, housing providers and the voluntary sector.
- 3.3 To support the work of the TSAB, Hartlepool, like the other Local Authorities, established a Local Executive Group (LEG), which has responsibility for co-ordinating and providing effective inter-agency working to safeguard local

people whose circumstances make them vulnerable, and who may be at risk of abuse and neglect. The LEG supports the strategic aims and objectives of the TSAB by providing operational leadership at a local level and by embedding the Tees-wide Policy, Procedures and Practice Guidance in front line practice.

- 3.4 Inextricably linked to safeguarding and protecting adults from abuse or significant harm are Deprivation of Liberty Safeguards (DoLS). These safeguards have been in place since April 2009 under the auspices of the Mental Capacity Act 2005 and the Local Authority is the lead agency and Supervisory Body for ensuring that people who, for their own safety and in their own best interests, need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack capacity to consent, are only 'deprived' following due process.
- 3.5 A Supreme Court judgement in March 2014 had a major impact on the way Deprivation of Liberty Safeguards (DOLS) were interpreted and applied, as has been reported to the Committee previously.

4. YEAR END PERFORMANCE

- 4.1 The 2015/16 Q2 Performance Report is attached at **Appendix 1**. The new reporting format was developed by the TSAB Business Unit and includes information on safeguarding activity, categories of abuse and outcomes as well as DoLS activity and local developments / issues.
- 4.2 The report identifies that there has been a significant increase in safeguarding alerts identifying possible cases of abuse of adults but a reduction in the number of alerts that then led to further investigation and action under safeguarding adult procedures. It is important to highlight that although 124 alerts required no specific further action in terms of safeguarding procedures, these alerts were genuine concerns reported to the Department and each alert was examined and appropriately risk managed. These alerts were then managed through interventions by social work and care management teams or the Commissioned Services Team; dealt with as complaints or managed by providing more detailed information, advice or guidance at the contact point, usually in relation to sign-posting people to relevant health professionals. The increased number of alerts is positive as it reflects that people are more aware of potential abuse of vulnerable adults and better informed about how to raise concerns. It also means that lower level concerns that do not meet the threshold for a safeguarding investigation, are brought to the Council's attention and appropriately addressed before potentially escalating further.
- 4.3 The report also highlights the impact of the changes in relation to DoLS. Referrals increased from 38 in 2013/14 to 648 in 2014/15 (an increase of 1605%). Q2 data indicates that the increase in activity is continuing and it is estimated that there will be approximately between 900-950 referrals in 2015/16 based on activity to date. As reported previously, this has created a

significant pressure for Adult Services in relation to staffing, with a new team created to manage the additional work, and budgets, as the costs for legal advice, additional applications to the Court of Protection and access to Section 12 Mental Health Assessments are all borne by the Local Authority. The same issues are being experienced by all Local Authorities in relation to DoLS, as the increased activity is due to a change in legislation. In the north east region, all Councils have experienced large increases ranging from 515% to over 2000%.

5. DEVELOPMENTS IN 2015/ 16

5.1 There have been a number of significant developments in relation to adult safeguarding to date in 2015/16:

5.1.1 The TSAB has continued to meet as the statutory safeguarding board for the four Tees Local Authorities with an Independent Chair appointed and a Business Unit to support safeguarding work across Tees. Local Authorities are represented on the TSAB by their Director with responsibility for Adult Services and their lead member for Adult Services. The first TSAB Annual Report and Strategic Plan were developed.

5.1.2 The TSAB sub-groups continue to meet to take specific projects forward:

Learning, Training and Development

Training Strategy has been developed and a Learning Training and Development Co-ordinator is to be appointed. Work is ongoing with the Virtual College to launch the first 3 courses; Safeguarding Adults Awareness, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Policy, Procedures and Practice

The following policies and procedures have been reviewed to improve consistency across the TSAB area and to ensure that all documentation is Care Act compliant.

- Teeswide Inter-Agency Safeguarding Adults Policy
- Teeswide Inter-Agency Safeguarding Adults Procedures
- Decision Support Tool
- Teeswide Inter-Agency Safeguarding Adults Alert Form
- Single Agency Policy
- Serious Concerns Protocol

Performance, Audit & Quality

A Quality Assurance Framework (QAF) and Self-Audit Tool have been developed and are being piloted.

Communication & Engagement

A Communication and Engagement Strategy has been produced to inform future work. A TSAB website has been developed as a focal point for sharing of information regarding adult safeguarding, and a resource for professionals to access up to date policies, procedures and guidance. This is supported by a regular e-Bulletin highlighting key developments and issues for professionals.

