

# Public Document Pack



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To all Members of the Health and Social Care Scrutiny Board (5)

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Date: 29<sup>th</sup> January, 2014

Our ref: C/LMK

Dear Member,

### **Supplementary Agenda – Meeting of the Health and Social Care Scrutiny Board (5) - Wednesday, 5th February, 2014**

The papers for the above meeting were circulated yesterday. At the time of publication, there were a number of documents which were not available. These documents have now been received and are attached to this letter. Please include them with your papers for the meeting.

- **Agenda Item 5. CHANGES TO MENTAL HEALTH DAY SERVICES (INCLUDING DEMENTIA SERVICES) (Pages 3 - 6)**

The officers will report at the meeting

Representatives from Coventry and Warwickshire Partnership Trust have been invited to the meeting for the consideration of this item

- **Agenda Item 8. WORK PROGRAMME 2013-2014 (Pages 7 - 12)**

Report of the Scrutiny Co-ordinator

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Liz Knight  
Governance Services Officer



INVESTOR IN PEOPLE

**Membership:** Councillors M Ali, J Clifford, C Fletcher, P Hetherington, J Mutton, H Noonan, H S Sehmi, S Thomas (Chair) and A Williams

**By invitation:** Councillors K Caan, A Gingell and D Spurgeon

**Report to:** Coventry HOSC 5 February 2014

**Title of paper:** Dementia Diagnosis Pathway

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## **1. Purpose of Report**

To provide an outline and structure of the proposed Dementia Diagnosis Pathway for older adults across Coventry and Warwickshire.

## **2. Current**

The current services for Older Adults in Secondary Care Mental Health Services across Coventry and Warwickshire have quite different landscapes. There are a range of services which do not offer equal access for service users or carers. Community Services are currently delivered within five traditional CMHT Older Adult Teams across localities.

Historical arrangements with predecessor organisations have seen the delivery in the community of a number of specialist teams. These teams have developed on an ad hoc basis across the Trust in response to specific demands in localities. Due to their small size, these teams can be isolated from the larger Community Mental Health Teams in their localities and there is an inconsistent approach to a more co-ordinated multi-disciplinary way of working.

Currently we have a diagnostic dementia pathway which is predominately delivered by MAC nurses with support from other professionals. However not all cases go through Shared Care, as it is not well established in some areas. Post diagnosis support is sporadic, inconsistent and varies according to who delivers the service and how long this is delivered for. This service is not open access. Memory clinics are provided across the localities with different arrangements, professional skill mix, criteria and a variance in waiting times

Presently, there is no dedicated Crisis Resolution/Home Treatment Teams for Older Adults to provide a 24/7 Crisis Home Treatment to service users or carers with an organic or functional illness. Current services try to support people in Crisis without dedicated resources.

## **3. Future**

Across CWPT it is proposed that services will become Age Independent offering an equitable provision of specialist assessment and treatment for organic and functional service users and carers. The Trust is developing a range of pathways across Coventry and Warwickshire, and this is one specifically for those with a diagnosis of Dementia. It is recognised that as there is an increase in more appropriate community and home treatment services there will be less dependence on in-patient bedded facilities; this will allow the Trust to deliver services closer to peoples' homes whilst having the flexibility to meet the demand of this service user group and their carers.

In the future, there will be one Single Point of Entry (SPE), which will be the initial point of contact for services, ensuring patients and carers receive the right treatment, intervention and service to be delivered by the right person who has the skills and expertise. This is one of the enablers to the success of the Transformation Programme along with the Trusted Assessment for all SCMH. This service will triage the referral and ensure the assessment is booked into the specialist Community Integrated Practice Unit (IPU) 18-21 service for a trusted assessment to take place. This assessment will be jointly agreed with the service user and their carer if appropriate, it will be undertaken in a way that will seek to enable and facilitate engagement, i.e., transport will be arranged/confirmed and any other such enabling services that can be provided to assist.

### **Community Age Independent Organic Integrated Practice Unit 18-21 (IPU's)**

The Organic Community IPU 18-21 will be based in Community Resource Centres (Hubs) across Coventry and Warwickshire and a range of community based venues (spokes). This IPU is configured to deliver explicit outcomes and support the needs of service users and their carers whilst in a non-acute phase of their illness. This service will operate 9am - 5pm Monday to Friday and will be based on service user/carer need and therefore may need to sometimes operate between the hours of 8am-8pm. Outside of these hours' service users and carers will be supported by the Crisis Response and Home Treatment Team.

