Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Monday 21 November 2022**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 3 October 2022 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. North East and North Cumbria Integrated Care System (Pages 11 - 48)
    (i) ICS Update – Presentation by Sarah Burns, Director of Place (County Durham), North East and North Cumbria ICS and Central Integrated Care Board

    (ii) North East and North Cumbria Draft Integrated Care Strategy - Presentation by Sarah Burns, Director of Place (County Durham), North East and North Cumbria ICS and Central Integrated Care Board
7. Winter Planning 2022/23 - Presentation by Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Michael Laing, Director of Integrated Community Services (Pages 49 - 56)

8. CQC Inspection Report - Tees Esk and Wear Valleys NHS Foundation Trust - Adult Inpatient Wards for patients with a Learning Disability or Autism - Presentation by Patrick Scott, Managing Director Tees Esk and Wear Valleys NHS Foundation Trust (Pages 57 - 96)

   A copy of the CQC Inspection report is attached for members' information.

9. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
11 November 2022

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor J Howey (Vice-Chair)

Councillors V Andrews, C Bell, R Charlton-Lainé, I Cochrane, R Crute, K Earley, O Gunn, D Haney, J Higgins, L A Holmes, L Hovvels, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Joanne McCall Tel: 03000 269701

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 3 October 2022 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors V Andrews, K Earley, D Haney, J Higgins, L Hovvels, K Robson, A Savory, M Simmons, T Stubbs, E Peeke, S Deinali and D Sutton-Lloyd

Co-opted Members
Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers
Project Lead G McGee, Healthwatch County Durham

1 Apologies

Apologies for absence were received from Councillors Cochrane, Crute, Holmes, Howey, Kay and Martin.

2 Substitute Members

Councillor Deinali was present as substitute for Councillor Crute, Councillor Peeke was present as substitute for Councillor Howey and Councillor Sutton-Llyod was present as substitute for Councillor Holmes.

3 Minutes

The minutes of the meeting held on 15 July 2022 were agreed as a correct record and signed by the chair.

The Principal Overview and Scrutiny Officer announced that a provisional date for a meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee MTFP 13 Working group had been agreed for Tuesday 25 October 2022.

4 Declarations of Interest

Councillor Haney declared an interest as he was a Public Governor on Tees, Esk and Wear Valley NHS Foundation Trust.

5 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer informed the Committee that Ms Stobbart had submitted a question prior to the meeting regarding vaping and invited Ms Stobbart to ask her question.

Ms Stobbart stated that nationally vaping was viewed as a safer alternative to smoking and expressed concern regarding the number of young people who vaped with many who had previously never smoked and were under the age of licensing. She raised her concerns about second-hand vaping giving examples of vaping around children and whether this posed any health risk and was also concerned whether there were any links to respiratory diseases. She described the success of the stop smoking campaign and asked whether there were any plans to do something similar for vaping. She asked whether any research existed in County Durham and if there were plans to communicate messages to the public regarding any potential risks.

A Healy, the Director of Public Health emphasised that whilst vaping was important and a key area of work, smoking remained the biggest killer and was much more harmful than vaping due to the content of nicotine and tar. She explained that as smoking was an addictive habit, everything had to be done to tackle this area and to support those that smoked to give up. She confirmed that there was no evidence that second-hand vaping was a risk to health and informed the Committee that vaping was 95% safer than smoking although only 30% of adults were aware of this. She advised that a large piece of research had recently been published and that this would be shared with the Committee once the local data was known. She agreed that the number of young people that smoked and vaped was concerning and that information regarding this was to be circulated to Headteacher's following the results of the research. She gave assurances that they were being proactive with regards to vaping and suggested that an in-depth discussion regarding this topic be arranged for a future meeting of the Committee and that it would be helpful for the meeting to include someone from trading standards.

Councillor Jopling commented that she had observed many young people vaping and that the different flavours available attracted a younger audience. The Director of Public Health agreed but stated that as tobacco killed two in every three people, the priority was to ensure that young people did not smoke. She explained that locally there was the smokefree tobacco control alliance and Stoptober campaign, but that further work was being considered around schools to raise education and awareness.

Resolved

That a briefing be given to the Committee on the results of the national vaping research referenced once an analysis of the results had been undertaken.

6 Health Protection Annual Assurance Update

The Committee received a report which provided members of Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) with an update on health protection assurance arrangements in County Durham and health protection activities over the course of the year (for copy see file of minutes).

The Director of Public Health explained that to ensure that satisfactory arrangements were in place to protect the health of the local population, the Health Protection Assurance and Development Group (HPADG) had developed a detailed action plan built on five pillars of health protection, in addition to data and communications, which were threaded throughout:

- Screening programmes;
- Immunisation programmes;
- Outbreaks and communicable diseases;
- Strategic regulation interventions;
- Preparedness and response to incidents and emergencies.

She explained the key achievements overseen by the HPADG in the last year which included the flu vaccination and the recovery of screenings and advised that an in-depth report regarding covid would be shared with the Committee at the end of the winter season.

Councillor Jopling commented that it was positive to see cervical screening back and asked whether there was a backlog with this area. The Director of Public Health confirmed that this was up to date. Councillor Jopling further asked if it was possible to have statistics on the number of deaths in care homes that related to COVID-19. The Director of Public Health confirmed that there had been a small number of COVID-19 outbreaks within care homes, but these had not developed into serious illness and advised that deaths had been extremely low.

With regards to the flu vaccination, Councillor Jopling asked if this vaccine was widely available. The Director of Public Health confirmed that a different model was to be used this year and informed that priority was to be given to care homes and those that were house bound. She advised that the level of supply for vaccinations was sufficient, and that people should wait until they are called.

Colin Stephenson, Primary Care lead, North East and North Cumbria ICB suggested that he obtain a list to identify all sites within County Durham that were administering vaccinations for COVID-19 and flu and agreed to share this with the Committee.

Councillor Hovvels expressed concern regarding the level of supply of the COVID-19 vaccine as she was aware of areas within County Durham that were short. With regards to cold winter deaths, she noted that were many vulnerable people with some that would struggle to get to a warm hub. She asked for assurance on how these people would be cared for and requested further information regarding the warm hubs.

The Director of Public Health confirmed that any shortages needed to be communicated to the team so that these issues could be addressed. She accepted that this winter was going to be challenging but explained that a range of plans were in place to help and that these included information on warm spaces. She advised that support would be given to the local community response and that vulnerable people would include those who suffered from a health perspective and those that struggled financially. She explained that the team were working closely with Mary Readman and were hoping to join up areas to ensure a proactive approach moving into winter. A challenge currently faced was the sharing of data sets and she advised that permission for access to these had been requested.

Cllr Jopling advised that some residents were getting called for their vaccination but had to travel to receive it. The Director of Public Health confirmed that all GP surgeries should have the vaccines and that they were reaching out to care homes and to those residents that were housebound.

Michael Laing, Director of Integrated Community Services, County Durham Care Partnership advised that residents who were housebound would be vaccinated by community nurses. He stated there would not be a mass vaccination centre this year but that vaccinations at community pharmacists had increased. He accepted that the delivery of the vaccines had not always been consistent, and this explained the delay for some GP surgeries. In terms of vulnerable people who were housebound, he noted that the district nursing team was a good resource as they carried out frequent visits and knew people well. He advised that there were plans for the team to receive additional training and to ensure that information and advice about keeping warm was communicated to residents including information on grants that were available.

Councillor Earley referred to the Health Protection scorecards and asked if it was possible to obtain a list of local areas within County Durham where screening was higher or lower to address any issues with inequality. The Director of Public Health advised that screening programmes were led by NHS England and that it was difficult to obtain data that was lower than local authority level but advised that they would continue to seek this data and provide interventions to ensure fair access to screenings. In addition to this, she advised that this data would also provide clarity on what prevented people coming forward for their appointments.

Councillor Quinn supported care homes being a priority for vaccinations noting this helped staff and visitors. She agreed that COVID-19 related deaths in care homes had recently been low and had great praise for the work that had been done in County Durham.

Councillor Higgins also supported the targeting of vaccinations to care homes and to residents who were housebound. With regards to vaccinations at GP surgeries, he gave examples of residents who had to travel a considerable distance to get their vaccination which was difficult due to the rising costs of living. He informed the Committee that those who were diagnosed with COPD were advised to have an emergency pack within their house but was aware that these packs were no longer being supplied. Whilst appreciating the benefits of the warm hubs, people then had to return to a cold environment, and he suggested whether social services could provide feedback if they had visited a home that was cold.

Councillor Sutton-Llyod commented that the information was reassuring but felt work could still be done around community centres and could connect with various programmes to provide education and advice. With regards to the topic of vaping, he expressed that more education and awareness needed to be promoted.

The Director of Integrated Community Services, County Durham Care Partnership indicated that the vaccinations for residents who were housebound would start within the next two weeks and would include both the COVID-19 and flu vaccination. He stated that there were approximately 12,000 visits to make and the target date for completion was the end of November 2022.

Resolved

The Committee agreed:

i. That the content of the report be noted;
ii. That the performance in County Durham for all childhood immunisation programmes exceeds both national standards and national averages be noted;
iii. That the report provided broad assurance that effective processes are in place for each of the key strands of health protection activity be noted;
iv. That a further report be presented to a future meeting of AHS OSC which provided further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC) be requested;
v. That the development and delivery of the transition plan to ‘Living with Covid’ capturing the learning from Covid be supported;
vi. That the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance be supported.

7 COVID-19 Transition Plan

The Committee received a report which provided Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) with the progress of the Covid-19 Transition Plan and Health Protection governance arrangements stepping down from an enhanced public health response to business as usual, aligning the management of Covid-19 to the wider health protection arrangements (for copy see file of minutes).

Joy Evans, Strategic Manager Protecting Health, Public Health delivered the report and explained that the pandemic was one of the greatest public health challenges in living memory. It had affected every part of society throughout 2020, 2021 and 2022. Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response.

The HPAB was responsible for the development and delivery of the statutory Local Outbreak Control Plan 2020/21 (LOCP) and the Local Outbreak Management Plan 2021/22 (LOMP). These plans provided the framework for leading, controlling, co-ordinating and managing the transmission of Covid-19.

The Covid-19 Transition Plan was recently developed to enable the strategic level co-ordination of the transitional arrangements for Covid-19 to step down from an enhanced public health response to business as usual.

Resolved

The Committee agreed:

i. That the content of the report be noted;
ii. That the extensive work undertaken collaboratively by a range of partners within robust governance arrangements be noted;
iii. That a future report detailing the surge planning proposals be received.

8 Quarter 1 2022/23 Performance Management Report

The Committee received a report which presented an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes. The report covered performance in and to the end of quarter one 2022/23, April to June 2022 (for copy see file of minutes).

A Harrington, Strategy Team Leader delivered the report and advised that performance was reported against the following five thematic areas within the Council Plan 2022-2026:

- Our economy;
- Our environment;
- Our people;
- Our communities;
- Our council.

Councillor Higgins referred to suicide prevention and whilst appreciating the statistics had not increased, he had concerns that they had also not reduced and asked whether there was anything further that could be done. The Director of Public Health agreed and gave assurances that suicide prevention was a priority area. She explained that work surrounding mental health was ongoing, in addition to work with the media and a raft of interventions, but that they were continually looking for further ways to expand on this.

Resolved

That the overall position and direction of travel in relation to quarter one performance, the continuing impact of COVID-19 and the increased cost of living on the council's performance, and the actions being taken to address areas of underperformance including the significant economic and wellbeing challenges because of the pandemic be noted.

9 2021/22 Q4 and 2022/23 Q1 Adults and Health Services Budget Outturn

The Committee received a report which provided details of the 2021/22 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, which highlighted major variances in comparison with the budget for the year. A further report was received which provided the Committee with details of the initial forecast outturn budget position for the Adult and Health Services (AHS) service grouping, which highlighted major variances in comparison with the budget for the year, based on the position to the end of June 2022 (for copy see file of minutes).

A. Gilmore, Finance Manager gave a detailed presentation which provided an overview of the following:

- 2021/22 Revenue Outturn and Variance Explanations;
- 2021/22 Outturn Capital Position;
- 2022/23 Quarter 1 Revenue Forecast Outturn and Variance Explanations;
- 2022/23 Quarter 1 Capital Position.

Responding to a question from Councillor Earley regarding whether the year in terms of spending was going to plan, the Finance Manager commented that whilst he thought the outturn was comfortable, there were challenges ahead with inflation

and that this could impact on care which was sourced externally. He explained that there were pressures on the Council as a whole and was hopeful that Government would provide support.

With regards to vacancies, Councillor Andrews asked if these would continue to roll over. The Finance Manager noted the considerable number of vacancies, and that this was increasing the pressure on staff. The Director of Integrated Community Services, County Durham Care Partnership clarified that vacancies were not being held to ensure that the budget balanced, and that recruitment was active. He advised that agency staff were being used to help with the shortage of staff particularly social workers but that this was an expensive resource.

Councillor Earley expressed concern regarding agency staff and the subsequent impact on the budget and asked whether there was a county wide approach to agency staff. The Director of Integrated Community Services, County Durham Care Partnership confirmed that there was a regional approach to this.

Mrs R Gott asked whether there were vacancies for approved social workers. The Director of Integrated Community Services, County Durham Care Partnership confirmed that this was a highly pressurised area and that they were working hard to recruit staff.

With regards to agency staff, Councillor Higgins agreed that it was an expensive resource. He expressed concern with the level of vacancies especially social workers and the impact this would have on mental health and suicide rates. He also expressed concern regarding the pressure and stress this would have on current staff due to the increase in workload. He further added that a shortage of staff could increase waiting lists for patients and put their health at risk and it was therefore vital that vacancies were filled.