Safeguarding Adult Reviews

Action Plans relating to Serious Case Reviews are now monitored through the TSAB Safeguarding Adult Reviews sub group which holds all agencies to account to ensure that actions are delivered within agreed timescales and evidence is provided that lessons have been learned and disseminated.

- 5.1.3 Local Executive Groups have been established in each Local Authority area. Membership has been reviewed recently and additional members have been invited to join the Hartlepool LEG including representatives from Thirteen Group, a care home provider and Hartlepool Carers.
- 5.1.4 A TSAB Self Neglect conference took place in January 2016 and a TSAB Development Day is planned in February 2016.
- 5.1.5 The Making Safeguarding Personal pilot scheme continues to assess and evaluate the experience and outcomes of people who use safeguarding services. The pilot scheme focused on people living in residential and nursing care due to the high proportion of reported safeguarding incidents from these settings, and the potential learning that could be gleaned. An independent evaluation has been commissioned to inform strategic decision making going forward and the outcome will be reported later this year.
- 5.1.6 Following a project undertaken by Healthwatch Hartlepool regarding hospital discharge arrangements, an improvement action plan has been developed in response to the recommendations made. Adult Services are working with North Tees and Hartlepool NHS Foundation Trust and Healthwatch Hartlepool to monitor progress and review the concerns raised as part of the safeguarding preventative agenda so lessons can be learnt and hospital discharge practice can be improved. The LEG receives regular updates regarding this issue.

6. RISK IMPLICATIONS

- 6.1 There are no specific risk implications associated with this report.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations associated with this report.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations associated with this report.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

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

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations associated with this report.

11. STAFF CONSIDERATIONS

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

12. ASSET MANAGEMENT CONSIDERATIONS

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

13. RECOMMENDATIONS

- 13.1 It is recommended that the Adult Services Committee:
- note the contents of this report;
 - note the continued increase in DoLS activity; and
 - receive further updates regarding safeguarding issues as required.

14. REASONS FOR RECOMMENDATIONS

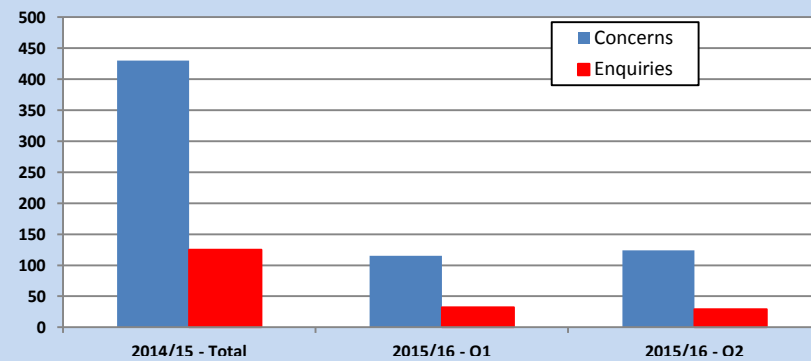
- 14.1 The Local Authority has the lead responsibility for the co-ordination of adult safeguarding arrangements and the implementation of Deprivation of Liberty Safeguards.

15. CONTACT OFFICER

John Lovatt
Head of Service - Adult Services
Email: john.lovatt@hartlepool.gov.uk
Tel: 01429 523903

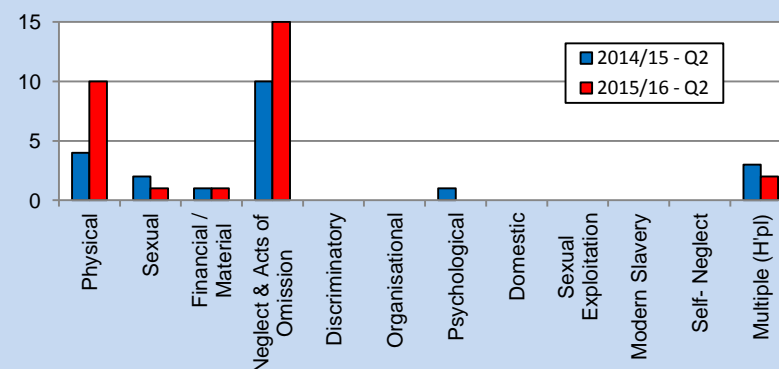
Hartlepool Local Executive Group - Performance Report Q2 2015/16

Number of Concerns / Enquiries



Both concerns and enquiries have increased in Q2 of 2015/16 compared to the same period in 2014/15, while enquiries have reduced slightly compared to Q1 (32 down to 29). At the current rate, the total number of enquiries in 2015/16 is expected to exceed 2014/15.