Within this IPU 18-21 there will be a diagnosis pathway for Dementia as set out below (Diagram 1). This will consist of services which will provide Assessment, timely Diagnosis, Treatment and Post Diagnosis Support and Monitoring of Medication for service users with Dementia and their carer. This will guarantee services are wrapped around the service user meeting their individual needs whilst ensuring a seamless service. The service has been developed in a way that ensures diagnosis, treatment and support will be timely and equitable across Coventry and Warwickshire.

Service users and carers will be signposted and supported via their plan of care for future decision making. Rapid re-entry will be available through Single Point of Entry (SPE) or via the monitoring service. The clinician giving the diagnosis will offer a range of post diagnosis support to both service user and carer, provide information and advice specifically for families and carers, including what to do and who to contact, especially if their condition deteriorates or a crisis happens

The pathway also reflects the needs of those with a diagnosis of Dementia that require specialist advice or treatment within the community (home treatment), also an assessment to meet individual needs via Social Care

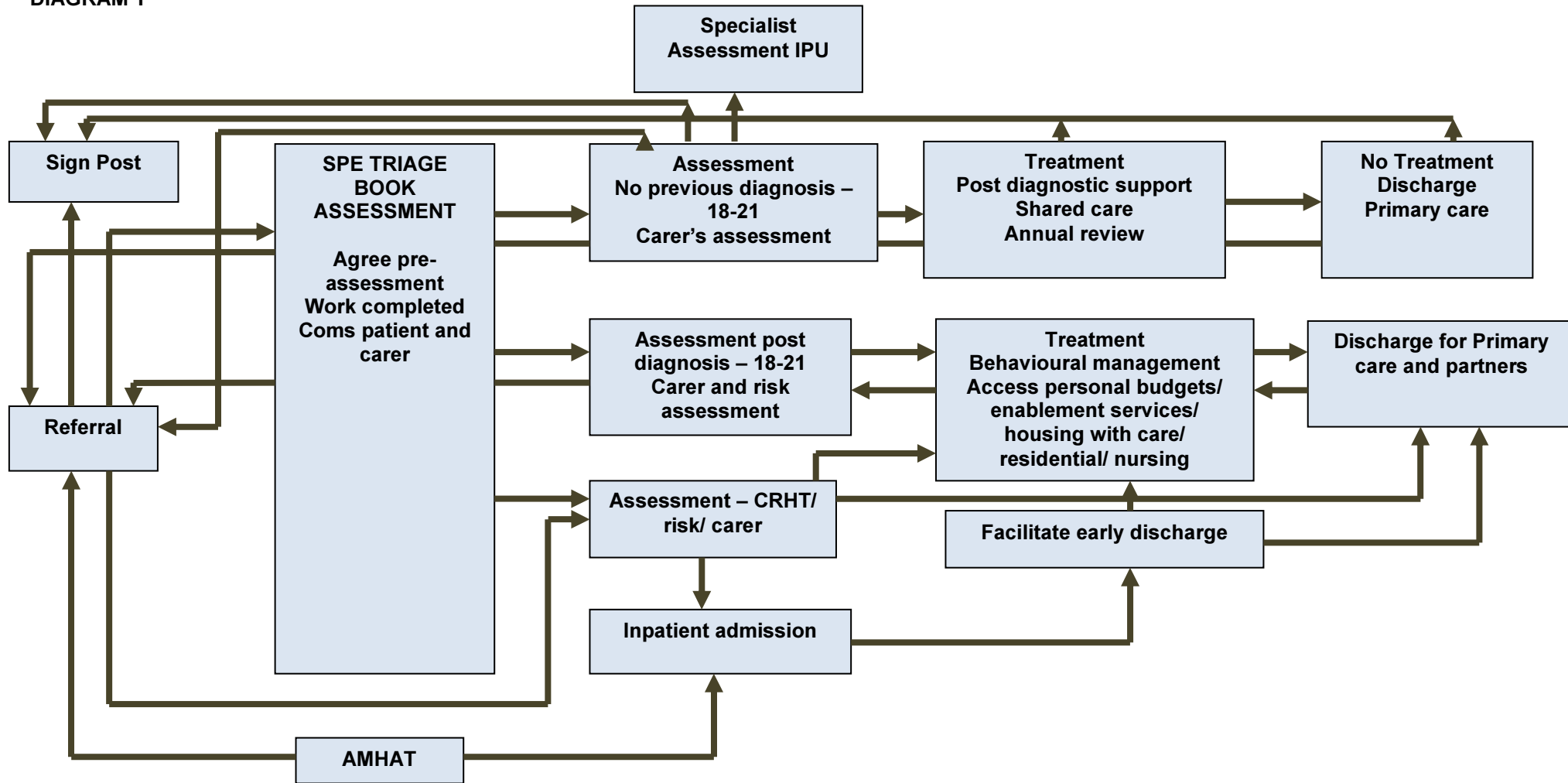
based on FACs (Fair Access to Care) criteria and will act as a conduit to acute services i.e., crisis teams and in-patient facilities.