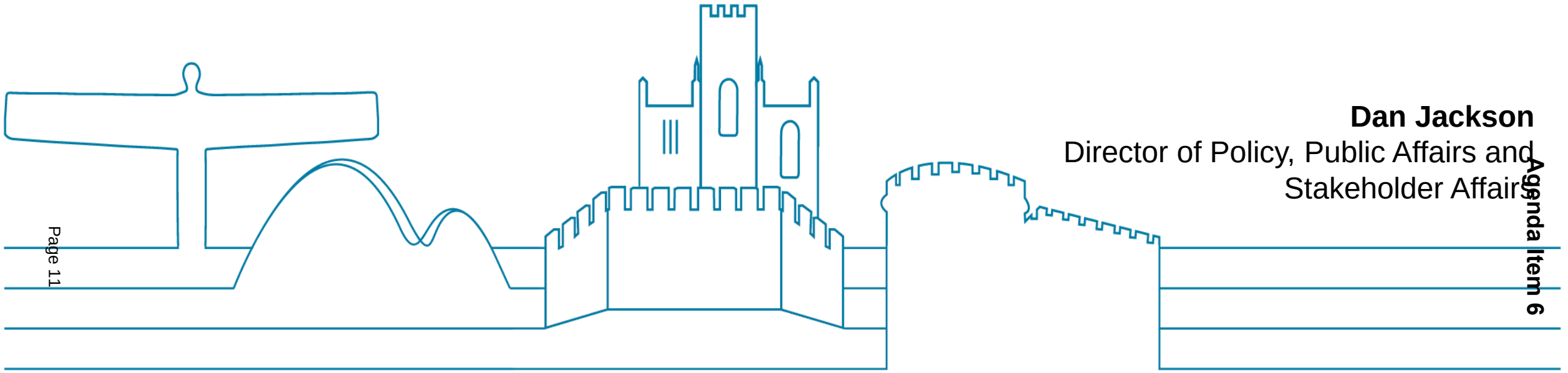
Councillor Jopling understood that recruitment was difficult when people did not come forward. The Director of Integrated Community Services, County Durham Care Partnership highlighted that staff, and their workloads were closely monitored to ensure that they were not under too much pressure.

In response to a question from Councillor Stubbs regarding the cost of agency staff, The Director of Integrated Community Services, County Durham Care Partnership clarified that the cost of agency staff had been considered and there remained an underspend.

Resolved

That the financial position included in the report be noted.

Integrated Care System update



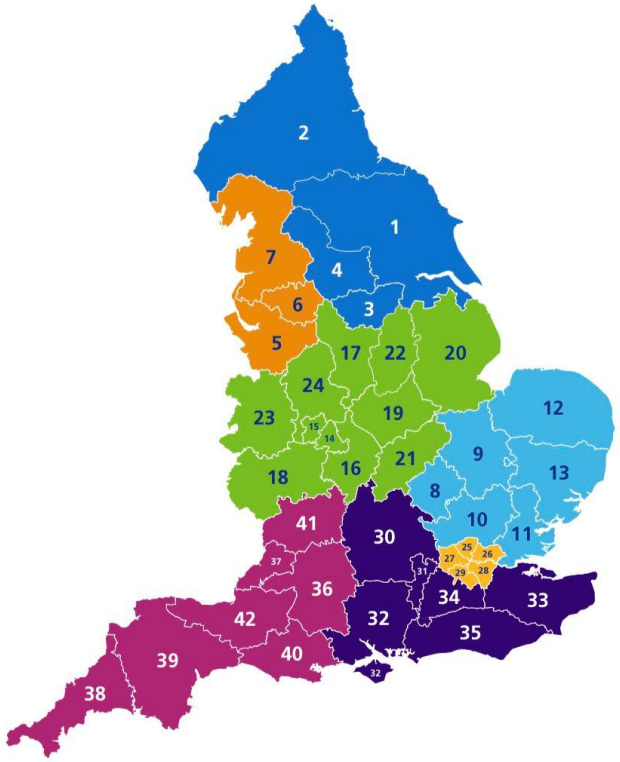
Dan Jackson
Director of Policy, Public Affairs and Stakeholder Affairs

What's an ICS, ICB and ICP?

NHS North East & North Cumbria

Integrated Care System (ICS) – includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for our communities. It is not a organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at 'place level' in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB, and the 13 local authorities responsible for developing an **integrated care strategy** for the region



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

This is about:

- Building on current services and health and wellbeing strategies
- Being ambitious for our population health and outcomes
- Making faster progress on tackling health inequalities
- Only doing things ICS wide when this adds value
- Focusing on the big challenges to health and well being- e.g. cancer, pandemic disease, mental health
- Working with partners to improve health outcomes using all of the tools available such as, economic regeneration, housing and sustainability.

Strategic aims of ICBs set by government

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North East & North Cumbria

1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.

2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.

3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.

4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

Continuity and change

NHS
North East & North Cumbria

What will stay the same?

- The continued **statutory role of local authorities in improving the health and wellbeing of their local population**, and providing local public health and social care services.
- **The 'duty to collaborate' between NHS organisations and local authorities** to promote joint working across healthcare, public health, and social care
- The continu**ed statutory role of Health and Wellbeing Boards**, in preparing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Former CCG teams are now part of the ICB and will continue to work in each of our local authority 'places' as now, ensuring **operational continuity and stability**
- Continued **NHS representation at Health and Wellbeing Boards** through our new ICB teams.
- **Joint working between ICB teams and local authorities** on issues such as health and social care integration, continuing healthcare and local safeguarding

What will change?

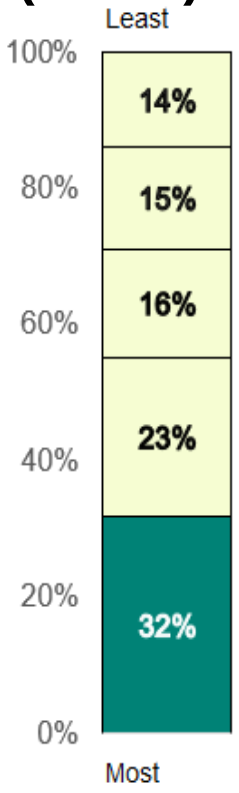
- **One Integrated Care Board** has replaced eight CCGs, inheriting their budgets and responsibilities (but delegating much of these powers back to 'place level').
- **Streamlined decision-making** via the ICB on key strategic issues (such as the commissioning of hospital services, investment decision, or workforce planning)
- The creation of a **statutory Integrated Care Partnership** of the ICB and our 13 local authorities setting joint system priorities in an Integrated Care Strategy
- The ICB and each local authority must have regard to the **Integrated Care Strategy** when making decisions. The strategy will inform and be informed by the joint health and wellbeing strategies at a local level.
- A new procurement commitment from the ICB to help the NHS **support broader social and economic development** in our region
- Greater alignment and pooling of budgets to promote the key determinants of good health, **with a renewed focus on health inequalities**

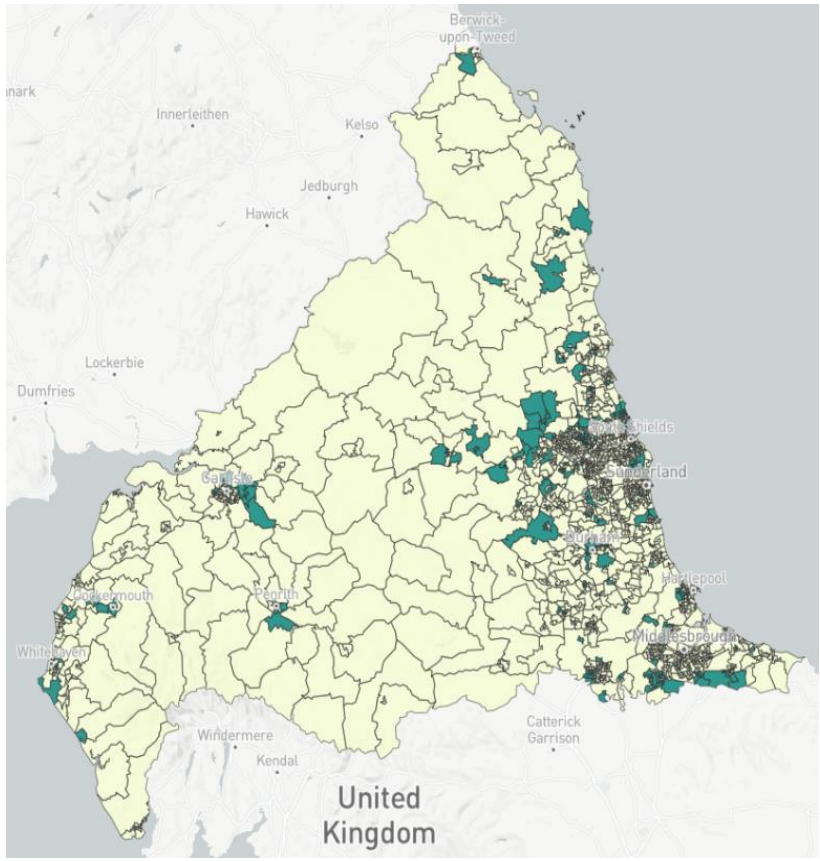
The challenges that the new ICB has inherited

NHS
North East & North Cumbria

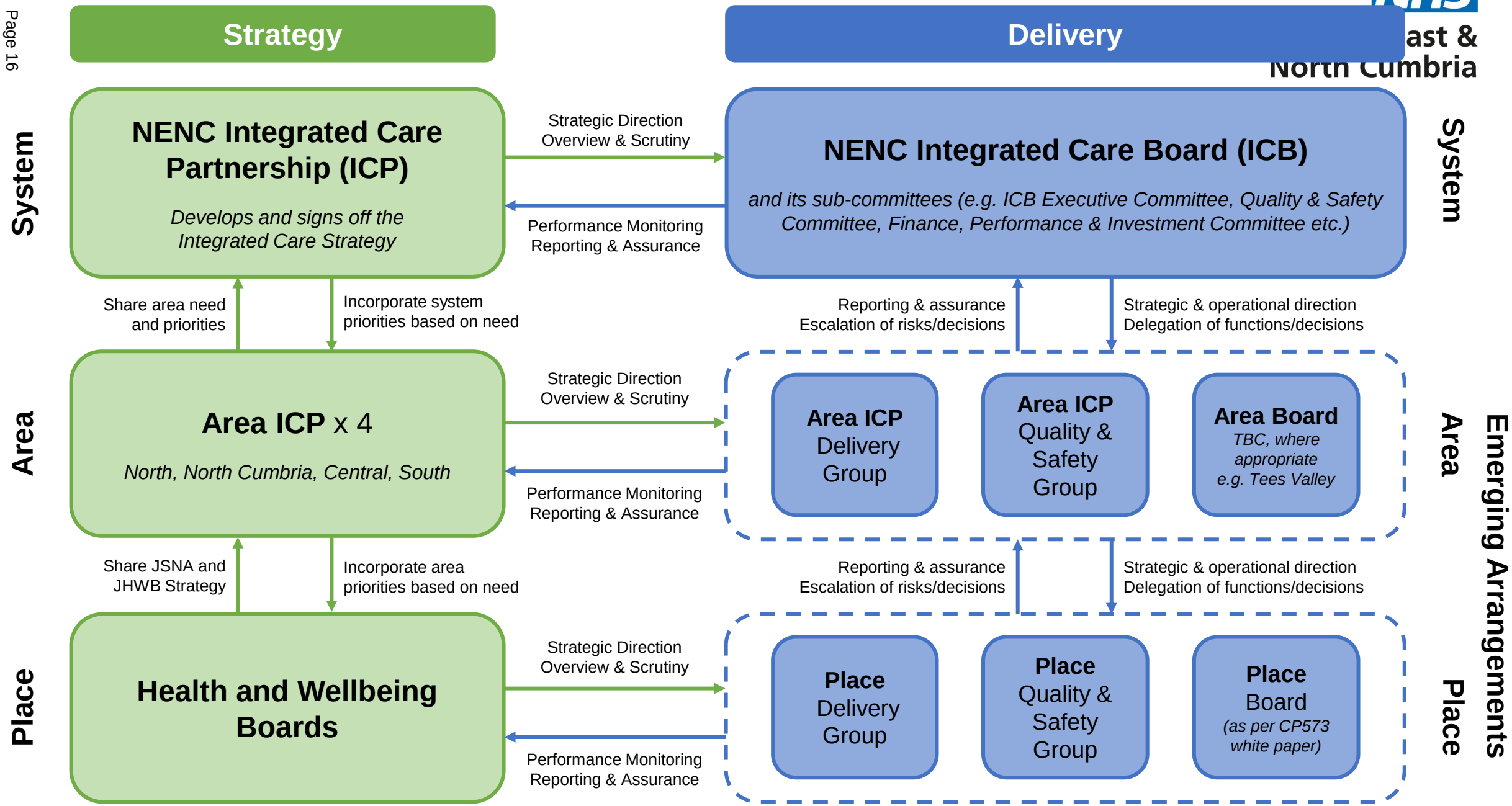
- 33% of our population living in the most deprived deciles
- Some of the worst public health outcomes in England
- Persistent health inequalities within and between our communities
- Consistently increasing demands on emergency care services
- The challenge of restoring elective services after covid
- Disparities in access to services across the ICS area
- Inconsistent staffing structures across the former CCGs

Index of deprivation 2019 (population by quintile) by Lower Super Output Area (LSOA)





Relationship between our ICPs and the ICB (and its area and place delivery arrangements)



Guiding principles agreed by the Joint Management Executive Group (JMEG)