Category of Abuse



Analysis by category of abuse shows similar levels in Q2 of 2015/16 to the previous year, with the main increase in 'neglect' (from 10 to 15).

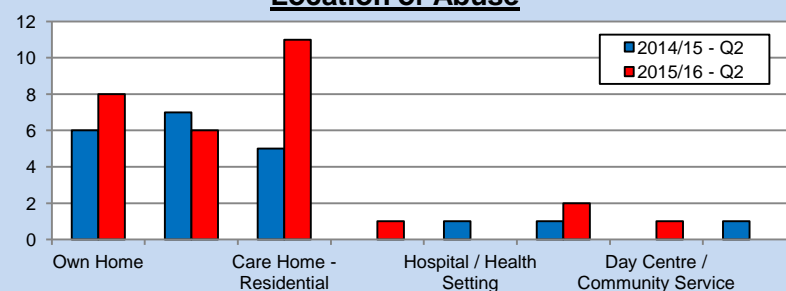
Demographics

Ethnicity - 1.6% of enquiries were from people other than White British (in line with population) in the first 6 months of 2015/16.

Age - 72% of enquiries in Q2 relate to people aged over 65 - a slight increase on the same period in the previous year (67%).

Gender - 61% of enquiries in Q2 related to females - which is in line with 2014-15.

Location of Abuse



Note:

Where items in the above chart do not appear, this is because they are 0.

Summary

This report provides an overview on the Safeguarding Adults Activity in Hartlepool during Q2 of 2015-16. Some key areas to highlight during this quarter include:

(1) One Serious Case Review was completed by an Independent Investigating Officer in Q2. One recommendation was made and a response to this action has been provided by HBC. The Executive Summary and HBC's response to the recommendation will be considered by the TSAB SAR Sub Group in January 2016.

(2) The action plan for a Management Review (AB) that was instigated prior to the LEG being established has been updated and all actions are now implemented. The updated action plan will go to the TSAB SAR Sub Group in January for sign off.

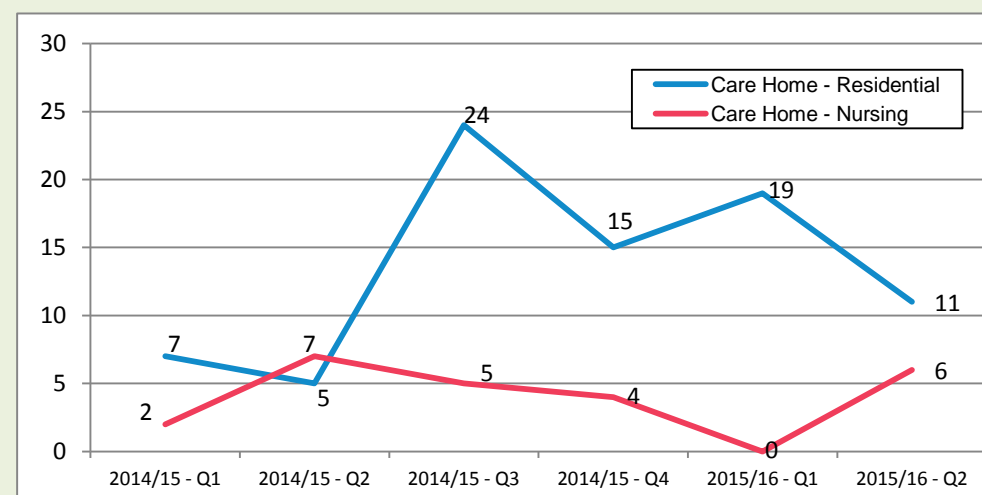
(3) Hartlepool Borough Council implemented a Making Safeguarding Personal pilot within the Safeguarding, Quality & Review Team to assess and evaluate the experience and outcomes of people who use safeguarding support services. This was initially focused on people living in residential and nursing care due to the high proportion of safeguarding referrals in these settings, and the potential learning that could improve outcomes for this vulnerable group. An independent evaluation of this project has been commissioned and work continues across Tees to determine the best approach to Making Safeguarding Personal and how outcomes can inform future priorities and learning.

Nursing Care

Safeguarding referrals from nursing homes are reducing from a peak in 2013/14, when 36 out of 152 referrals (24%) were from nursing care home settings.