### **Post Diagnostic Service**

This will be delivered in community settings across Coventry and Warwickshire to support service users and their carers on an individual or group basis. This will be on a rolling programme across the Trust and will consist of a 6-8 week programme for both clients/carers/families. Referrals will be taken from CWPT Dementia IPU 18-21. The service will be tailored to individual needs, which will be offered in collaboration with the Third Sector, either at the time of diagnosis or a point during the six months post diagnosis period.

The aim of the programme will be to offer advice, support from a health perspective to both service user and carer and what they can expect as their condition progresses. They will provide information about other services that are available and how to access them. Those not wishing to take up the offer of post diagnosis support will be discharged with written details of the diagnosis and services available. Approximately three months following diagnosis contact will be made with the service user and carer to offer post diagnostic support if suitable at this time.

DIAGRAM 1





Coventry City Council

## Briefing note

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**To: Health and social Care Scrutiny Board (5)**

**Date: 5<sup>th</sup> February 2014.**

**Subject: Quality Accounts (UHCW / CWPT)**

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### **1 Purpose of the Note**

- 1.1 At the request of the Board's Chair to advise the Board of developments in the determination of priorities for the 2014/15 Quality Accounts for University Hospitals Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT).

### **2 Recommendations**

- 2.1 The Board are requested to note the attached appendices and that the formal consideration of a commentary on this year's Quality Accounts will be brought forward early in the new municipal year.

### **3 Information/Background**

- 3.1 Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. They focus on the non-financial aspects of Trust activities and all providers of all NHS healthcare services in England irrespective of sector are required to produce one.
- 3.2 Since the introduction of Quality Accounts and 'Overview and Scrutiny Committees' (OSCs) such as this Board have been required to provide a commentary on the contents of a Quality Account and are given the opportunity to raise any issues related to the quality of a providers services and for this to be included in the final document. This provision also applies to local Healthwatch.
- 3.3 In order for Quality Accounts to better reflect local priorities for the continuous improvement of clinical quality local providers have over recent years entered into early discussions with both OSC chairs and local Healthwatch. The Board has been represented this year by its Chair, and attached are the draft priorities for the 2014/15 Quality Accounts of UHCW and CWPT. This work has been led by Warwickshire County Council.
- 3.4 The timing of the presentation of the full documents is rarely convenient for local authorities such as Coventry, and practice over recent years has been for the first meeting of the municipal year to consider Quality Accounts and a draft commentary. It is anticipated that the work undertaken by the sub-Groups (leading to the attached notes) will ensure that the process of Scrutiny engagement in Quality Accounts this year will proceed more smoothly.
- 3.5 More information regarding Quality Accounts can be found at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215688/dh\\_133408.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215688/dh_133408.pdf)

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29<sup>th</sup> January 2014.

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## University Hospitals Coventry and Warwickshire

### Quality Accounts Task and Finish Group

#### Proposed UHCW Quality Accounts Priorities

The Task and Finish Group (made up of Coventry City Council and Warwickshire County Council Councillors and representatives from both Coventry and Warwickshire Healthwatch) has met with UHCW to discuss performance against the 2012/13 QA priorities and to discuss potential priorities for this year's QA.

The TFG considered the proposed list of priorities/themes being considered by UHCW at this early stage.

The TFG were concerned that the proposals reflected national targets and, in some cases, targets that involved programmes of work that were already being successfully implemented. The TFG recognises the need to meet these targets and would encourage the Trust to challenge itself to achieve ongoing improvement, improving performance against national targets year-on-year, there should be a greater focus on locally derived priorities, particularly in light of the Francis recommendations.

The TFG would therefore like to propose the following themes for consideration:

<b>Patient Safety</b>
<ul style="list-style-type: none"><li>• Effective handovers – to include any handovers, including between Outpatients, A&amp;E and hospital wards, but also between different wards and between different organisations (e.g. between mental health and the Trust or social care and the Trust).</li><li>• Falls – there should be continued focus on reducing falls, although this may not need to be identified as a priority in the Quality Account</li><li>• Pressure Ulcers - there should be continued focus on reducing pressure ulcers, although this may not need to be identified as a priority.</li></ul>
<b>Clinical Effectiveness</b>
The TFG supported the alternative proposal suggested by the Trust to Develop speciality specific clinical outcomes measures – to develop three specific clinical outcome measures per speciality with a view to ultimately making this information available on our website and benchmarking with neighbouring trusts within the health sector.
<b>Patient/Staff Experience</b>
There was general agreement across the TFG that the Trust needs to focus on improving communication with patients and staff, as well as with wider stakeholders. Within this theme, the following priorities are proposed: <ul style="list-style-type: none"><li>• “You said we did” – This is a piece of work that could be done to demonstrate changes made as a result of complaints and feedback from patients and carers – with a clear focus on the outcomes of the lessons learned, and could be used to identify in a demonstrable way how UHCW has engaged with different ‘hard to reach’ groups (for example patients with learning disabilities). This could also build on the work being done on patients impressions (in real</li></ul>