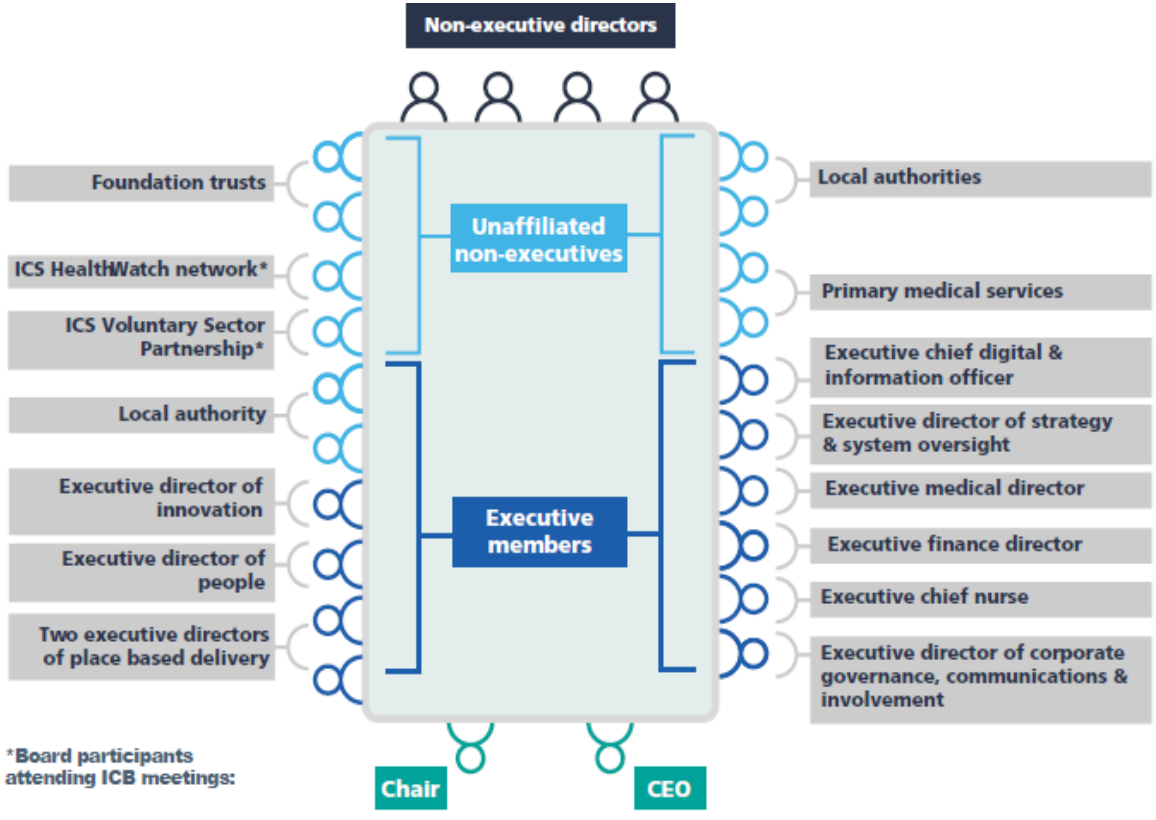
A joint NHS and Local Authority group was convened by Sir Liam Donaldson to consider national guidance on establishing Integrated Care Systems and the priorities of key stakeholders, and to agree principles that would guide this work. These included:

- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care, while ensuring accountability and effective stewardship of our resources
- Agree the constitution and appropriate composition of the Integrated Care Board – reflecting the size and scale of our ICS area
- Ensure continuity of effective place-based working between the NHS, local authorities and other partners sensitive to local needs
- Design the right mechanisms to drive innovation and improvement in geographical areas larger than place-level;
- Develop a model of effective inter-relationship between the Integrated Care Board and the Integrated Care Partnership - **building on existing partnerships in our four ICP Areas**

Confirmed ICB leadership team

NHS North East & North Cumbria

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**



Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

Non Executive Directors

- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**

ICB functions and where they're discharged

NHS North East & North Cumbria

ICB functions discharged at regional level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and wellbeing and reducing health inequalities
- Strategic communications and engagement
- Statutory functions which cannot be delegated e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts

ICB functions discharged at place

- Building strong relationships with communities
- Fostering service development and delivery with a focus on neighbourhoods and communities
- Informing the joint commissioning of local integrated community-based services for children and adults
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Ensuring and informing the quality of local health and care services – including support to community services
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.

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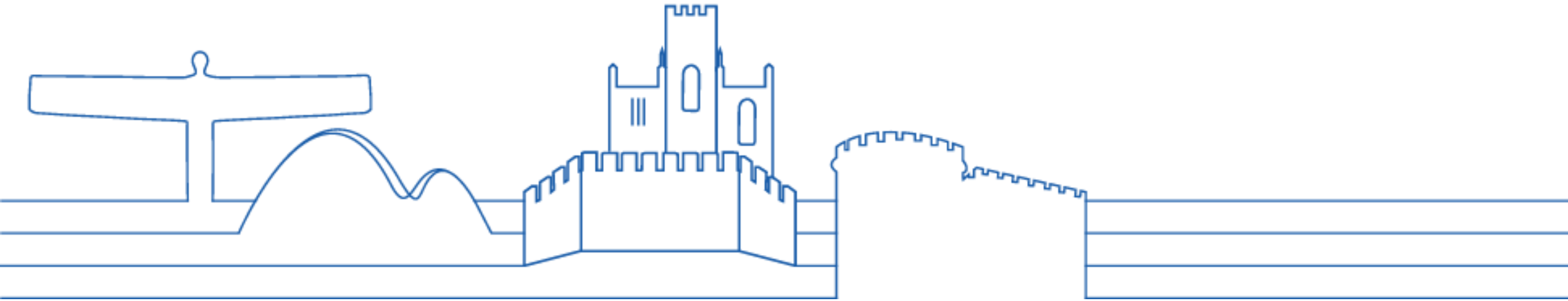
Continuity of place-based working



Each of our places already has:

A **Health and Wellbeing Board** – a statutory committee of each local authority, responsible for assessing local health and care needs (JSNA) and developing a local strategy (JHWBS)

A **non-statutory local partnership forum** of NHS and LA executives – responsible for operationalising the JHWBS, developing local integration initiatives, and overseeing pooled budgets and joint financial decisions (S75, BCF).

Each Place-Based Partnership/Board/Committee could become accountable for the delivery of objectives set out by the ICB. We will jointly develop a route map to support each of our places to develop the governance that works best for that locality.

Previous CCG area	Local Authority	Partnership Forums
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
		City Futures Board (formerly Health & Wellbeing)
	Gateshead Council	Gateshead Care (System Board and Delivery Group)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
		BCF Partnership
		Northumberland Health and Wellbeing Board
North Tyneside	North Tyneside Council	North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
Sunderland	Sunderland City Council	All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	South Tees Executive Governance Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
	Darlington Council	Darlington Pooled Budget Partnership Board
		Darlington Health and Wellbeing Board

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Place based governance within the ICS

NHS North East & North Cumbria

Transition Jan 22 – Sept 22

Stabilise July 22 – Dec 22

Evolve Sept 22 onwards

- The ICB has delegated responsibility for the delivery of its place-based functions, including relevant budgets, through two **Executive Directors of Place Based Delivery** who will delegate authority to place-based ICB staff to manage the operational delivery of the ICB's functions.
- Business continuity will be vital we are working closely with local authorities to avoid disruption.
- The government's Integration White Paper *'Joining Up Care for People, Places and Populations*' has set out further expectations for place-based working by 2023, strengthening local joint governance arrangements between ICBs and local authorities, with places able to select from a range of governance models, including:
  - A place-based **Consultative Forum**, with a broad membership, which would act in an advisory capacity to the Executive Directors of Place-Based Delivery but could not make binding decisions.
  - A formal **Place Committee of the ICB**, coterminous with a single local authority (or group of neighbouring local authorities), with formal delegation of NHS resources and a direct line of reporting and assurance to the ICB. The chair and members of such a committee could include ICB staff and a range of partners but would be accountable to the ICB. Such a committee could not make decisions on behalf of other bodies
  - A **Joint Committee**, coterminous with a single local authority (or group of neighbouring local authorities), allowing collective decisions to be made within its scope of authority on behalf of a number of organisations – for example, the ICB and one or more local authorities. Such a committee would have a direct line of reporting and assurance to both the ICB and the other constituent statutory bodies, requiring agreement by all parties to the level of delegated authority or statutory decisions set out in a formally approved MOU. Such a Joint Committee would allow for Multi-agency decision-making and delegation of resources, which could more effectively address the wider determinants of health and wellbeing.

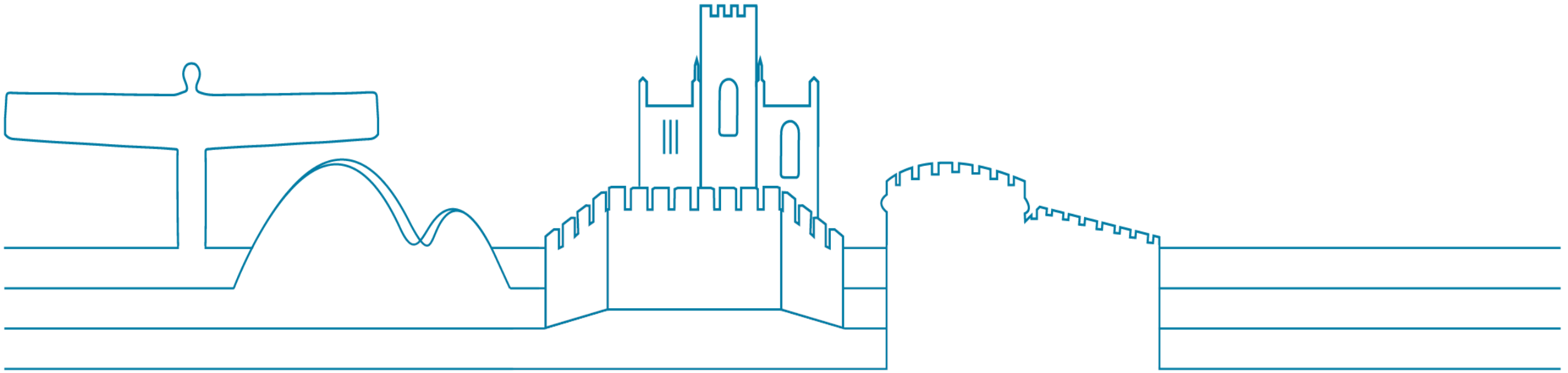
Next steps and timeline

Exec Directors of Place-based delivery will:

- Confirm their place-based senior leadership teams and key delivery roles
- Continue to work with local authorities in their area on local priorities and build on what works
- Explore the governance options for place-based working set out in national guidance and develop a mutually agreed governance roadmap for place-based committees with delegated authority from the ICB
- Develop early proposals for consideration by the ICB and local authorities the autumn
- Shadow-running proposed arrangements from January onwards
- Review in March ahead of formal adoption of local governance arrangements by April 2023

iCS
Integrated Care System
North East & North Cumbria

Developing our Integrated Care Partnerships



ICP footprints agreed by JMEG

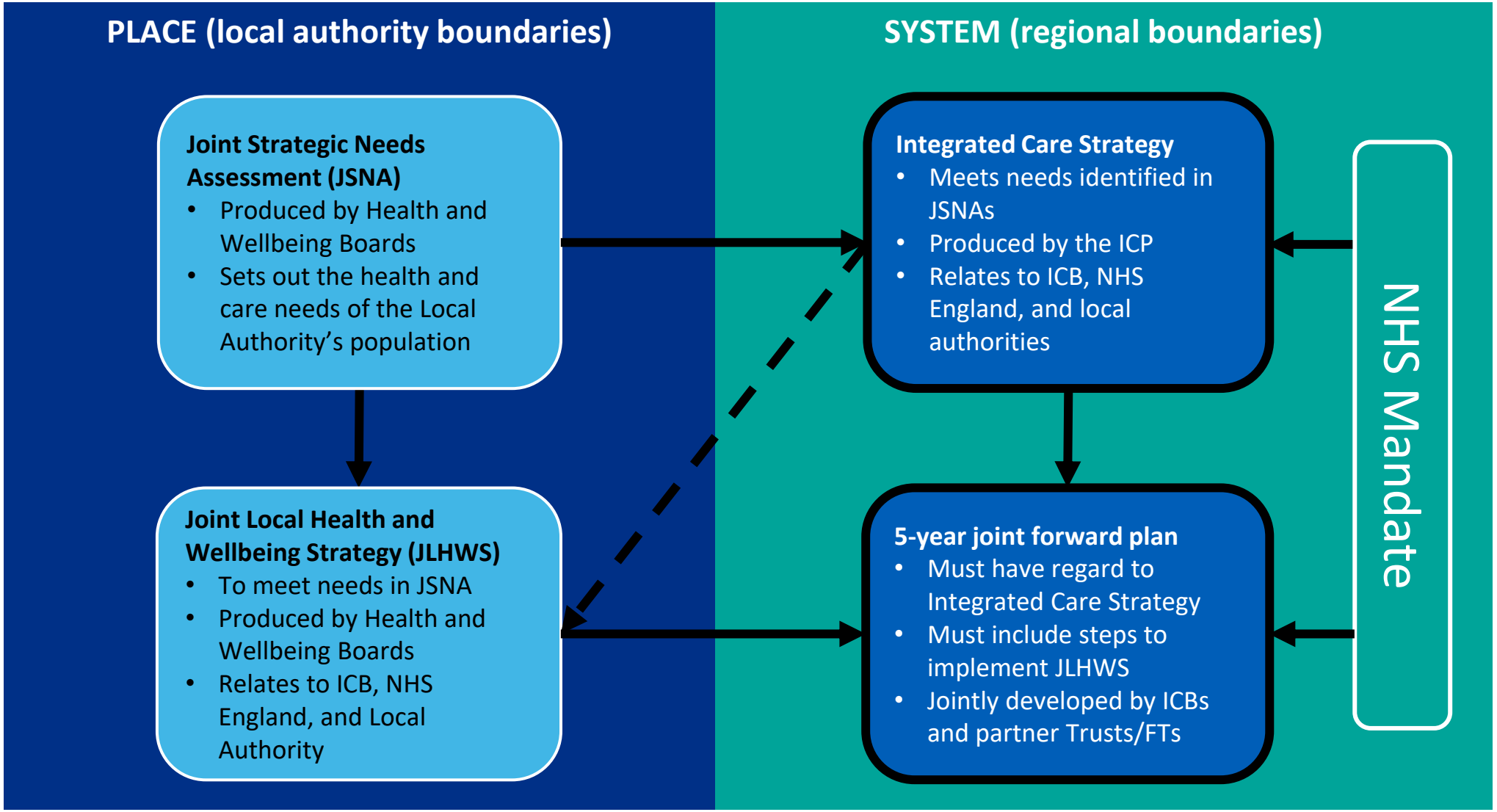
Following feedback from our local authority partners, our system will include one Strategic ICP built up from four ‘Area ICPs’, recognising our existing partnerships

Roles and Accountabilities of ICPs

Having regard to the NHS England Mandate and any guidance issued by the DHSC, ICPs must:

- Facilitate joint action to improve health and care services, reduce health inequalities and influence the wider determinants of health and broader social and economic development
- Develop an '**integrated care strategy**' for its whole population, which the ICB and local authorities must '**have regard to'** when making decisions, and commissioning or delivering services
- This strategy must use the best evidence and data, building up from local assessments of needs (JSNAs), and enable integration and innovation, including multi-agency workforce planning
- Champion inclusion and transparency
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Convene, influence and engage the public and communicate to stakeholders in clear and inclusive language, ensuring the system is connected to the needs of every community it includes,
- Promote service integration, through the use of Section 75 arrangements, including pooled funds

How the ICS strategies and plans link together



ICP Membership

"A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population."