In 2014/15, this reduced to 14% (18 out of 125 safeguarding referrals) and for the first six months of 2015/16 the proportion has continued to reduce to 10%.

This is still a relatively high proportion of all people in nursing care, as the overall numbers in nursing care over the last year have varied between 150 to 170.



Note:

The overall use of nursing beds by Hartlepool Adult Social Care has reduced from approx 169 (August 2014) to 149 (December 2015).

DoLS

The number of DoLS referrals has continued to greatly increase, as expected.

In 2013/14 there were 38 referrals.

In 2014/15 there were 648 referrals.

Based on Q2 activity it is estimated that there will be 900-950 referrals in 2015/16.

Outcomes

Outcomes for Adults at Risk

In the Q2 of 2015/16, 15% of cases result in increased monitoring with a further 15% resulting in a 'move to increased / different care'. No further action occurs in 45% of cases, which is an increase on 33% last year.

Outcomes of Episodes

In Q2, 11 out of 21 cases (55%) with identified outcomes, were either substantiated or partly substantiated, which is a slight increase on the same period in 2014-15 (52%).

Local Perspective & Operational Views

(1) In response to serious concerns raised regarding the service delivery to vulnerable people in two nursing homes operated by the same provider, the Teeswide Safeguarding Adults Board's Serious Concerns Protocol has implemented. Regular meetings are taking place involving the Care Quality Commission; Clinical Commissioning Group; North Tees & Hartlepool NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and Hartlepool Borough Council to share information and mitigate risks associated with the concerns raised. Moratoriums on admissions to both homes were implemented from early August 2015 and remained in place at the end of Q2.

(2) Home closures and implementation of moratoriums continues to create pressures in terms of availability of care home beds and choice for potential residents. HBC is working closely with the CCG to address these concerns with a number of actions implemented and further plans developed.

(3) In relation to the location of reported allegations of abuse, the most common location continues to be care homes, with a significant proportion of overall activity focused in this area. Historically, reported allegations of abuse have always been higher in this sector than elsewhere which is why the Making Safeguarding Personal initiative focused on engaging with the victims of reported abuse or their advocates in registered facilities so that the Council could listen to people's views; learn lessons; reduce risks and improve standards.

Hartlepool - Any further key issues to highlight

(1) Due to the implications of the Care Act 2014, HBC is reviewing a number of the Department's procedures and practice guidance to ensure they are Care Act compliant including the information relating to:

- Local Authority Designated Officer (LADO) Policy and Procedure
- Running and Missing Procedures
- Multi-Agency Risk Assessment Conference (MARAC) Arrangements
- Multi-Agency Public Protection Arrangements (MAPPA)
- Hate Crime and Mate Crime Procedures
- Vulnerable Victims Procedures

(2) Following a project undertaken by Healthwatch Hartlepool which looked into the effectiveness of hospital discharge arrangements, an action plan was developed in relation to the recommendations which were made. Hartlepool Borough Council (HBC) are working with North Tees and Hartlepool NHS Foundation Trust and Healthwatch Hartlepool to monitor and evaluate the concerns raised as part of the safeguarding preventative agenda in order to learn lessons and improve hospital discharge practice and thereby preventing significant harm occurring.

(3) In 2015/2016 safeguarding training was provided to a range of staff:

April	Safeguarding Foundation	(2 Sessions)
May	Safegaurdiing Foundation	(2 Sessions)
June	Safeguarding Foundation	(2 Sessions)
September	Safeguarding Foundation	(2 Sessions)
November	Safeguarding Foundation	(2 Sessions)
January	Safeguarding Adults Intermediate	(1 Session)
February	Safeguarding AdultsFoundation	(2 Sessions)

Identified staff members attended training in January 2016 organised by the TSAB. This was a module based two day training event covering the implications of the Care Act with the intention of promoting best practice across Tees.

ADULT SERVICES COMMITTEE

15 February 2016



Report of: Director of Child & Adult Services

Subject: HOSPITAL DISCHARGE: ACTION PLAN –
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 members of the Adult Service Committee in relation to the action taken following Healthwatch Hartlepool's Hospital Discharge Project.

3. BACKGROUND

3.1 HealthWatch Hartlepool (the independent consumer champion for patients and users of health & social care services in Hartlepool) undertook a Hospital Discharge Project in 2014 following concerns raised by patients and partner organisations regarding problematic discharge experiences, particularly in cases where a complex package of care and post discharge support was needed.

