

## TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

18 April 2018

### **PRESENT -**

#### **Representing Darlington Borough Council:**

Councillors Newall (in the Chair), J Taylor and Tostevin.

#### **Representing Hartlepool Borough Council:**

Councillor B Harrison.

#### **Representing Redcar and Cleveland Council:**

Councillors N Cooney and I Jeffrey.

#### **Representing Stockton-on-Tees Borough Council:**

Councillors E Cunningham and L Hall.

**APOLOGIES** – Councillors G Hall and L Hamilton, Hartlepool Borough Council; Councillors E Dryden, D Rooney and J McGee (Middlesbrough Council); Councillor L Grainge, Stockton-on-Tees Borough Council; and L Stones and J Stevens, Scrutiny Officers (Hartlepool Borough Council).

**OFFICERS IN ATTENDANCE** – K Graves (Darlington Borough Council), C Breheny (Middlesbrough Borough Council), A Pearson (Redcar and Cleveland Borough Council) and P Mennear (Stockton-On-Tees Borough Council).

**EXTERNAL REPRESENTATIVES** – D Gardner, Acting Director of Operations, Tees, Dr C Lanigan, Head of Planning and Business Development, L Taylor, Head of Service, Offender Health and Forensic Outreach Service, R Hand, Offender Health and Forensic Outreach Service, and D Colmer, Senior Nurse, Quality and Risk, Tees Esk and Wear Valley NHS Foundation Trust (TEWV).

**23. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**24. MINUTES** – Submitted – The Minutes (previously circulated) of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 19 January 2018.

**RESOLVED** – That the Minutes be approved as a correct record.

**25. MATTERS ARISING** – Following a question Members were advised that following legal advice it was not felt appropriate to hold an Inquiry into Roseberry Park Hospital building defects. Further clarification determined that a Task and Finish Review Group could be undertaken on the effect on service users and Members requested this item be placed on the Work Programme.

Dominic Gardner, Acting Director of Operations, Tees Esk and Wear Valley NHS Foundation Trust provided Scrutiny Committee with the present situation in relation to Roseberry Park Hospital including the completion of intrusive surveys by the end of April to determine what works were required and older people's inpatient services being moved temporarily to Sandwell Park.

It was also confirmed that there was an ongoing Court process to determine liability and that checks would be made to determine who was liable for legal costs.

Councillor Cunningham updated Scrutiny Committee on the flu vaccination provided for the Tees Valley area although confirmed that there was no information available on which strain of flu was presenting most at hospitals.

**26. OFFENDER HEALTH AND FORENSIC COMMUNITY SERVICES** – The Head of Service, Offender Health and Forensic Outreach Service, TEWV provided a PowerPoint presentation outlining the work of the Offender Health and Forensic Community Services (OHCFS).

The OHCFS had developed over recent years and now provided a service covering the Prison Mental Health Contract for ten prisons in the North East and North West; Women's Prison Health at HMP Low Newton; and Community Offender Health Services.

The Criminal Justice Liaison Service (CJLS) worked across County Durham and Darlington and provide assessment and liaison for people with mental health problems who were either currently in the criminal justice system or at risk of entering the criminal justice system. The CJLS addressed service users' health and social care needs and provided signposting for all other people who did not meet the criteria for adult mental health services.

Due to the low threshold for referral to the CJLS there would be a number of people seen who may not require TEWV Trust services although during assessment a number of other needs may be identified such as housing, counselling or benefit advice. The Team would identify those services and refer people on. Prior to any referral, consent is obtained from the individual. A follow up approach was made to ensure service users had engaged with the services they had been referred to.

It was reported that all police custody suites should have access to an all-age liaison and diversion (L&D) service. TEWV's was based in Middlehaven, Middlesbrough and comprised three teams across two police forces. The Service provided case identification, screening, assessment, referral and liaison with mental health services.

Criminal Justice Agencies were trained to recognise possible signs of mental ill health, learning disabilities and/or substance misuse in offenders and once an offender was identified as having a mental health issue or vulnerability, the L&D practitioner would offer screening to provide them with evidence to support a further assessment if this is required. Following a detailed assessment of the service user the L&D practitioner had several avenues of referral available to them including mainstream health and social care services, follow up support including further appointments with L&D team or support to attend appointments with other services.