The following are required members:

- **Local authorities** who are responsible for social care services in the ICS area (with a duty to co-operate)
- **ICB representatives** (with a duty to co-operate)

Any other members should be agreed by the ICB, local government and other partners.

- Members are to act in the interests of the ICS population, not of the organisation to which they belong, and heir sector knowledge should be used to inform decisions, not represent particular interests.
- Not all partners need be members of the ICP "and membership should be kept to a productive level" (sub-groups, networks and workshops can be used to draw in wider stakeholders)
- It is expected that membership may change as the priorities of the partnership evolve.

Complementary role of the Integrated Care Partnerships in our ICS

1 Strategic ICP (North East and North Cumbria)	4 Area ICPs
• Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)	• Based on existing geographical groupings • Would meet more frequently • Membership from ICB place teams, local authorities, foundation trusts, primary care networks
• Main role to sign off the ICS-wide **Integrated Care Strategy** • This strategy will build on the analysis of need from the four Area ICPs – and the Joint Strategy Development Group • Will promote a multi agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our 3M population • Will also consider health inequalities, experiences and access to health services at this same population level • Will champion initiatives involving the NHS's contribution to large scale social and economic development	• Key role in analysing & responding to need from each of its constituent places (using the HWBB-led JSNA process) • Developing relationships between professional, clinical, political and community leaders • A forum to agree shared objectives and joint challenges • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • Evaluating the effectiveness and accessibility of local care pathways • Translating local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level

Proposed Membership of the Strategic ICP

Core Statutory members

Sector	Proposed member	members
ICB	All Executive directors, non-executive directors, partner members and participants	26
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member) Plus one lead officer	26/28
	Total	52/54 (min)

*already attending as ICB participants

Stakeholders who must be involved (not necessarily as full members)	
HealthWatch *	Representatives from the ICS HealthWatch Network
VCSE Sector *	Representative from the ICS VCSE Partnership or other VCSE providers
Clinical Leadership	Including primary, community and secondary care
Local Authority Social Care	Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
Local Authority Public Health	Directors of Public Health

Other optional members	
Economic Regeneration	Combined Authorities or Local Authority Economic Regeneration Directors network
Combined Authorities	Managing Directors from Tees Valley and North of Tyne
Housing Sector	E.g. the North East Housing Consortium
Police	One or more reps from our four Police forces
Fire & Rescue	One or more reps from our five Fire and Rescue Services
Education sector	Representatives from the schools, FE and university sector

Potential Membership of our 4 Area ICPs

Sector	Proposed member
Integrated Care Board	ICB Executive Director of Place-Based Delivery ICB Place directors, and Directors of Finance, Medical and Nursing
Local Authorities	Leaders/Lead Members from each LA Health and Wellbeing Board chairs Potentially one lead local authority chief executive
Foundation Trusts	Chairs and one or more Chief Executives from the Acute and Mental Health FTs in that Area.
Primary Care	Primary Care Network Clinical Leads
Voluntary Sector	Representatives from each local authority area (e.g., the local voluntary sector infrastructure organisation)

Next steps on the development of Area ICPs

- The ICB's Executive Directors of Place Based Delivery, working with the local authority CEOs in their area, will convene their Area ICPs
- Following your feedback today we will share a standard TOR and suggested membership for these Area ICPs for local completion
- This will then be reviewed by each Health and Wellbeing Board in that Area, submitting comments back to the Exec Directors of Place
- Nominations for Area ICP chairs to be then sought
- First Area ICPs to meet in November (TBC), where chairing, TOR and meeting schedule will be agreed.
- This will then be ratified at the next Strategic ICP meeting in December (TBC)

Ongoing engagement

- Our ICS will continue to evolve during this transition year and we would welcome the views of partners and stakeholders on how we can improve our ways of working
- Elected members can feed in their views as now via Health and Wellbeing Boards, local and sub-regional scrutiny committees and by contacting our teams directly or through their officers engaged with the development of these new arrangements; they will also play a key role on both on our Integrated Care Partnership and Integrated Care Board – both of which meet in public
- We will be communicating these changes to the public and how they will benefit our region throughout this year, and we will also continue to gather their views on local priorities for health and care.

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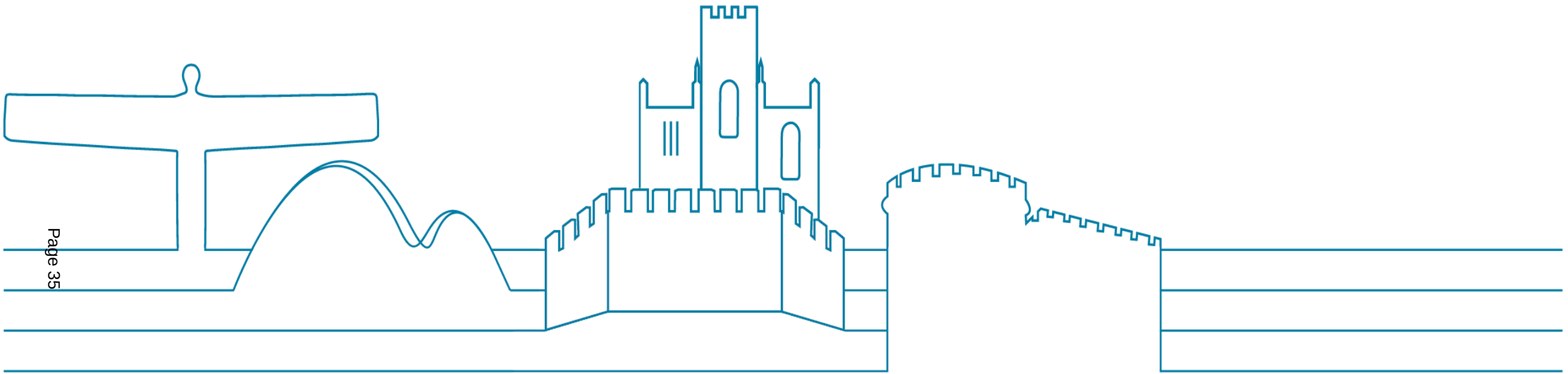
North East and North Cumbria Draft Integrated Care Strategy



North East and North Cumbria Integrated Care Partnership (ICP) Strategy

- The ICP is a statutory committee, established by the NHS and local government as equal partners, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).

- Each Integrated Care Partnership is required to develop an integrated care strategy covering the whole ICP population by December 2022

- ICBs and local authorities must 'have regard to' the strategy when making decisions, and commissioning or delivering services

- The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.

Structure of the Draft Strategy

- Vision, Goals and Enablers
- Building on our Assets and the Case for Change
- Longer, Healthier Life Expectancy and Fairer Outcomes
- Health and Care Services and Enablers
- Involvement and Delivering the Strategy

Vision, Goals and Enablers

Assets and Case for Change

- We have strong communities, an amazing Voluntary, Community and Social Enterprise sector, World Class natural assets and vibrant industries
- We have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system
- Our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation
- Life expectancy at birth is 81 (women) and 76.9 (men), compared to 82.6 and 78.7 for England
- Healthy life expectancy is 60.2 (women) and 59.4 (men), compared to 63.9 and 63.1 for England.

Draft Key Commitments

- We will reduce the gap in healthy life expectancy between our ICP and the England average by at least 25% by 2030, and aim to raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030

- We will reduce smoking prevalence from 13% of people aged over 18 in 2020 to 5% or below by 2030.

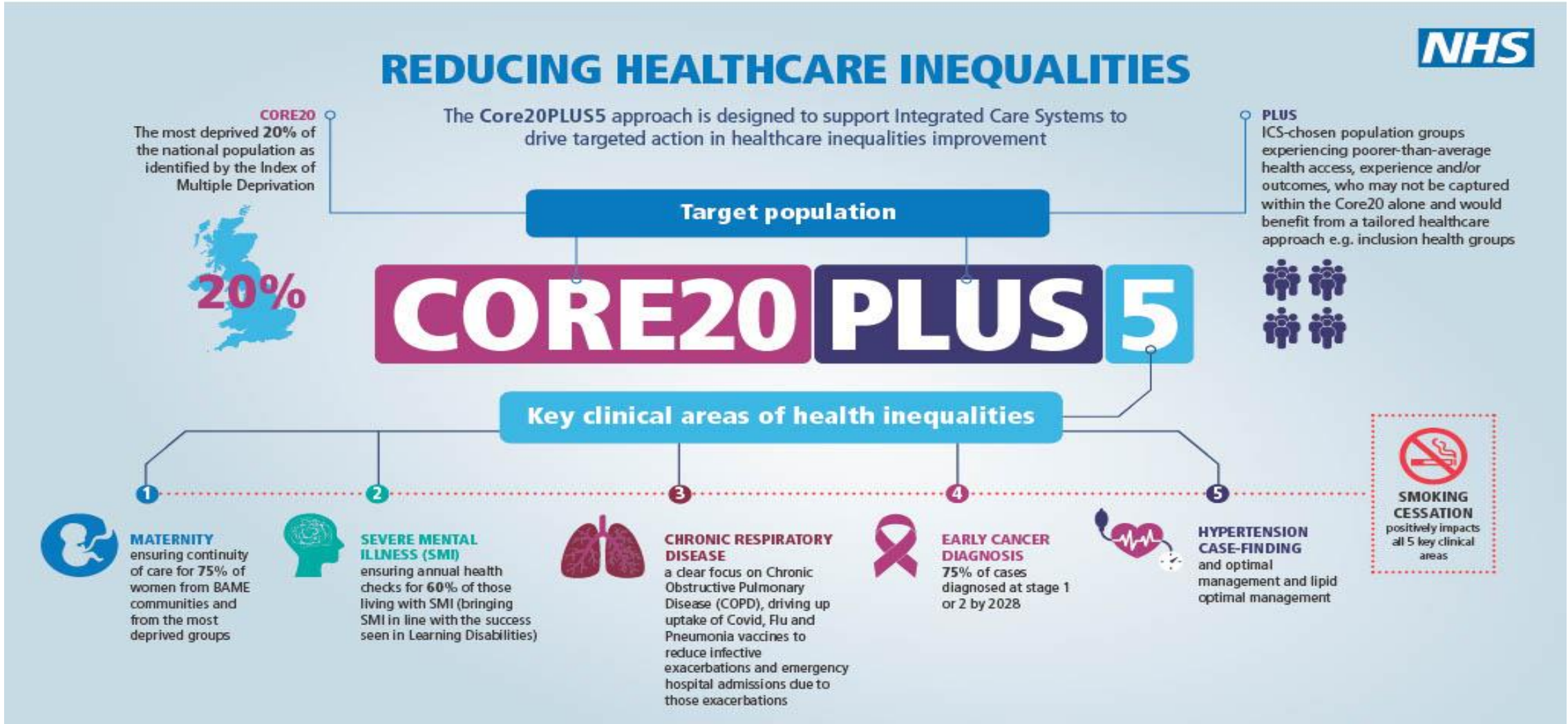
- We will reduce the inequality in life expectancy between the most deprived and least deprived deciles within our ICP by 25% by 2030

- We will reduce the suicide rate from 13 per 100, 000 population in 2019/2021 to below the England average of 10.4 per 100, 000 population in 2019/2021 by 2030.

Longer, Healthier Life Expectancy

- We will raise overall levels of health and improve at pace where the need is higher
- We will act as Anchor Institutions supporting social and economic development
- We will ensure Community Centred and Asset Based approaches building on the knowledge, skills, experience, resilience, and expertise in communities.
- We will implement evidence-based prevention programmes including smoking cessation, alcohol reduction, and healthy weight programmes, and support wider systems enabling good education, employment, fair pay, and better homes and neighbourhoods
- We will maximise routine adult and childhood vaccination programmes, covid and seasonal flu vaccination programmes, and reduce iatrogenic harms.

Fairer Outcomes – Delivering Core20plus5



Excellent Health and Care Services

- We will improve quality, more organisations will achieve a 'Good' or 'Outstanding' CQC rating and improve the sustainability of the most challenged parts of our system
- We will enable personalised care, organised around the holistic needs of people and improve the support offered to unpaid carers
- We will support the development of provider collaboration and value the voluntary, community and social enterprise sector as equal partners
- We will ensure parity of esteem between mental health, learning disability and autism services and physical health
- We will improve integration between physical and mental health, primary and secondary care, and health and social care, and value services equally across sectors.

Enablers

- A skilled, sufficient, compassionate and empowered workforce: we will improve recruitment and retention, and enable people to work in positive cultural environments

- Working together to strengthen our places and neighbourhoods: we will support social and economic wellbeing, and enabling services to work together

- Innovating with improved technology, equipment, estates and facilities: we will maximise the opportunities to utilise existing, and embrace new technologies, and invest wisely in maintaining and improving contemporary estates, facilities and equipment

- Making best and equitable use of our resources and protecting our environment: we will develop sustainable financial plans, and protect the environment.

Engagement

- Strategy Steering Group jointly chaired between the NHS and Local Government
- Call for evidence – over 300 documents received
- Stakeholder engagement and survey in November
- Local ICPs and Health and Wellbeing Boards discussions where possible
- Working with Health Watch and the Voluntary, Community and Social Enterprise sector to engage experts by experience
- Publicly available draft document and survey for feedback

Delivering the Strategy

- Detailed delivery plans and the NHS Joint Forward Plan by end of March 2023
- Refresh of Place plans in light of the big, systemwide commitments we agree in the strategy, with room for local definition and flexibility for local context
- Working together as partners to align system drivers to deliver of the strategic priorities
- Clear accountability and regular, transparent reporting of progress.