3.3 The Hospital Discharge Project 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 was presented to Hartlepool's Health & Wellbeing Board on 12 January 2015 and an action plan was developed in response to the recommendations, which was considered by the Adult Services Committee on 8 June 2015.

4. RESPONSE TO RECOMMENDATIONS

4.1 The HealthWatch Hartlepool report made a number of recommendations. The Action Plan attached at **Appendix 1** lists those recommendations and outlines action being taken in order to address each recommendation.

- 4.2 It should be noted that a lot of the issues raised in relation to hospital discharges are reflected in Hartlepool's Better Care Fund plan, which aims to create more integrated services, improve sharing of information, enhance seven day working and increase support for people in their own homes to either prevent hospital admission or support reablement following a hospital discharge.

5. CURRENT PERFORMANCE

- 5.1 One potential outcome when hospital discharge processes are not as effective as they could be is that people can stay in hospital for longer than is necessary (after the point they have been declared as medically fit for discharge and safe to transfer). This is referred to as a 'delayed discharge' or a Delayed Transfer of Care (DTOC).
- 5.2 There are two national performance indicators relating to Delayed Transfers of Care – one measure records all DTOCs and one records those DTOCs that are 'attributable to adult social care' (this would include delays due to a patient waiting for a social care assessment or a patient waiting for a package of care or residential care placement to be arranged after an assessment has been completed).
- 5.3 The 2015/16 Q1 performance report indicated that the overall number of DTOCs for Hartlepool was reducing and meeting the BCF target (as reported in Better Care Fund quarterly return), with 378 'days delayed' reported for Hartlepool residents in April – June 2015 compared to 694 for the same period the previous year.
- 5.4 The Q2 performance report again shows an improvement with 591 'days delayed' reported for Hartlepool residents in April – June 2015 compared to 734 for the same period the previous year, but the increase from Q1 to Q2 means that the Q2 BCF target has not been achieved. Performance against this indicator will continue to be closely monitored through the BCF Pooled Budget partnership Board and reported in the quarterly BCF returns.
- 5.5 The latest performance information for DTOCs that are attributable to adult social care indicates that there continue to be no delays reported owing to adult services, as has been the case in Hartlepool since this performance indicator was introduced.

6. RISK IMPLICATIONS

- 6.1 There are no risk implications associated with this report. Any risks relating to the wider hospital discharge process are managed through the Better Care Fund governance arrangements.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations associated with this report. Improvements to the hospital discharge process are being achieved partly through reconfiguration of existing resources, with additional funding identified from the Better Care Fund Pooled Budget to address issues such as improved information sharing and seven day working.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations associated with this report.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

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

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations associated with this report. Any improvements to the hospital discharge process will improve services and user experience for vulnerable adults who require support.

11. STAFF CONSIDERATIONS

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

12. ASSET MANAGEMENT CONSIDERATIONS

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

13. RECOMMENDATIONS

- 13.1 It is recommended that members of the Adult Services Committee note the progress made to address the recommendations of Healthwatch Hartlepool's Hospital Discharge Project, noting also the links to the Better Care Fund.

14. REASONS FOR RECOMMENDATIONS

- 14.1 Improving the hospital discharge process will potentially deliver significant benefits linked to the Better Care Fund outcomes, including a reduction in readmissions following a hospital stay, reduced duplication through integrated working and a better experience for people using services and their families / carers.

15. CONTACT OFFICER

John Lovatt
Head of Service - Adult Services
Level 4 Civic Centre
Hartlepool, TS24 8AY
E-mail: john.lovatt@hartlepool.gov.uk