If Police had concerns around Voluntary Attendees, a person suspected of committing a criminal offence who is interviewed but not under arrest, the L&D team would undertake a check on the persons mental health to determine if an assessment was required.

Liaison and Diversion covers many elements of concern in relation to vulnerability and service users most likely to be referred and benefit from the service include those with complex difficulties.

One of the largest elements of the Offender Health Service was prison healthcare covering seven prisons in the north east and three in the North West where North East residents could be located. Members noted that HMP Durham was now a receiving prison and all remand prisoners were held there.

Of the 250,000 people received into custody and community services per year 90 per cent presented with mental health problems including severe mental illness (psychosis), personality disorders, learning disabilities, drug and alcohol abuse, mood disorders, bipolar and depression. Mental health in prisons caused issues for both patients and staff and it was noted that a four stage Stepped Model Approach, equivalent to an IAPT Service, had been adopted. The stages were Receiving/Initial assessment; identification of need for specialist services; treatment; and discharge whereby service users received 10 days support after their release.

The Integrated Support Unit (ISU), established in HMP Durham in October 2017, aimed to develop therapeutic engagement and care plans that could be shared with wider staffing teams to support an individual to move on and be successful in other accommodations. The ISU has a maximum capacity of 17 and aims to develop closer links with secure hospitals to promote better joined up working thereby improving transitions when it was required to transfer individuals, both from prison to hospital and also when readmissions back to prison were needed.

HMP Holme House is a drug recovery prison, which aimed to enable people to recover from being dependent and become drug free by way of staff support, interventions focussing on strengths and nurturing support systems.

In relation to women's prison health it was reported that HMP Low Newton ran the Offender Personality Disorder Programme (OPDP) for twelve women aged over 18 years. They had to have a minimum of three years left of their sentence to serve with no current or pending appeals. The Programme had four key areas of investment in early identification of personality disorder (post sentence); risk assessment, case formulation and sentence planning in the community; increased treatment places in prison; and increased, knowledge, understanding and competency across all agencies.

Services in HMP/YOI (Young Offenders Institute) also included PIPE (Psychologically Informed Planned Environments) which provided a sense of identity, belonging and enhanced opportunities for learning new skills that could be utilised once the service user has left prison.

Scrutiny was advised that the Forensic Outreach Service, based at Roseberry Park, managed the transition of high risk individuals with recognised mental disorders through

secure care services into the community. The service was made up of a multi-disciplinary team of specialists including medical, nursing, social workers, psychology and support staff.

The Forensic Outreach service also worked in conjunction with inpatients services and community services to support the delivery of a broad range of positive therapeutic interventions, from self-development to offence-specific risk reduction.

It was stated that the Offender Personality Disorder (OPD) Pathway Programme was based on a 'whole systems' community-to-community pathway approach co-commissioned by NHS England and National Offender Management Service (NOMS).

Individuals that entered the pathway were mainly managed by the Criminal Justice System (CJS) in either prison and/or in the community, with some services also provided in Secure Health settings. The pathway preserved the concept of 'joint operations' whereby responsibility for an offender's pathway was shared between health and the Criminal Justice System.

The Psychological Informed Consultation Service involves Local Delivery Units at Durham, Consett, Police and Probation Public Protection Unit (PPU) Durham, Darlington, Newton Aycliffe, Middlesbrough, Peterlee, PPU Teesside, Stockton and Southbank.

Discussion ensued on referrals which could come from the service users' family, Prison Officers (all offenders were assessed on admission), family or even self-referral. It was also confirmed that the TEWV clinical record would highlight if an offender had been in the service so that the relevant teams could be informed. Concerns were also expressed that 10 days of support following release was not enough and it was confirmed that relevant support would be provided if necessary.

It was recognised that 90 per cent of the prison population had mental health issues although many people developed these issues due to actually being in prison and some due to drugs. Although training was available for Prison Officers to recognise mental health issues it was accepted that Prison Governors often had more pressing issues to attend to.

Feedback on mental health services in prisons was obtained from Friends and Family Test, complaint monitoring and staff surveys.