Questions, discussion and feedback

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Adults Wellbeing and Health OSC
21 November 2022
Winter Planning

Sue Jacques Chief Executive CDDFT

Michael Laing Director of Integrated Community Services

Format

- Background and key aims
- Managing winter pressures, current position and Public Health projections
- Health and social care plans
- Avoiding admissions and community support
- Key risks
- Summary

Durham County Council

Background, Key Aims, Current Position

Two types of Winter Plan

- Surge – managing increased health and care demand
- Cold Weather – our response to adverse weather

Winter plans developed over the summer and regularly updated with submissions to NHSE and the ICB

Managed by the LADB and daily operational meetings

Key aims

- Support the health and wellbeing of the workforce
- Safely manage surges in demand for health and care
- Safely embed Infection Prevention and Control Principles
- Protect elective surgery
- Safe and effective discharge
- Care for people in the community and avoid admissions

Current position – sustained period of high demand and varying Covid with Public Health projecting future challenges

Durham County Council

Health and Social Care Plans 1

- Workforce

➢ Flu and Covid vaccination programme

➢ Additional recruitment and deployment across all Teams – Supporting Planned and unplanned care – Medics, Nurses ad AHPs

➢ Increased Bank rates to targeted staff groups

➢ Wellbeing support

- Surges in demand

➢ Additional bed capacity in acute and community hospitals e.g. 24 beds in Ward 3 UHND and additional capacity in four community hospitals and ore planned.

➢ Estate works to using Targeted Investment Funding (TIF)eg SDEC, Theatre Suite, OPD expansion

➢ Extended hours for urgent care

➢ Additional staff cover e.g. Front of house ED waiting room staff

Durham County Council

Health and Social Care Plans 2

- Protect Elective Surgery

➢ Sustained progress in meeting national targets and Covid follow up e.g. achieved planned move of Orthopaedic Elective activity to BAH

➢ Focus on cancer and patient waiting times

➢Range of initiatives to maintain and improve performance

- Effective and safe discharge

➢ Partners working together to increase capacity in social care and developing services with providers

➢Additional Social Work staff to support discharge

➢Following national 100 Day Challenge initiatives

➢Investment in transport, pharmacy, Discharge Management Team

Durham County Council

Avoiding admissions and Community Support

- Avoiding admissions

➢Direct liaison with North East Ambulance Service, LADB and Other Acute and Mental Health Providers

➢Cold Weather plan agreed using national guidance and community risk register coordinated through the Local Resilience Forum (LRF)

➢ Flu and Covid vaccination programmes

➢2 hour Urgent Community Response Service in place

➢ Continuing admissions avoidance initiatives in care homes

- Community support

➢ Financial help on fuel poverty, welfare rights, home energy efficiency

➢ Warms spaces 200 planned for County Durham

➢ Voluntary sector funding to support communities

➢ Continued Public Health measures such as masks, hand sanitiser

➢Consistent communication about help available, self care, access to services close to home

Durham County Council

Key Risks

- Demand growth beyond model
- Workforce availability
- Industrial Action
- Public expectation of the NHS

Durham County Council

Summary

- Partners working together to prepare for winter
- Currently in a period of sustained demand and Public Health projections suggest future challenges
- Additional investment across partners including the NHS, social care and in support for communities
- Important that all of the system is working well and working together
- Questions welcome

Durham County Council

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

CQC report into Adult Learning Disabilities Inpatient Services across Durham Tees Valley and Plan for Improvement Work

Patrick Scott
Managing Director

Agenda Item 8

Adult Learning Disabilities Services across Durham Tees Valley

Tees, Esk and Wear Valleys NHS Foundation Trust

- Adult Learning Disabilities inpatient services are provided from two sites in Durham Tees Valley
  - Bankfields Court in Middlesbrough
  - Lanchester Road Hospital in Durham
- At the time of the inspection there were 14 patients across both sites – 4 at Lanchester Road and 10 at Bankfields Court
- There are now 2 patients at Lanchester Road and 9 at Bankfields Court
- The service is commissioned to provide assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury
- These slides summarise the CQC report and the findings
- We also describe the improvement journey we have started since inspection and our next steps

NB- Decision had been taken in January 2022 to close to new admissions in light of emerging concerns

Quality Governance Team

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Wards for people with a learning disability or autism

Date of inspection visit: 29-30 May 2022 7-8 June 2022 22-23 June 2022
Date of publication: 05/10/2022

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

INS2-13240232681

Care Quality Commission

Background

- The inspection took place across both Lanchester Road and Bankfields Court ALD inpatient wards over three weeks between the evening of the **29 May to 24 June 2022**.

- The CQC carried out a responsive inspection in response to information of concern and extended this to a full comprehensive inspection because of the concerns the CQC identified.

- The wards were previously inspected in September 2019 as part of the core service inspection. The core service was previously rated as **good** overall with **requires improvement** in safe and **good** in the other four domains.

What people who use the service reported during the inspection

Tees, Esk and Wear Valleys NHS Foundation Trust

- The CQC spoke to 4 patients at Bankfields Court.
  - 3 said that they felt safe and that staff supported them to do activities.
  - 1 person said the staff played games and took them for ice cream.
  - 1 person showed the CQC a roller-coaster game that they had made with a staff member and described how they used this to help express how they were feeling.
  - 1 person showed the CQC around their flat and described the music they liked to listen to.
  - 1 person said that they would like more interaction with staff.
- The CQC were unable to speak to people at Lanchester Road due to 1 person being asleep, another person being involved in an incident and 2 people did not want to speak to them.
- The CQC spoke to 6 family members. The families of people at Bankfields Court were happy with the service. Families felt supported and involved in the care and treatment and said that staff understood how to care for their loved ones. 1 family said that the person's quality of life had improved and that incidents had reduced. 1 family told the CQC that staff had managed to cut the person's hair and get them to shower.
- However, the families of people at Lanchester Road were unhappy with the care and treatment. 2 families told the CQC that their loved ones had been hurt during restraints and that they were worried about the safety on the wards. They did not feel listened to or reassured by managers especially after restraints and injures. They felt that people had stayed in hospital for too long.

Summary

Tees, Esk and Wear Valleys NHS Foundation Trust

- The rating for the service went down to **inadequate** due to:

  - The service did not meet all the principles of 'Right support, right care and right culture'.
  - People were not always protected from abuse and poor care. The service at Lanchester Road did not have sufficient, appropriately skilled staff to meet people's needs and keep them safe. There were high levels of vacancies and sickness with managers and members of multi-disciplinary team often falling into numbers for each shift. 2 people were cared for by a full core agency staff team due to absence of an appropriate alternative in-patient provision.
  - 3 people had been injured during restraints at Lanchester Road Hospital and 32 incidents of injury were reported for health care assistants with some requiring treatment.
  - Staff did not receive the right training to ensure that they had the skills and knowledge to meet people's needs. Training in learning disabilities, autism and alternative communication methods was not mandatory for non registered staff and a low proportion of staff had completed training in these areas. Several mandatory training courses and overall rates of supervision and appraisals fell below the trust target.
  - People were not always supported to be independent and have control over their own lives. For some people their human rights were not upheld, and they were being secluded without the appropriate safeguards in place.
  - Some people did not always receive kind and compassionate care from staff. Some staff did not always protect and respect people's privacy and dignity and did not always understand each person's individual needs.
  - Some people's risks were not always assessed regularly and managed safely. Some people were not always supported and involved in managing their own risks.

Summary

Tees, Esk and Wear Valleys NHS Foundation Trust

- The rating for the service went down to **inadequate** due to:

  - For 6 people, staff applied restrictions which were not proportionate to the level of risk. There was no clear rationale or plans to end these restrictions. In some instances, managers had failed to recognise the restrictions and reviews were not in place to try and reduce the use of these practices.
  - The use of restrictive practice including restraint, and seclusion was high for some people. There was limited evidence of learning from incidents and multi-disciplinary team discussions about how to reduce people's restrictions. One person was given regular intra-muscular injections with no clear plan to reduce this.
  - Several people were staying in hospital for too long with no clear plans in place to support them to return home or move to a community setting. Staff attempted to work with services to ensure people received the right care and support, but the lack of community provision delayed this.
  - Some people did not always receive care, support and treatment that met their needs and aspirations. Peoples care and treatment did not always focus on good quality of life and did not always follow best practice. Staff did not routinely use clinical and quality audits to evaluate the quality of care.
  - Staff did not always understand their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
  - Leaders were not always visible and approachable. Staff at Lanchester Road did not feel respected, supported and valued by managers. Staff had raised concerns about the safety across the wards to senior managers who had failed to appropriately respond to the serious concerns. Governance processes had failed to keep people safe, protect their human rights and provide good care, support and treatment.

Summary

Areas of good practice included:

- Some people made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- Some people's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- Most people and those important to them, including advocates, were actively involved in planning their care. At Bankfields court a full multidisciplinary team worked together to provide the planned care.
- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which mostly met people's sensory and physical needs.

Post-inspection

Tees, Esk and Wear Valleys NHS Foundation Trust

On back of the CQC inspection and subsequent findings, the Trust commissioned an independent review by Mersey Care NHS Foundation Trust – a recognised expert in the field

This took place May and June and key findings were shared, which are summarised below:

Patient Care

- A number of individuals are admitted because there is no viable alternative, not because they met criteria for the service, therefore…….
- Clinical model not working effectively within context of wider system.
- Appropriate internal and external escalation
- Default to single occupancy which while helping maintain safety can restrict opportunities for growth and creates additional staffing pressures
- Care planning sophisticated but difficult to implement consistently
- Evidence of structured activity and community engagement but could do more

Culture

- The culture is positive and person centred
- Staff caring and treated service users with dignity and respect
- Some staff perceive a ‘blame’ culture
- Recognition of the plan including staff engagement, wellbeing support and support from FTSU
- More visible clinical leadership is required

Staffing

- Staffing pressures across the board
- Over reliance on agency
- Lack of dedicated MDT at LRH, sense of needing more hands on leadership
- Progress at that time around strengthened MDT and daily collective decision making. Guidance offered on how to take forward Least restrictive practice approach
- Immediate training plan implemented

Must do actions

1. The service must ensure that there are sufficient suitably qualified, competent, skilled and experienced staff deployed. Staff must have received appropriate training, supervision and support to enable them to have the skills and knowledge to meet the needs of people with learning disabilities and/or autistic people. **(Regulation 18 (1) (2)(a) Staffing)**
2. The service must ensure that people's care and treatment is designed and delivered in a way that meets their individual needs. The trust must ensure that plans are in place to reduce the routine use of intramuscular medication to control people's behaviour. **(Regulation 9 (2) (b) Person Centred Care)**
3. The trust must ensure that effective governance systems and processes are in place to keep people safe and meet their individual needs. Managers must ensure that there is learning from incidents. **(Reg 17 (2) (b) Good Governance)**
4. The service must ensure that restrictions imposed on people's freedoms are only in place when these are necessary and proportionate. Staff must record and ensure safeguards are in place for all episodes of seclusion and segregation. **(Reg 12 (2) (b) Safe Care and Treatment)**

Must do action - Workforce

Tees, Esk and Wear Valleys
NHS Foundation Trust

- We are building on the strengths recognised in the report – where care was positive and person centred, delivered by staff who treated service users with dignity and respect.
- We have developed an improvement plan which includes staff engagement, wellbeing support and support from Freedom To Speak Up Guardian.
- At Lanchester Road, the staffing skill mix, MDT, and staffing gender ratios have been reviewed and developed for each ward.
- The Board have approved new rostered levels of staffing and new roles and this has informed the recruitment plan.
- SafeCare staffing module has been fully embedded and daily meetings take place to review staffing numbers and skill mix.
- Targeted work has been undertaken with agency staff to ensure robust induction and training in relation to the individual patient's care needs
- We are working with the Trust's Recruitment Team to develop and implement targeted recruitment campaigns for all professions
- Proactively working with colleagues in HR to develop retention schemes for staff in ALD services.
- A bespoke training plan for the service has been developed and is being implemented. This includes training in effective handovers; reducing restrictive practice; positive and safe workshops; practice leadership sessions; HOPE(s) awareness; Barrier to Change training

The above actions will ensure that people's care and treatment is designed and delivered in a way that meets their individual needs, resulting in a reduction of restrictive practices, including the routine use of intramuscular medication.

Must do action – Care and Treatment

Tees, Esk and Wear Valleys
NHS Foundation Trust

- An independent review has been undertaken by Mersey Care NHS Foundation Trust and their recommendations are included in the overarching service improvement plan.
- All patients in long term segregation have a ‘barriers to change’ checklist in place to address the range of and opportunity for meaningful activities and intervention targets are monitored weekly and monthly.
- NHSE, Local Authorities and Commissioners participate in a weekly focus group to expedite delayed discharges.
- Full review of the existing and proposed clinical model which includes learning and best practice from other secondary learning disability inpatient providers across England.
- Specialist clinical lead practitioners from Mersey Care are working with the inpatient teams to support complex individuals and develop the culture and clinical model
- Engaging with the Challenging Behaviour Foundation to explore learning opportunities
- Additional Positive Behavioural Support resource is now allocated, and a full team will be recruited to support ALD inpatients.

The above actions will ensure that people’s care and treatment is designed and delivered in a way that meets their individual needs, resulting in a reduction of restrictive practices, including the routine use of intramuscular medication to control people’s behaviour.

Must do action - Governance

- ALD inpatient services provide monthly reports through the new governance processes that closely scrutinise and monitors patient safety and clinical quality across the service.
- ALD-specific post incident rapid review guidance has been developed and implemented to support rapid reflection and learning.
- An enhanced Quality Assurance framework has been implemented which includes proactive review of CCTV footage, pharmacy/clinical review, and peer reviews incorporating review of restrictive practice logs and restrictions. This is to provide immediate oversight and assurance.
- The MDT are integrating the and Safe Dashboard to review and inform individualised care and treatment plans and ensure we minimise the use of restrictive interventions. There are monthly and/or weekly checks by the MDT and/or the Positive and Safe Nurse, depending on the individual patient.