APPENDIX 1

HEALTHWATCH HARTLEPOOL HOSPITAL DISCHARGE PROJECT – ACTION PLAN

Recommendation	Action	Lead Organisation(s)
<p>1. Post discharge care and support pathways are complex, fragmented and confusing. There is an urgent need to review existing processes with a view to consolidation and simplification.</p>	<p>Linked to Better Care Fund developments an outline model for Early Intervention and Intermediate Care has been agreed.</p> <p>The model will include a focus upon discharge and care and support pathways in order to simplify existing processes with an initial focus on patients known to health and social care and subsequently those who are unknown prior to hospitalisation.</p> <p>The Trust will work in partnership with the LA and CCG colleagues in support of the BCF work. In addition NTHFT will focus on its communication with patients, families and carers as a defining principle of future work around the development of more effective discharge plan and process.</p> <p>HBC UPDATE (JAN 2016)</p> <p>The hospital discharge liaison and patient flow team have been reconfigured under one leadership which is streamlining the discharge process. A proposal to further enhance HBC's Early Intervention Model has recently been agreed. The additional funding identified from the BCF Pooled Budget to provide the enhanced model will support quicker handovers from Rapid Response Nursing to HBC, freeing up time for more proactive work with primary care regarding admission prevention.</p>	<p>HBC</p> <p>NT&H NHS FT</p> <p>HAST CCG</p>
<p>2. Work should be undertaken in order to ensure that communication and cross service working is maximised across all aspects of the discharge pathway and to ensure seamless, timely, problem free patient</p>	<p>Work is underway to consider options relating to IT support using 'cloud' technology to improve information sharing and access to case records.</p> <p>HBC / CCG UPDATE: JAN 2016</p> <p>The project is still ongoing; steps have been taken to identify a system to enable GP systems to be able to share information based on the summary care record. This platform is required to enable other systems to link in and share information within a 'cloud' environment. The steering group meets on a regular basis with technical task and finish groups meeting as required. The project is challenging, particularly around information governance, and to that end a short term post has been recruited in to.</p>	<p>HBC</p> <p>NT&H NHS FT</p> <p>HAST CCG</p>

<p>transition. This needs to include improving the compatibility of I.T. systems and wherever possible the sharing of patient information and care records in order to maximise continuity of patient care.</p>	<p>A team is being developed that will provide intensive support in the ward area focused on embedding a more robust communication process between patients, family, carer, staff and external organisations. The aim is to empower patients, family and carers to monitor and challenge the standards of their own discharge, becoming an equal partner in the process.</p> <p>In addition under the 'Transfer of Care' project community pharmacists will be linked to consenting patients via secure electronic link (using PharmOutcomes) to provide further support and information and answer any questions the patient has following discharge.</p> <p>NTHFT will explore with HBC the information required to support patients post discharge with a view to develop more robust communication.</p> <p>HBC UPDATE: JAN 2016</p> <p>Local Authority Social Workers have been issued with mobile devices to enable them to work more flexibly, including from the hospital environment. In line with BCF plans, a Daily Discharge Planning Meeting has been re-established (formerly known as Multilink) to support a consistent, multidisciplinary approach to discharges with improved information sharing.</p>	
<p>3. The Better Care Fund should be a primary driver for developments of this nature and should be used as a vehicle to instigate improved continuity during discharge and subsequent patient reablement and ongoing care and support provision.</p>	<p>The BCF is recognised as the primary driver for making any necessary improvements in operational systems at the interface between health and social care and systems and processes are in situ to ensure discussions take place about the way forward.</p> <p>HBC UPDATE: JAN 2016</p> <p>A number of Better Care Fund initiatives and linked developments have been implemented that aim to improve the discharge process including:</p> <ul style="list-style-type: none"> • Co-location of first contact services and teams that support the discharge process; • 7 day social work input, focused on hospital discharges; and • Additional home care capacity commissioned to facilitate weekend discharges. <p>Further developments are planned to improve the discharge process and pathways including:</p> <ul style="list-style-type: none"> • An enhanced Early Intervention Service that will facilitate more timely handovers from Rapid Response Nursing to Adult Social Care. 	<p>HBC NT&H NHS FT CCG</p>

	<ul style="list-style-type: none"> • A review of the Emergency Care Therapy Team discharge process; and • A review of the Patient Choice Policy associated with hospital discharges. <p>The Trust will work in partnership with the LA and CCG colleagues in support of the BCF work.</p>	
4. Wherever possible, hospital discharge should be a seven days a week process and all agencies should aim to make this a safe and viable reality.	<p>Once the model is finalised, opportunities will be explored to facilitate a seven day a week discharge, where possible. Prior to the introduction of this development assurance will be required regarding patient safety, patient well-being, financial viability, and associated risks and these will be key determinants to the successful implementation, as will ensuring that statutory accountabilities are adhered to.</p> <p>HBC UPDATE: JAN 2016</p> <p>A 'pilot' has commenced in Hartlepool to facilitate hospital discharges for people with social care needs, seven days per week. The effectiveness of this 'pilot' will be evaluated and will take into account patient safety and well-being; financial viability and monitoring of any associated risks.</p> <p>Social Workers are 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 capacity commissioned from 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.</p> <p>The Trust is currently redefining the strategy and model around discharge in order to facilitate more effective seven day discharge. This is being done within the context of the development of the broader outline model and the integration of services around more effective discharge.</p> <p>The Trust is undertaking a Rapid Process Improvement Workshop with end date of September 2015, as part of the 'breaking the cycle' report from the DH.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>NTHFT have aligned their practice regarding discharge liaison to work alongside the Social Workers including discharge liaison seven days a week. Breaking the Cycle</p>	<p>HBC</p> <p>NT&H NHS FT</p> <p>CCG</p>