Members were advised that women caught shoplifting to feed families were not necessarily dealt with through the Justice Route but provided with information on available benefits and accessing food banks.

Details were provided of a pilot programme undertaken in Durham called 'Checkpoint' which aimed to cut the number of victims of crime by reducing reoffending, ensuring that communities were safer places to live and work. Many low level offenders had underlying issues in their lives including drug or alcohol misuse, mental and physical health issues, housing or homelessness, or problems related to money and relationships. Eligible offenders were offered a four month long contract to engage as an alternative to prosecution. The contract offered interventions to address the underlying reasons why

they committed the crime to prevent them from doing it again to somebody else. The pilot was being evaluated and Cleveland were considering a similar scheme.

Committee was provide with details of Street Triage, an excellent service that provided Psychology Nurses to work with the Police. Once an offender asked for a Nurse they were no longer dealt with by the Police. A Psychology Nurse was also based in the Police Control Room and if it was deemed necessary would possibly attend a call rather than a Police Officer.

Members were advised that it was difficult to measure the success of staff and whether or not offenders did re-offend. Some offenders were released at Court and it could be difficult to locate them with Teams being scrambled once a service user with a secure bed was released.

**RESOLVED** – That the thanks of this Joint Health Scrutiny Committee be extended to The Head of Service, Offender Health and Forensic Outreach Service for her informative and interesting presentation.

**TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV) QUALITY ACCOUNT 2017/18** – The Head of Planning and Business Development provided a PowerPoint presentation detailing the TEWV Quality Account 2017/18 which covered Mental Health and Learning Disability Services for County Durham, York and most of North Yorkshire, as well as the five Tees Valley Boroughs. Locally specific data had been drawn from the full report for the benefit of the Committee.

Within the 2016/17 Quality Account the Trust had agreed the following five Quality Priorities for 2017/18:-

- (a) Implementation of Phase Two of the Recovery Strategy;
- (b) Ensure safe staffing in all services;
- (c) Improve clinical effectiveness and patient experience in times of transition from Child to Adult Services;
- (d) Reduce the number of preventable deaths; and
- (e) Reduce the occurrences of serious harm resulting from inpatient falls.

The Committee was advised two out of the 37 actions within those five priorities had not been completed by 31 March. The first red action related to the training element of Preventable Deaths. It was reported that although the training had been completed data system issues had prevented real time compliance figures being made available. The second red action related to completion of an evaluation report within the Transitions Monitoring. It was reported that the target of 31 March had not been met because the other actions needed to be completed before the evaluation took place.

In terms of the Quality Metrics six of the ten were reported as red and three green at the end of March 2018 (full year). The six red Quality Metrics were as follows:-

1. Percentage of Patients reported 'yes always' to the question, 'do you feel safe on the ward'

It was advised that TEWV's position for the period April 2017 to the end of March 2018 was 62.13 per cent, which related to 2290 out of 3,7674 surveyed. This was 25.67 percentage points below the Trust target of 88 per cent. All localities underperformed this year with Durham and Darlington being closest to the target. It was reported that one of the most frequently cited reasons for not feeling safe was 'other patients' and that the Trust's Patient Safety Group was undertaking a 'deep dive' to better understand the data and develop an Action Plan to resolve the issues highlighted.

2. Number of Incidents of Physical Intervention/restraint per 1000 occupied bed days

TEWV's end of year position was 30.65 which related to 8,492 incidents out of 277,030 occupied bed days resulting in 11.40 above the target of 19.25. Scrutiny was advised that a small number of patients account for a high proportion of the restraints recorded and that some of the recorded instances of restraint were relatively minor – for example a hand on a shoulder or a guiding hand towards a dining area is classed as a restraint.

3. Average length of stay for patients in both Adult Mental Health and Mental Health Services for Older People Assessment and Treatment Wards

TEWV's position for the period April 2017 to the end of March 2018 in Mental Health Services for Older People was 69.47 days which is 17.47 worse than the target of <52 but an improvement compared to the position reported in 2016/17. The median length of stay was 54 days. A number of factors impacted on achieving this target including complexity of patients' needs and delays in accessing suitable placement for patients subsequent to discharge.