The above actions will ensure that effective governance systems and processes are in place to keep people safe and meet their individual needs. Managers will ensure that there is learning from incidents. This will support improved outcomes for patients and staff.

Must do action – Restrictive Practice and Safeguarding

Tees, Esk and Wear Valleys NHS Foundation Trust

- Senior clinicians have reviewed care plans to ensure that, where restrictions are in place for individual patients, that they are necessary, proportionate, appropriately documented, endorsed by patients' families/carers or an IMHA and regularly reviewed.
- The MDT has undertaken a Barriers to Change checklist (HOPEs) with each patient which has informed an individualised care plan describing any individual restrictions in place and aims to reduce restrictive practice.
- All patients have an individualised PBS plan with a monthly review by a PBS Practitioner.
- A Briefing Sheet and video; 'What is a Restriction?' has been developed and shared with all staff, including new starters.
- The format of daily 'report out' sessions has been reviewed with a focus on supporting least restrictive practice.
- Implemented an ALD Reducing Restrictive Practice Local Group and a Reducing Restrictive Practice Care Group which meet monthly. This allows for appropriate challenge from both internal to the service and from across other specialties.

The above actions will ensure that restrictions imposed on people's freedoms are only in place when they are necessary and proportionate with regular planned reviews, in line with HOPE(s) model. Recording of restrictions will be timely and accurate and safeguards are in place for all episodes of seclusion and segregation. This will support improved patient experience.

Key Progress

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Strengthened voice of and engagement with staff and service users (priority for Care Group Board Lived Experience Director)
- Strengthened MDT working
- Successful discharge of one highly complex individual
- Significant progress made with a number of other individuals
- Improving staffing position……but still a challenge
- Reduced the use of restrictive practice
- Strengthened Governance
- Better oversight of standards and care delivery
- Weekly ICB level meetings to review progress
- Reviewing all community care packages
- Continuing relationship with Mersey Care, including training for front line staff and leaders – including Board members

Next Steps….

- **Continued work to strengthen workforce**
- **Strengthened efforts with wider system colleagues in finding sustainable solutions to delivering high quality care within our wider communities**

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Tees, Esk and Wear Valleys NHS Foundation Trust

Wards for people with a learning disability or autism

Inspection report

West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Tel: 01325552000
www.tewv.nhs.uk

Date of inspection visit: 29-30 May 2022 7-8 June 2022 22-23 June 2022
Date of publication: 05/10/2022

Ratings

Overall rating for this service	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires Improvement**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Inadequate**

Our findings

Wards for people with a learning disability or autism

Inadequate 

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff did not support some people to have the maximum possible choice, control, and independence over their own lives. Most people were being nursed in long term segregation and some people had very limited interaction with staff.

Staff were using high levels of restrictive practice including seclusion, restraint and rapid tranquilisation for some people. Restrictive practice was not always recorded, and staff did not learn from those incidents to reduce the levels or restrictions in place for some people.

Staff did not always support every person to make decisions following best practice in decision-making. Staff relied on some people asking to go on leave or take part in activities, with limited encouragement from staff.

Right care

The service did not always have enough appropriately skilled staff to meet people's needs and keep them safe. The wards at Lanchester Road regularly fell below the required number of staff. There were also two people who were cared for with an agreed agency staff team which had been contracted by the Clinical Commissioning Group. This arrangement was supported by core staff members from the trust.

People did not always receive kind and compassionate care and staff did not always understand and respond to their individual needs. Staff did not always understand how to protect people from poor care and abuse and three people at Lanchester Road had been injured during restraints.

People's care, treatment and support plans did not always reflect their range of needs and promote their wellbeing and enjoyment of life. Several support plans had not been updated and were not always readily available to staff. Staff did not always encourage and enable people to take positive risks.

Several people did not receive care that supported their needs and aspirations, that was focused on their quality of life, and followed best practice. Most people had stayed in hospital for too long as there was limited access to appropriate community provision.

Right culture

People did not always lead inclusive and empowered lives. Management had failed to effectively respond to significant concerns at Lanchester Road and there was a culture of fear among staff.

Our findings

People were not always supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities that people with a learning disability and/or autistic people may have. This meant that some people did not receive compassionate and empowering care that was tailored to their needs.

Staff sickness was high at 15% and some staff at Lanchester road told us they were leaving or considering leaving which meant that people did not always receive consistent care from staff who knew them well.

SUMMARY

Our rating of this service went down. We rated it as inadequate because:

- The service did not meet all the principles of 'Right support, right care and right culture'.
- People were not always protected from abuse and poor care. The service at Lanchester Road did not have sufficient, appropriately skilled staff to meet people's needs and keep them safe. There were high levels of vacancies and sickness with managers and members of multi-disciplinary team often falling into numbers for each shift. Two people were cared for by a full core agency staff team due to absence of an appropriate alternative in-patient provision.
- Three people had been injured during restraints at Lanchester Road Hospital and 32 incidents of injury were reported for health care assistants with some requiring treatment.
- Staff did not receive the right training to ensure that they had the skills and knowledge to meet people's needs. Training in learning disabilities, autism and alternative communication methods was not mandatory for non registered staff and a low proportion of staff had completed training in these areas. Several mandatory training courses and overall rates of supervision and appraisals fell below the trust target.
- People were not always supported to be independent and have control over their own lives. For some people their human rights were not upheld, and they were being secluded without the appropriate safeguards in place.
- Some people did not always receive kind and compassionate care from staff. Some staff did not always protect and respect people's privacy and dignity and did not always understand each person's individual needs.
- Some people's risks were not always assessed regularly and managed safely. Some people were not always supported and involved in managing their own risks.
- For six people, staff applied restrictions which were not proportionate to the level of risk. There was no clear rationale or plans to end these restrictions. In some instances, managers had failed to recognise the restrictions and reviews were not in place to try and reduce the use of these practices.
- The use of restrictive practice including restraint, and seclusion was high for some people. There was limited evidence of learning from incidents and multi-disciplinary team discussions about how to reduce people's restrictions. One person was given regular intra-muscular injections with no clear plan to reduce this.
- Several people were staying in hospital for too long with no clear plans in place to support them to return home or move to a community setting. Staff attempted to work with services to ensure people received the right care and support, but the lack of community provision delayed this.
- Some people did not always receive care, support and treatment that met their needs and aspirations. Peoples care and treatment did not always focus on good quality of life and did not always follow best practice. Staff did not routinely use clinical and quality audits to evaluate the quality of care.
- Staff did not always understand their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.

Our findings

- Leaders were not always visible and approachable. Staff at Lanchester Road did not feel respected, supported and valued by managers. Staff had raised concerns about the safety across the wards to senior managers who had failed to appropriately respond to the serious concerns. Governance processes had failed to keep people safe, protect their human rights and provide good care, support and treatment.

However,

- Some people made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- Some people's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- Most people and those important to them, including advocates, were actively involved in planning their care. At Bankfields court a full multidisciplinary team worked together to provide the planned care.
- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which mostly met people's sensory and physical needs.

Background to the inspection

Tees, Esk and Wear Valleys NHS Trust was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust. In July 2008 TEWV achieved foundation trust status under the NHS Act 2006.

The trust provides a range of mental health, learning disability and eating disorder services for the people living in County Durham and Darlington, the Tees Valley and most of North Yorkshire and York.

The trust provides care to adults with learning disabilities and/or autistic people at Lanchester Road Hospital and Bankfields Court in Middlesbrough.

These locations are registered to provide the following regulated activities:

- Assessment or medical treatment of persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.
- Diagnostic and screening.

The service comprised of;

Lanchester Road

- Bek, Ramsey and Talbot wards in Durham provide 11 acute assessment and treatment inpatient beds for adults with a learning disability and/or autistic spectrum disorder. At the time of the inspection there were three people being nursed in long term segregation on the wards.
- Harland ward - was a bespoke environment which had been adapted for one person who was nursed in long term segregation.

Bankfields Court in Middlesbrough provides assessment and treatment for adults with learning disabilities who also have associated mental health problems, challenging behaviour or severe epilepsy. It contains five smaller units:

Our findings

- Unit One Bankfields Court is an assessment and treatment unit for adults with a learning disability. There was one person in long term segregation on this unit during the inspection.
- Units Three and Four Bankfields Court are assessment and treatment units for adults with learning disabilities. Unit four has five beds and unit three has three beds.

Each unit had two people on the ward at the time of the inspection with two of these people in long term segregation.

- The Flats at Bankfields Court is a six-bed inpatient assessment and treatment unit for adults with learning disabilities. There were four people on the flats during the inspection with two being cared for in long term segregation within their own flats.
- The Lodge at Bankfields Court is a single occupancy inpatient assessment and treatment unit for adults with learning disabilities. There was one person in long term segregation on this unit.
- Unit Two Bankfields is a respite/short term care learning disability service
- We did not inspect the respite at Baysdale and the Holly Unit.

The wards were last inspected in September 2019 as part of the core service inspection. The core service was rated good overall with requires improvement in safe and good in the other four domains.

CQC carried out a responsive inspection in response to information of concern and extended this to a full comprehensive inspection because of the concerns we identified. The inspection took place across both Lanchester Road and Bankfields Court over three weeks between the evening of the 29 May to 24 June 2022.

What people who use the service say

We spoke to four people while we were at Bankfields Court. Three said that they felt safe and that staff supported them to do activities. One person said the staff played games and took them for ice cream. One person showed us a roller-coaster game that they had made with a staff member and described how they used this to help express how they were feeling. One person showed us around their flat and described the music they liked to listen to. One person said that they would like more interaction with staff. We were unable to speak to people at Lanchester Road due to one person being asleep, another person being involved in an incident and two people did not want to speak to us.

We spoke to six family members. The families of people at Bankfields Court were happy with the service. Families felt supported and involved in the care and treatment and said that staff understood how to care for their loved ones. One family said that the persons quality of life had improved and that incidents had reduced. One family told us that staff had managed to cut the persons hair and get them to shower.

However, the families of people at Lanchester Road were unhappy with the care and treatment. Two families told us their loved ones had been hurt during restraints and that they were worried about the safety on the wards. They did not feel listened to or reassured by managers especially after restraints and injures. They felt that people had stayed in hospital for too long.

How we carried out this inspection

Our inspection team comprised of one head of inspection, one inspection manager, three team inspectors, and one specialist advisor. An expert by experience supported our inspection remotely.

Our findings

This inspection followed our methodology for inspecting services for people with learning disabilities and autistic people and the quality of life tool.

During our inspection, we:

- toured the care environments and observed how staff were caring for people
- received feedback from four people in the service and six carers
- interviewed 22 staff including: pharmacists, ward manager, modern matron, nurse consultant, registered nurses, clinical leads, occupational therapist, speech and language therapists, occupational therapists, psychologists, behavioural support practitioner, a specialty doctor, consultant psychiatrists and nursing assistants
- reviewed seven people's care and treatment records
- reviewed four incidents including a review of CCTV footage
- observed four meetings including handovers and a daily report out meeting
- reviewed a range of policies and procedures and documents relating to the running of the service.
- we also received feedback from three commissioners and three advocates.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Is the service safe?

Inadequate 

Our rating of this service went down. We rated it as inadequate.

Safe and Clean Environments

- At the time of the inspection one person had damaged the floor in his environment and was living on a concrete floor. Staff had plans to relocate the person while new flooring was fitted. Most other people were cared for on wards that were clean, well equipped, well furnished, well maintained and fit for purpose. Most people were cared for in long-term segregation and wards had been adapted for this purpose.
- Staffing pressures at Lanchester Road meant that risks could not always be mitigated.
- Staff at Bankfields Court observed ward areas to check people were safe. Most people had staff with them all the time in order to keep them safe and meet their needs.
- People were cared for in wards where staff had completed risk assessments of the environment. Suicide prevention environmental surveys and risk assessments were in place and up to date on each ward. The trust had a reducing ligatures programme in place.
- People were being cared for on wards that complied with eliminating mixed-sex accommodation guidance. Many people were nursed independently to others in long term segregation.
- People had easy access to nurse call systems and staff had easy access to alarms.

Our findings

Maintenance, cleanliness and infection control

- People were being cared for in wards that were clean and well maintained. Cleaning staff were on site during the inspection and cleaning records were comprehensive.
- Staff used personal protective equipment effectively and safely. Masks and hand gel were situated at the entrance to all wards.

Clinic rooms and equipment

- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- Staff maintained equipment and ensured that this was maintained in line with the manufacturers instructed and regularly cleaned.

Seclusion

- People were being secluded within their own ward environments and this was not recognised and recorded in line with the Mental Health Act Code of Practice. Staff told us that they locked doors during incidents. In some cases, this was in response to perceived risks rather than an actual assessed risk.
- Staff were not always recognising and recording seclusion, and so did not keep clear records when a person was secluded.
- One person was being locked in their flat area for short periods of time and staff were not recording this as seclusion. Staff described using this as an alternative to restraining the person, as they were removing themselves from the area and locking the door between themselves and the patient. Staff would stand at the locked door and encourage the person to utilise coping strategies. In response to the concerns we raised staff had started to record this seclusion in the person's care record.
- The Trust seclusion policy was under review at the time of our inspection and following our concerns being escalated about this, the trust took action to ensure this was being appropriately recorded by the time the inspection ended.

Safe staffing

Nursing Staff

- The wards at Lanchester Road hospital did not have enough nursing staff who knew the people and received basic training to keep people safe from avoidable harm. The wards were falling below safe staffing levels on a regular basis which was impacting on both staff and patient safety. Staffing data for the period of 18 April – 15 May 2022 showed that across the three wards there were 10 days out of 28 where safe staffing levels were not met across the wards. Minimum staffing levels were in place for all wards/people with senior managers and members of the multi-disciplinary team frequently made up the numbers on the wards.
- There was high use of agency staff with two people who were cared for with an agreed full agency staff team which had been contracted by the clinical commissioning group. This arrangement was supported by core staff members from the Trust.