	was completed in September with lesson learnt informing design of patient flow team and practice changes with partner agencies.	
5. Pre-discharge discussions with patients, carers and family members must be started at the earliest possible opportunity, and should be conducted in plain simple jargon free language.	<p>The hospital discharge policy and related procedure(s) including information provided to patients, carers and family members will confirm that discussions relating to discharge will commence at the earliest possible opportunity.</p> <p>The development and implementation of a care transition team as previously mentioned will ensure that 2 way communication between the patients, carers and families is commenced at the earliest opportunity, embedding a culture of effective partnerships to deliver a patient centred discharge plan and in a way that is easily understandable.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>The 'Choice' policy is being reviewed and all information provided will be 'easy read'.</p>	NT&H NHS FT
6. Patient and carer/family member understanding of the contents of discharge summary letters must always be thoroughly checked in order to ensure understanding of future care, treatment, transport home requirements and medication arrangements prior to actual discharge. Also, clear information regarding services or organisation to contact if they are not happy, want to make a complaint or need further help and support post discharge should be provided by	<p>The hospital discharge policy and related procedure(s), including information provided to patients, carers and family members will confirm that the contents of discharge summary letters will be checked as outlined and the information will include providing advice about who to contact if an individual is dissatisfied.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>Once the 'Choice' policy is implemented an audit to review the impact of the Choice policy will be undertaken to ensure all the necessary information is provided.</p> <p>This action will be monitored by the Discharge Steering Group, chaired by NTH NHS FT and attended by HBC.</p> <p>HBC UPDATE: JAN 2016</p> <p>HBC continue to participate in the Discharge Steering Group and any concerns regarding discharges are raised via the safeguarding Local Executive Group.</p> <p>The development and implementation of a care transition team will ensure that 2 way communication between the patients, carers and families is commenced at the earliest opportunity, embedding a culture of effective partnerships to deliver a patient centred discharge plan and in a way that is easily understandable.</p> <p>The Trust is currently initiating a monthly audit of the DP1 Patient Discharge Plans to</p>	HBC NT&H NHS FT

the named Discharge Co-ordinator.	ensure that all the necessary information and support has been provided to the patient and that it has been recorded.	
7. Consideration should be given to developing an enhanced level of discharge support to patients who have difficulties planning for and anticipating their future needs without help. It is important to acknowledge that time and skill is needed to consult with all parties including patient, family and carers.	<p>The outline model takes into account all the circumstances of an individual at the point of admission through to discharge back into the community.</p> <p>The Trust will work in partnership with the LA and CCG colleagues in support of the BCF work. In addition NTHFT will focus upon it's communication with patients, families and carers as a defining principle of future work around the development of more effective discharge plan and process.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>The introduction of the new Delayed Transfer of care guidance and the need to send an assessment notification on admission will support early identification of patients who are likely to have needs on admission. This will be developed over the next couple of months linked with implementation of the BCF plan.</p>	<p>HBC</p> <p>NT&H NHS FT</p>
8. Under no circumstances should a patient with a complex package of care and complex needs be discharged back home or into a care facility after 5pm.	<p>If the model is implemented and effectively monitored patients with complex needs shouldn't be discharged after 5pm <u>unless</u> appropriate arrangements are in place and the associated risks are identified and effectively managed.</p> <p>The newly revised discharge policy supports a more proactive approach to discharge planning therefore aiming to safely discharge patients before 5.00pm. This proactive approach will be embedded through the development and application of a new discharge model and practical support that will be provided by the care transition team, empowering patients, families and carers to become an equal partner in the discharge planning process.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>The work being carried out which commenced in January 2016 to reconfigure patient flow and Discharge Liaison also includes arrangements for transport and the discharge lounge. One of the aims of the pilot will be to aim towards earlier in the day discharges where possible.</p>	<p>HBC</p> <p>NT&H NHS FT</p> <p>CCG</p>