time) to strengthen the practice of staff responding immediately and using evidence to feed improvement.

- Working towards an open, listening and transparent Trust in line with the recommendations from Francis and Keogh, which we agree would include:
  - Implementing a new approach to the PALS service
  - Adopting the Healthwatch Engagement Charter.
- In a similar theme to the suggestion above, working towards an organisational culture shift in the light of the Francis Inquiry – of openness, transparency and candour. This would involve the training and empowerment of staff to identify issues and concerns and report them, empower staff to help patients to raise concerns and to embed a culture within the Trust where staff and managers could clearly demonstrate how lessons had been learned and changes made as a result of feedback and complaints.

## **Coventry and Warwickshire Partnership Trust**

### **Quality Accounts Task and Finish Group**

#### **Proposed CWPT Quality Accounts Priorities**

The Task and Finish Group (made up of Coventry City Council and Warwickshire County Council Councillors and representatives from both Coventry and Warwickshire Healthwatch) has held meetings with CWPT to discuss the 2012/13 QA and to discuss this year's QA both from the perspective of the Trust and the role of the TFG in contributing to this.

The TFG are keen to build on the relationship that is developing with the Trust in terms of the Quality Account preparation, and welcome the recognition of the importance of the quality goals with the QA, which we believe is central to the Robert Francis recommendations. The TFG also feel however, that the quality goals selected by the CWPT for their QA should not address national targets which the Trust are required to perform against anyway, but there should be a greater focus on locally derived priorities. The Trust should also challenge itself to ongoing improvement, improving performance against national targets year-on-year.

There was general agreement across the TFG that the Trust needs to focus on improving communication with patients, staff, and stakeholder organisations, and needs to demonstrate how lessons learned are embedded into the work by the Trust, and benchmarked against similar providers of mental health services. Where this is not possible, it would be useful to reference work done with groups such as the Mental Health Compact. Within this theme, the following quality goals are proposed for consideration:

#### Dual-Diagnosis Patients

The TFG agreed that there needs to be some work done with dual-diagnosis patients, i.e. patients who are receiving treatment for different conditions either from two different parts of the organisation or receiving treatment for general medical conditions and mental health/learning disabilities, to ensure that treatments are properly managed and are complementary.

#### Transitions between services

Improving transitions between services, including any handovers - those between different units and settings, but also between different organisations (e.g. between mental health and primary care, Hospital Trusts or social care and also the interface between inpatient and community services).

#### "You said we did"

This is a piece of work that could be done with service users and their carers to demonstrate changes made as a result of complaints and feedback from patients

and carers, which can better serve their individual interests – with a clear focus on the outcomes of the lessons learned. This could be done service by service (mental health, learning disabilities, community services) or on a locality basis (focussing on improvements that are specific to certain geographical areas).

#### An open, listening and transparent Trust

Working towards an open, listening and transparent Trust in line with the recommendations from Francis and Keogh. This should include engaging the support of staff at all levels towards effective partnership working with all partner stakeholders commissioned to deliver complementary services. In a similar theme, working towards an organisational culture shift in the light of the Francis Inquiry – of openness, transparency and candour. This would involve the training and empowerment of staff to identify issues and concerns and report them on, empower staff to help patients to raise concerns and to embed a culture within the Trust where staff and managers could clearly demonstrate how lessons had been learned and changes made as a result of feedback and complaints.

In terms of the actual Quality Account document, the TFG would like to make the following suggestions:

- The TFG would strongly encourage having an executive summary and an easy to read version.
- Unlike hospital trusts where people may access different services at different times, users and carers accessing CWPT services will often access one service over a lifetime. It would be useful if there could be an outline (perhaps spread over two pages, or with links that are condition-specific) of what is being done within each service. This could be used for the “You Said We Did” section – with separate sections for autism, eating disorders, community services, etc.
- While the TFG understands that the Trust are restricted in their flexibility around the QA, they feel that the clinical, data-based information such as CQUINs is not generally of interest to the public and should, if possible be placed after the goals in the document.