Our findings

- Staff vacancies at Lanchester Road were high with vacancies for 30 health care assistants and 10 registered nurses. Staff sickness at Lanchester Road was higher at 15% compared to 5.8% at Bankfields Court. Services had been impacted by both short-term sickness and long-term sickness. Staff at Lanchester Road had sustained work related injuries which had impacted upon staff sickness rates.
- Some staff at Lanchester road told us they were leaving or considering leaving and the average turnover rate for both services for the last 12 months was 12% which was comparable to the overall trust rate of 13%. Staff did not want to cover bank shifts on the wards, and sometimes did not come back after working on the wards.
- On one day, three members of staff had left to attend the emergency department for five hours due to being injured whilst on shift at Lanchester Road. During this period of time members of the leadership team had supported the wards to maintain safe staffing levels.
- Managers had identified the need to have male staff on duty due to the level of risk. This was due to the number of restraints and staff injuries that had taken place. Due to staffing pressures this could not always be maintained. A large proportion of staff at Lanchester Road were female.

Medical Staff

- The service at Bankfields Court had enough daytime and night-time medical cover. A full-time psychiatrist worked at the unit as well as a full-time speciality doctor.
- The wards at Lanchester road were being covered by psychiatrists from other trust services after the permanent psychiatrist had left. Staff told us this did not provide consistency and we found that a part-time psychiatrist had been transferred to cover the wards by the time the inspection had finished.

Mandatory Training

- The mandatory training programme was not comprehensive because it did not meet the needs of people and staff in this service. Training on learning disabilities and autism was not mandatory for non-registered staff and was inconsistent across the service. We raised this with managers during the inspection and a training development programme was put in place to be completed by September 2022.
- None of the mandatory training courses were meeting the trust's 90% completion rate. It was not mandatory for all staff to attend moving and handling training.

Bankfields Court

- Positive and safe care level 2 57%
- Prevent training 70%
- Resuscitation basic life support 68%
- Incident reporting level 2 50% but equates to 1 person

Lanchester Road (Bek)

- Fire Safety - 1 Year 62%
- Fire Safety - 2 Years 62%
- Harm Minimisation 69%

Our findings

- Infection Prevention and Control - Level 2 - 1 Year 69%
- Information Governance and Data Security - 1 Year 62%
- Resuscitation - Level 2 - Adult Basic Life Support - 1 Year 54%
- Incident reporting 69%
- Positive and safe care level 2 update 63%
- Resuscitation - Level 1 - 1 Year – 0% (2people)
- Observation and engagement - 67%

Lanchester Road (Ramsey Talbot) Moving and handling 33%

- Prevent - 72%
- Rapid tranquilisation – 62%
- Basic Life Support - 67%
- Safeguarding level 3 - 64%
- Positive and safe care level 2 - 68%
- Incident reporting 33%

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff did a risk assessment of every person on admission, however we found that one person's risk assessment and safety summary was out of date. It stated the person was at risk of harm by staff due to sustaining injuries and bruising due to high levels of restraint. We were unable to see any evidence of interventions to support this within the persons care plans.
- Staff used a recognised risk assessment tool.

Management of patient risk

- People had unwarranted restrictions placed on them because the service did not always assess, monitor and manage safety well. People were being restricted due to a perceived risk rather than actual incidents. Staff at Lanchester Road did not always use effective de-escalation techniques and people and staff were not always safe. There were 3 people injured during restraints and 32 incidents of injury were reported for health care assistants with some requiring treatment.
- Staff did not always follow the policy and procedure for observations. For one person we found that care rounds were signed in advance when the person had not been seen.
- Managers did not always recognise restrictive practice and staff made decisions for people without considering best interests.

Our findings

- Some people, including those unable to make decisions for themselves, did not always have as much freedom, choice and control over their lives as possible. People were not always encouraged to take positive risks and staff relied on people asking to go on leave or to take part in activities. Staff were not proactive in supporting people to take leave from the ward or engage in activities.
- People's care records were not always up to date, and staff did not always have access to high quality clinical and care records. Two peoples' one-page profiles were out of date at Lanchester Road.
- Staff did not always have the information to support them to recognise signs when people experienced emotional distress. Some staff did not have the skills and experience to support them to minimise the need to restrict their freedom to keep them safe.
- Staff adhered to best practice in implementing a smoke-free environment.

Restrictive Practice

- Staff restricted people's freedom without clear rationale within the persons support plan and did not always document and monitor and review restrictions. All four people at Lanchester Road were nursed in long term segregation and six people at Bankfields Court. There were no clear plans in place to identify how this level of restriction could be reduced.
- One person spent long periods of time alone while staff sat behind the locked door. Staff were not reviewing and considering what could be done to reduce this restriction. Staff had not explored other options such as internet shopping to help the person. We found that this was not being appropriately recorded at the beginning of the inspection, but the recording of seclusions was in place by the end of the inspection.
- The trust had reviewed its long-term segregation policy and referred to people as being in 'single occupancy care and support' for their own benefit. The policy meant that people did not always have the appropriate safeguards in place when they were secluded or segregated.
- Between March 2022 – May 2022 there had been 42 episodes of flexi segregation, (this was a term staff used to describe when someone was locked in the environment without staff for a short period of time), 40 episodes of seclusion and 130 long term segregation recorded.
- In the last 12 months there had been a total of 2201 restraints, 1634 at Bankfields Court and 567 at Lanchester Road. There had been 3 prone, 1609 supine, 185 standing, 3 kneeling, 209 seated 33 seated pat bag, 48 escorted and 241 were categorised as other.
- Staff had not recognised the use of mechanical restraint for two people where harnesses were used for transport. At the time of the inspection the Trust Policy for mechanical restraint was in final draft status and out for consultation.
- Two people had received 165 episodes of rapid tranquilisation over a 12-month period, with 198 in total for all people in the service.
- One person did not have access to the kitchen as staff felt they may flood the area. There had not been an incident of flooding which had led to this restriction.
- One person was having the ward door locked at night and staff had not recorded this as seclusion in the person's care record.

Safeguarding

Our findings

- The core service including the respite services had made 25 safeguarding referrals over the last 3 months. In total there had been 17 made from Bankfields court and Lanchester Road. Concerns had been raised by one commissioner that some safeguarding referrals had not been received in relation to a person's injuries.
- Staff had safeguarding training up to level three which included how to recognise, and report abuse and they knew how to apply it. Staff could give examples of when safeguarding referrals had been submitted.

Medicines management

- Staff completed medicines reconciliation for new admissions.
- Staff completed ward based daily audits and routine pharmacy audits including medicines optimisation and controlled drugs.
- The trust did not have a full pharmacy clinical service and the support to the teams was limited and they did not attend the multi-disciplinary meetings. Pharmacy technicians did visit the wards to look for new items or items that need issuing.
- Physical health monitoring was taking place in line with guidance from the National Institute of Health and Care Excellence. Bankfields Court employed a general practitioner who took the lead with this and ensured physical health monitoring took place and was recorded.
- The trust provided data which showed that one person received medication by intra-muscular injection 124 times between 7 November 2021 and 31 May 2022. Staff told us the person associated the use of intra-muscular medication with the end of an incident. There were no plans in place at the time of our inspection to review or reduce the reliance on the use of intra-muscular medication or consider less restrictive options. After we raised this issue with the trust, staff had started to review the use of intramuscular medication for this person. The trust was also seeking advice and support from another NHS trust to review and develop less restrictive interventions.

Track record on safety

- The service did not have a good track record for safety. There had been three serious incidents reported at Lanchester Road in May 2022. One person had sustained a broken arm and the second had facial injuries and damaged teeth resulting from a restraint. A further incident prior to the inspection resulted in another person sustaining an injury during a restraint.

Reporting incidents and learning from when things go wrong

- Three people and several staff had been injured during restraints at Lanchester Road. There was limited learning from these incidents.
- Restrictions at Bankfields Court were not always recognised, recorded and reviewed to reduce them.
- Staff told us that restraints were not always reviewed to support learning as part of the trust's restrictive intervention reduction programme. There was no evidence of learning from these incidents to prevent or reduce the number of injuries to staff.
- Learning from incidents was limited and failed to explore what could have been done differently. One person had absconded while out on leave with staff in October 2021. The person was refusing leave and staff were not looking at what could be done to support the person to start utilising leave again.

Our findings

Is the service effective?

Inadequate ↓↓

Our rating of effective went down. We rated it as inadequate.

Assessment of needs and planning of care

- Most people had a comprehensive assessment of their physical and mental health either on admission or soon after.
- One person did not have a health action plan and hospital passports completed on admission. These were completed four months after admission.
- People did not always have current positive behavioural support plans in place. Members of the multi-disciplinary team at Lanchester Road reported that due to staffing they had been unable to implement plans.
- People had a range of support plans in place and it was difficult to establish which was the current up to date plan. People had delays in the completion care plans with one person waiting 16 months after admission and another person waiting four months after admission. One person had an interim plan in place.
- Care plans did not always evidence the specific treatment and interventions being provided to reduce the level of restriction and increase the skills or independence of people using the service. For some people the active support and interaction between staff and people in the service was limited due to the use of segregation and seclusion.
- During the inspection we wrote to the trust with immediate concerns and found that plans had been updated by the end of the inspection.
- People had food and fluid charts in place due to physical health issues. Assessments had identified issues relating to weight, allergies, medication and bowel problems. However, none of the staff could explain what the expectations were for the people around their food and fluid intake. One person was taking lithium and the nurse said that could be why the fluid chart was in place but there were no care plans around how much water they should drink.
- We reviewed seven care plans and found that these had all been updated during the inspection in line with good practice.

Best Practice in treatment and care

- People did not always have access to a range of suitable care and treatment interventions to meet their needs. People at Lanchester Road did not always have access to occupational therapy, and one person had waited several months for a sensory assessment.
- Members of the multi-disciplinary team at Lanchester Road often dropped into the ward numbers which limited the specific interventions that they could deliver.
- Staff did not always understand people's needs for food and drink and for specialist nutrition and hydration.

During observations on the inspection, we found staff were overly restrictive with some people at Bankfields Court.

Our findings

- One person had an incentive plan in place whereby, they could access more of their own money over the month and have access to the kitchen area for 'good behaviour, not assaulting staff and being compliant with medication'. We saw evidence of the incident which had led to the kitchen being closed and there was evidence of a multi-disciplinary discussion taking place around removing this restriction.
- For one person staff had recorded care rounds in advance and the person had not been physically seen during the night. In response to the issues we raised the trust issued a safety alert to staff about the importance of completing care rounds in line with trust policy. The person's door was locked at night at their request and could be opened from the inside at all times. However, this was not recorded within the persons care plans. Staff had started to review the person's care plan by the end of the inspection.
- Some people were supported with their physical health and encouraged to live healthier lives. All patients had access to a mini-bus and most went out in the community daily.
- Some patients found it difficult to leave the hospital and staff had developed social stories to support people to feel more confident in going into the community. One person had a gazebo in the garden area where they sat for drinks and fresh air.
- There was some evidence of patients having hobbies such as artwork cooking and gardening.

Skilled staff to deliver care

- Staff had not received relevant and good quality training in evidence-based practice.
- Staff supervision rates were low at 13% at Lanchester Road and 39% at Bankfields Court. At Lanchester Road the Ward Manager had been off work for several months prior to our inspection. However, during the inspection an interim ward manager started working on the ward. Two nurses said that they had received an initial supervision by the end of the inspection.
- The percentage of staff that had had an appraisal in the last 12 months was 60% at Lanchester Road and 84% at Bankfields Court.
- Mangers had introduced a development programme at Lanchester Road in response to the concerns we raised. The programme had three stages and stage three of the development plan was to run a number of two-hour workshops with staff around incident management, behaviours that challenge, physical restraint and post incident. The plan was ambitious and staffing pressures would restrict staff being able to attend this training.
- New staff at Lanchester Road reported that they were not always prepared for working on the wards in terms of understanding the needs of people and the level of incidents. Staff did not always have a comprehensive induction.

Multi-disciplinary and interagency teamwork

- Staff at Lanchester Road did not have access to a full multi-disciplinary team. The consultant psychiatrist had left, and people were supported by psychiatrists from others teams within the trust. There was one part time psychologists and no occupational therapist. We observed nurses asking for assistance from the multi-disciplinary team during the morning meeting we attended and observed frustration with the lack of support. By the end of the inspection period, members of the multi-disciplinary team were helping staff to devise a plan around a person's head banging and other harmful behaviours.
- Positive behavioural practitioners had been employed by the trust. Their role was to develop positive behavioural support plans for people, but nursing staff said that they were not involved in these developments which were written in isolation. Staff felt that there was a disconnect between the staff responsible for developing plans and the staff that supported people on the wards daily.

Our findings

- Staff at Bankfields Court had access to a full multi-disciplinary team and staff said they felt supported. During the inspection a half-day session had taken place to strengthen and continue development into a more holistic team rather than medical focused. During the inspection members of the team had started spending more time on the floor to encourage staff to get more involved.
- One person at Lanchester Road had waited several months for a sensory assessment. Staff told us that this was provided by the local authority as the trust did not have a dedicated person within the service to offer this assessment. The Trust had arranged for a sensory assessment to be completed as a matter of priority.
- Staff shared information through handover meetings and daily report out meetings took place. Weekly staff support session took place at Bankfields Court and staff said that these were helpful. In response to the concerns we raised a staff support session had taken place at Lanchester Road.
- **Adherence to the Mental Health Act and the Mental Health Act Code of Practice.**
- Staff did not always have a good understanding of the Mental Health Act, its code of practice and the guiding principles. Staff were not recognising restrictive practice and people did not always have the relevant safeguards in place. Staff had received level one and level two Mental Health Act training.
- Staff had access to administrative support and legal advice on implementation of the Mental Health Act through a central Mental Health Act office and administrators. The trust had relevant policies and procedures that reflected the most recent guidance and staff could access these easily.
- People had their rights under the Mental Health Act explained regularly in a way they could understand and had easy access to independent mental health advocates.
- People's records contained copies of detention papers, consent to treatment documentation and Section 17 leave forms (permission to leave hospital) which were up to date and reflected their care and treatment.
- Staff did not always take effective measures to support people to take Section 17 leave when this had been granted.