APPENDIX 1

<p>9. A review of day of discharge dispensing should be conducted with a view to reducing the delays patients experience waiting for medication to arrive. This should involve all aspects of this process including the part played on the wards by Doctors and Consultants and the potential for prescribing minor medication via a named communication with patient consent.</p>	<p>Work is being undertaken to establish the delays encountered in relation to receipt of medication prior to discharge. This information will provide a foundation for the improvement and development of systems and processes around medication. The care transition team will ensure that activities relating to medication are carried out in a more proactive manner.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>This is being taken forward through work co-ordinated by the Discharge Committee. The outputs can be seen in the “Perfect Week” and “Kick Start January” projects and involves pharmacy ward support, pre-packs in Omnicells and visibility of the information on time of prescription being generated.</p>	<p>NT&H NHS FT</p>
<p>10. There is the potential for enhanced support from community pharmacies. By identifying those patients who could benefit from specialised advice and support on the most appropriate use and benefits of their medicines post discharge. Also the development of enhanced IT systems which would facilitate sharing of patient summary care</p>	<p>Pharmacy is about to implement a service in which patients will be referred on discharge to their community pharmacist for further services. All suitable patients who consent for referral will be referred by secure electronic link (using PharmOutcomes) to the community pharmacy of their choice. The community pharmacist will contact the patient within 3 working days of referral to offer a consultation and provide further support and information.</p> <p>NT&H FT UPDATE: JAN 2016</p> <p>The PharmOutcomes scheme is being managed regionally by the Medicines Optimisation Work Stream of the AHSN, and locally we are seeing an increase in referrals to this service. The outcomes are being looked at via an academic team at Durham University.</p>	<p>CCG</p> <p>NT&H NHSFT</p>

information.		
<p>11. A full review of current and future nursing beds should be conducted by the Hartlepool and Stockton CCG and appropriate commissioning arrangements put in place in order to met needs.</p>	<p>A review of nursing home capacity for Hartlepool has commenced with strategic partner agencies working together to discuss challenges, identify potential future requirements for nursing care capacity and agree a way forward, which will include engaging with the market.</p> <p>HBC / CCG UPDATE: JAN 2016</p> <p>A review has been completed and nursing home capacity remains a concern. There are national issues in relation to nurse recruitment, fair cost of care and National Living Wage, and local issue relating to home closures and homes with embargoes on new admissions which have had an impact on capacity. A number of actions have been taken to date including:</p> <ul style="list-style-type: none"> • establishment of a North of Tees Care Home Commissioning Group; • a review of CCG funding for nursing care resulting in revised fees; • development of a Clinical Quality Assessment Tool and an incentive scheme to financially reward good quality nursing care; and • enhanced medicines management support for all care homes has been commissioned from December 2015. <p>The CCG has also developed a range of commissioning intentions for 2016/17 to support care homes including:</p> <ul style="list-style-type: none"> • End of Life Care/ Gold Standards Framework; • Integrated Education and Training Programme; • Review of OPTIN Service; and • Review of enhanced services commissioned from GPs to support care homes and residents at risk of hospital admission. <p>There is an ongoing commitment to engage with existing and potential new providers to sustain existing capacity and encourage new the development of new provision.</p> <p>Support for care homes is identified as a priority in the BCF plan and a range of further developments are being explored including:</p> <ul style="list-style-type: none"> • Provision of enhanced support for care homes in relation to dementia via the 	<p>HBC</p> <p>CCG</p>

	<p>Intensive Community Liaison Service;</p> <ul style="list-style-type: none"> • a proposal to provide proactive falls support to care homes, including use of assistive technology such as falls sensors; and • enhanced support for care homes outside of normal working hours. 	
<p>12. Consideration must be given to ensuring that providers of extra care and sheltered housing are always informed when residents are being discharged and the 'discharge card' suggested by Housing Hartlepool should be revisited.</p>	<p>Following implementation of the agreed model, a task and finish group will be established focused specifically on Extra Care and Sheltered Housing facilities to maximise community resources and consider preventative initiatives as well as discharge arrangements. This will include revisiting the proposal for a Discharge Card.</p> <p>HBC UPDATE: JAN 2016</p> <p>The new model is still in the early stages of implementation. A Task & Finish Group will be established by end of March 2016 to review links with housing, and providers of extra care and sheltered housing.</p> <p>NTHFT will work with the LA in reviewing the implementation of the "discharge Card". However it is anticipated that where any communication is required like that mentioned then this activity will become routine practice supported by the newly implemented discharge policy, care transitions team and development of a new discharge model.</p>	<p>HBC</p> <p>NT&H NHS FT</p> <p>CCG</p>