4. Percentage of patients who reported their overall experience as excellent or good

The end of year position for the period April 2017 to the end of March 2018 was 90.50 per cent which related to 13,772 out of 15,218 surveyed. Although it was reported that nine out of ten patients had a good experience this was 3.95 per centage points below the Trust's target of 94.00 per cent.

5. Percentage of patients that report that staff had treated them with dignity and respect

The end of year position for the period April 2017 to the end of March 2018 was 85.94 per cent which related to 14,567 out of 16,950 surveyed. It was reported that this figure equated to 17 out of 20 people which was 8.06 per centage points below the Trust target of 94 per cent.

6. Percentage of patients that would recommend the service to friends and family if they needed similar care or treatment

The end of year position for the period April 2017 to the end of March 2018 was 87.22 per cent which related to 12,424 out of 14,244 surveyed. It was reported that this was 6.78 per cent below the Trust's target of 94.00 per cent.

The Committee queried the CQC rating of TEWV which it was confirmed as good. It was also reported that an Inspection was due in the near future and that the Trust would work alongside Inspectors to demonstrate its competencies.

Members were also informed that the Trust had taken over responsibility for services for York in Autumn 2016. These services had previously received a poor rating. It was hoped that the Trust had made enough progress to ensure the CQC were now satisfied with the Service, and that the position in York would not adversely affect the Trust's overall inspection rating. The result of the inspection would be known in the Autumn and Members would be provided with the result once available.

Members also queried the Trust's staffing levels and whether they impacted on service provision. It was reported that the Trust had several recruitment difficulties although not as many as Southern Regions and Members were reassured that the Trust had Staff Planning to address this issue. It was also stated that although there were Medical Schools in Newcastle and Leeds students did not always remain in that location. It was hoped that the new medical school due to open in Sunderland would attract students from the North East who would wish to remain in the region post-graduation. Staff training was also being increased although it was recognised that some staff were near retirement age. The recruitment and retention pathways were being explored and staffing levels were reported on a weekly basis to determine where the need was. There was increased demand on mental health services in some areas due to more people seeking help and TEWV was doing what it could to deliver the service. Although the children and young people services were performing well this was an area currently being reviewed as referrals for this group were increasing in some places.

Members noted that there was no financial information within the Quality Accounts but were assured that the budgets were available through the Annual Accounts, which would be contained in the forthcoming TEWV Annual Report. TEWV was performing well and no deficit had been reported although each year became more challenging due to increased demand on services. Members were advised that the Trust's Business Plan would be published on its website soon and would be advised when it was available.

Following a question on Accountable Care Organisations whereby different organisations from the health and care system work together to improve the health of their local population by integrating services and tackling the causes of ill health, TEWV reported that they were actively involved although there were different views on what was best practice. The Trust was actively working with commissioners to prevent duplication of resources. The local and regional work that Trust managers had been involved in was unlikely to radically increase the proportion of mental health and learning disability NHS budgets being spent on private sector providers.

It was reported that issues varied between the areas within the Trust and there were business plans for all five Trust localities (Teesside; Durham and Darlington; North Yorkshire; York and Selby; Forensic and Offender Health). Robust processes were in

place to ensure that staff and stakeholders were involved in determining priorities, but these arrangements differed across Localities to take local circumstances into account.

Committee queried whether a metric for staff and staff surveys could be included in the Accounts which were analysed by Locality Teams and Management. Any issues highlighted were investigated as it was important to look after the staff looking after the patients

The Draft Quality Account 2017/18 had been circulated to all interested parties and stakeholders on 13 April and the deadline for responses was 13 May 2018. The Quality Account would be submitted to the Secretary of State on 30 May and published on 30 June 2018.

A Stakeholder event was to be held on 10 July in order to identify potential priorities for the next Quality Account.

**RESOLVED** – (a) That the thanks of this Joint Health Scrutiny be extended to the TEWV representatives for their informative presentation.

(b) That a Tees Valley Joint Health Scrutiny Committee response be prepared to the TEWV NHS Trust Quality Accounts 2017/18 and submitted in advance of 13 May 2018 following approval by the Chair.

(c) That TEWV be requested to consider including a Quality Metric relating to staffing in future Quality Accounts.