Good practice in applying the Mental Capacity Act

- Staff had received training on the Mental Capacity Act but did not always apply this to their work. Staff understanding varied of the Mental Capacity Act and its five statutory principles.
- Staff did not always support people to make decisions on their care for themselves. Staff were making decisions for people and not always recording that they had assessed and recorded capacity.
- People had access to Independent Mental Capacity Advocates to help them if they lacked capacity to make decisions for themselves and they had nobody else to represent their interests.
- People's freedom was overly restricted as most people were being nursed in long term segregation.

Is the service caring?

Requires Improvement 

Our rating of caring went down. We rated it as requires improvement.

Involvement in Care

Our findings

- Some staff did not always treat people with compassion and kindness. One person at Lanchester road had an independent review of their care that identified that staff did not always act well towards the person. Some staff had not been considerate to a family after the person had sustained an injury.
- Staff did not always understand people's individual needs and did not always support them to understand and manage their care, treatment or condition**.** The staff at Lanchester Road were struggling to meet people's needs due to staffing pressures and a lack of support from the multi-disciplinary team and senior managers.
- Most people at Bankfields Court were supported positively and warmly by staff that knew them and their individual needs well. Staff were kind and compassionate and they were committed and enthusiastic about their work with people.
- One person had been supported to create a visual roller-coaster to help them communicate daily emotions with staff and express how they were feeling.
- Most people at Bankfields Court were supported to go on leave and we saw examples of people going for walks, bike rides, visits to the seaside, and for ice creams.
- Some people and their families told us that staff supported them to understand and manage their care and treatment, do things that they enjoyed and to plan for their future.
- People preferred to be supported by regular staff that knew them and their needs well rather than bank or agency staff that they were not as familiar with.
- Staff did not always involve people in care planning and risk assessment. Staff at Lanchester Road did not always have the time to understand and develop a rapport with people.
- People and families were supported to provide feedback and in the last 12 months the service had received a total of 62 surveys, 39 from patients 23 from carers. During the reporting period there were 72 comments received from patients and carers, of these 34 were positive and 26 were negative, of the negative comments received eight were categorised as "care and treatment", 10 as "environment" and five as "feeling safe".
- Some people were enabled to make choices for themselves. One person had an app on their phone to monitor food intake and staff supported people to communicate in a way that they preferred.
- People were supported to access independent, good quality advocacy.

Involvement of carers

- Four carers from Bankfields Court told us that they felt fully involved in the person's care. One carer said that they had worked with staff to reduce the number of incidents that took place and they felt that staff had listened to the family's views.
- Families at Lanchester Road did not always feel listened to and fully involved.

Is the service responsive?

Requires Improvement ↓

Our rating of responsive went down. We rated it as requires improvement.

Access and Discharge

Our findings

Bed Management

- The service was closed to new admissions at the time of the inspection and there had been no recent admissions. Two people had bespoke packages of care with staff teams provided by an agency outside of the trust who were supported by core members of trust staff.
- Most wards had been reconfigured to provide single occupancy units and most people were in long term segregation.
- Two people at Lanchester Road were staying in the service from outside the area. This meant that it was more difficult for them to maintain their connections to their local communities and made it more difficult when preparing for leaving hospital. There were examples where it was more difficult for hospital and community staff to work during transition and less opportunity for people to visit and spend time in the places they were moving to after their discharge.

Discharge and transfers of care

- Most people had stayed in the hospital for longer than they needed. Staff had been unable to discharge people due to a lack of suitable community placements. The service recognised that some people were experiencing delayed transfers of care and system partners were taking actions to address this.
- One person had been in hospital for four years at Lanchester Road and a person at Bankfields Court had been in the service for ten years.
- Most people were staying in long-term segregation because staff had assessed this as being the most suitable option to meet their needs. While these people were waiting for the right care and support to be built in the community, they were staying in hospital for longer than needed and they were being segregated from other people. This was not in line with the principles of Right Care, Right Support and Right Culture, and for some it was having a negative effect on their quality of life.

Facilities that promote comfort, dignity and privacy

- People had their own bedrooms and were not expected to sleep in bays or dormitories and had access to their own en-suites. There were quiet areas for privacy and most people were cared for in their own environments.
- People had single occupancy of either a full or half a ward each. Within this space they each had a bedroom with en-suite toilet and shower, one or more lounges/activity rooms, a dining area, an outdoor area and access to a kitchen. Rooms were customised to the needs of each individual patient in respect of furnishing and other contents, in line with the reasonable adjustments for people with learning disability or autism requirements of the Equality Act 2010.
- The food was of good quality and most people could make hot drinks and snacks at any time. However, two people had restricted access to their kitchens.
- The service had quiet areas and a room where people could meet visitors in private.
- Most people had access to their own mobile phones and could make phone calls in private.
- People had an outside space that they could access. For two people we found that this was locked, and they had to ask staff if they wanted access.

Patients' engagement with the wider community

Our findings

- Some people had access to activities of their choice and where possible people accessed community activities that were meaningful and recovery oriented. Staff supported people with family relationships and community activities outside the service, such as work, education and family relationships.
- Two people who were living away from their local area were able to stay in regular contact with family who visited regularly, and one person had been out on family holidays and day trips and was able to visit home.
- Some people from Bankfields took part in their chosen social and leisure activities on a regular basis. People went to the local leisure centre, gardening centre and beach.
- For one person staff had created an outside area with a gazebo to help encourage the person to go outside more often.
- All people had access to a mini-bus and most went out in the community daily.
- Some people received person-centred support with self-care and everyday living skills. We saw two people being supported to have their hair cut and washed during the inspection.

Meeting the needs of all people who use the service

- Wards were accessible for people with a disability and most people had information available in an accessible format.
- Some people were not being supported to reach their goals and aspirations and, in some instances, aspirations were not known. Staff were not always using person-centred tools and approaches to help people reach their goals and aspirations.
- Some people at Bankfields Court were being supported with learning everyday living skills, and staff had managed to get one person to shower and have their hair cut. The persons carer described this as significant progress since coming into the hospital.
- Staff had been creative with notice boards in one person's environment and had designed staff information boards which reflected the persons interests.
- Staff identified people's preferences and appropriate staff were available to support people. This was reflected in the variations across different people's environments. While some people's environments were personalised, others had minimal furniture and belongings to support the person's needs.
- Where assessed as needed weighted blankets and sensory chairs were used to meet people's sensory needs.

Listening to and learning from concerns and complaints

- People and those important to them could raise concerns and complaints easily, and staff supported them to do so. The service clearly displayed information about how to raise a concern in areas used by people.
- We spoke to six family members who all said they knew how to make a complaint. Two of the six said that they were still awaiting a response to the concerns they had raised.
- The trust had failed to treat concerns and complaints seriously at Lanchester Road and lessons had not been learnt from incidents. One family reported that they felt victimised for raising significant concerns with the trust and outside agencies. They felt that the relationship with staff had become fragmented since they had formally raised concerns.
- There had been no formal complaints at Bankfields Court in the previous 12 months. Managers were dealing with concerns at a local level.

Our findings

Is the service well-led?

Inadequate ↓↓

Our rating of well-led went down. We rated it as inadequate.

Leadership

- Some leaders did not have the skills, knowledge and experience to perform their roles. There was a lack of leadership at Lanchester Road hospital and managers did not have a clear understanding of people's needs. There was limited oversight of the issues and concerns in relation to the people and staff on the wards.
- There was a blame culture at Lanchester Road with staff not feeling valued and listened to. Staff felt that managers had not acted upon the significant concerns they were raising.
- We received mixed feedback about the visibility and approach of managers. Staff at Bankfields Court felt supported by managers who visited often while staff at Lanchester Road described senior managers as punitive.
- Managers at Bankfields Court were unaware or did not recognise the restrictive practice being used with some people. There was a lack of oversight by management in relation to the updating of documentation and observations. The ward manager was unable to describe the risks within the service without referring to the risk register.
- Staff at Lanchester Road told us they didn't feel supported by senior managers and felt there was a blame culture by management within the service. They said that they were often put into unsafe situations due to staffing and not having a core team staff to support interventions. Staff had resulted in whistleblowing to CQC as they did not feel that senior managers were taking the concerns seriously.
- The process to escalate concerns about poor practice and abuse by agency staff were unclear. We did not see that appropriate steps had taken place to prevent the staff from working in other services.

Vision and Strategy

- Although the trust had a vision for the direction of the service this was not fully understood by all staff. Events had taken place in Autumn 2021 to develop a programme to look at the provision of inpatient learning disability services. There was limited evidence of the impact of this programme.
- There was a lack of ambition among staff and managers to support people to achieve the best outcomes possible.
- During the inspection, managers did accept the feedback in a constructive way. During the inspection the trust had accepted the offer from another trust to help them develop and challenge working practices on the wards.

Culture

- Staff at Lanchester Road did not feel respected, supported and valued. Staff had raised safety issues with managers and had not felt listened to. They felt that managers had failed to respond to the concerns around the safety of staff and the people they were caring for.
- Staff at Lanchester Road did not always feel respected, supported and valued by senior staff. There appeared to be a blame culture which had left some staff feeling fearful. The staff survey 2021 showed that 42% of staff at Lanchester Road felt unable to speak out and 83% were looking to leave the trust.

Our findings

- Managers did not always set a culture that valued reflection, learning and improvement. Managers at Lanchester Road had not responded effectively to the issues being raised by staff.
- Staff at Bankfields Court felt supported by managers. They reported that managers took staff wellbeing seriously and wellbeing champions worked at the service and wellbeing baskets were available to staff.

Governance

- Governance processes were not effective and to keep people safe, protect their rights and provide good quality care and support. Systems and processes had failed to address the significant staffing issues at Lanchester Road. Senior managers were not able to easily show how many shifts had fallen below staffing requirements and the rotas were difficult to read.
- There was a lack of positive risk taking to reduce restrictions and long-term segregation for several people and multidisciplinary team reviews did not challenge this.
- The systems had not ensured that restrictive interventions had been sufficiently reviewed and monitored. There were high levels of restrictive interventions across both sites. Managers at Bankfields Court had failed to recognise some restrictive practices.
- There were differences in the governance systems across the two sites who had only recently come together under the same senior leadership.
- Staff did not always use clinical audit, benchmarking and quality improvement work to understand and improve the quality and effectiveness of care.
- The management of records and recordings of surveillance ensured they were protected and stored safely.

Management of risk, issues and performance

- The service had been closed to admissions since January 2022. Managers submitted daily staffing figures to show if the wards were safe and twice weekly meetings took place to review safety issues and staffing.
- The risk register was an overall register for the inpatient learning disability services with individual site risks specified. The manager from Bankfields Court was unable to describe what was on the unit risk register. Risk registers contained staffing, bed availability, staff safety and skill mix in terms of appropriately trained staff and male to female ratios. The risk register did not contain the issues we highlighted during inspection such as restrictive practice, and the lack of a multi-disciplinary team at Lanchester Road.
- Senior staff had failed to respond to the risk and issues identified at Lanchester Road and so appropriate safeguards and plans had not been put in place.

Information Management

- Systems used to collect data from wards were not always effective. Where data was collected this was sometimes difficult to interpret and could not be used to effectively make changes to improve the safety and quality of care.
- Staff had access to the equipment and information technology to do their work. Systems were accessible to staff. Information governance systems included confidentiality of patient records.
- Managers at Lanchester Road did not have access to good staffing data as there were different staff rotas for each ward with staff were often shared across the wards. Therefore, it was difficult to identify the actual staff shortages for management information.

Our findings

- Staff made notifications to external bodies when required.

Engagement

- Staff had not engaged well with families of people at Lanchester Road and relationships were fragmented after people had been injured.
- Some people and those important to them worked with managers from Bankfields Court to develop and improve the service.
- The service did not always work well with local commissioners to ensure the smooth transition of people back into the community. The transforming care agenda was limited in this area.
- The service worked in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice to improve their health and life outcomes.

Learning, continuous improvement and innovation

- The provider did not keep up to date with national policy to inform improvements to the service. The provider had not implemented the principles of 'Right support, right care and right culture'.
- Rapid improvement workshops had taken place for the trust which had evolved into an inpatient design event to look at environments

Our findings

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with four legal requirements. This action related to wards for people with a learning disability or autism services.

- The service must ensure that there are sufficient suitably qualified, competent, skilled and experienced staff deployed. Staff must have received appropriate training, supervision and support to enable them to have the skills and knowledge to meet the needs of people with learning disabilities and/or autistic people. (Regulation 18 (1) (2)(a) Staffing).
- The service must ensure that people's care and treatment is designed and delivered in a way that meets their individual needs. The trust must ensure that plans are in place to reduce the routine use of intramuscular medication to control people's behaviour. (Regulation 9 (2) (b) Person Centred Care).
- The trust must ensure that effective governance systems and processes are in place to keep people safe and meet their individual needs. Managers must ensure that there is learning from incidents. (Reg 17 (2) (b) Good Governance)
- The service must ensure that restrictions imposed on people's freedoms are only in place when these are necessary and proportionate. Staff must record and ensure safeguards are in place for all episodes of seclusion and segregation. (Reg 12 (2) (b) Safe Care and Treatment)

Our inspection team

Our inspection team comprised of one head of inspection, one inspection manager, three team inspectors, and one specialist advisor. An expert by experience supported our inspection remotely.

This inspection followed our methodology for inspecting services for people with learning disabilities and autistic people and the quality of life tool.

During our inspection, we:

- toured the care environments and observed how staff were caring for people
- received feedback from four people in the service and six carers
- interviewed 22 staff including: pharmacists, ward manager, modern matron, nurse consultant, registered nurses, clinical leads, occupational therapist, speech and language therapists, occupational therapists, psychologists, behavioural support practitioner, a specialty doctor, consultant psychiatrists and nursing assistants
- reviewed seven people's care and treatment records
- reviewed four incidents including a review of CCTV footage
- observed four meetings including handovers and a daily report out meeting
- reviewed a range of policies and procedures and documents relating to the running of the service.
- we also received feedback from three commissioners and three advocates.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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