CABINET MEMBER FOR ADULT SOCIAL CARE

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Monday, 16th January, 2012**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Minutes of Previous Meetings (Pages 1 - 6)

4. Out of Hours Service (Pages 7 - 9)

(The Chairman authorised consideration of the following item)

5. 'Listening to Experience' (Pages 10 - 22)

6. Exclusion of the Press and Public
   The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information likely to reveal the identify of an individual)

7. Adult Social Care Complaint Annual Report (Pages 23 - 41)
   (Exempt under Paragraph 2 of the Act – information likely to reveal the identity of an individual)

CABINET MEMBER FOR ADULT SOCIAL CARE
Monday, 5th December, 2011

Present:- Councillor Doyle (in the Chair); Councillors P. A. Russell, Steele and Walker.

Apologies for absence received from Councillors Gosling and Jack.

H34. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2011-12

Consideration was given to a report, presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2012 based on actual income and expenditure to the end of October, 2011.

It was reported that the forecast for the financial year 2011/12 was an underspend of £100,000 against an approved net revenue budget of £76.725M.

It was explained that there were a number of underlying budget pressures which were at present being offset by a number of forecast underspends:-

The underlying budget pressures included:

- an overall forecast overspend within Older Peoples' Home Care Service mainly due to increased demand for maintenance care within the independent sector
- pressure on independent home care within Physical and Sensory Disability Services due to continued increase in demand
- shortfall in respect of income from charges within in-house residential care
- additional employee costs due to high dependency levels and cover for vacancies and long term sickness within older people inhouse residential care
- an overall forecast overspend on Direct Payments across all client groups due to increase in demand was being reduced by savings on independent and voluntary sector contracts as clients in those schemes moved to Direct Payments
- recurrent budget pressure on Learning Disabilities Day Care transport including income from charges

These pressures had been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges
- Underspend on employee costs within Transport Unit plus income from increased activity
- Slippage on developing Supported Living Schemes within Physical and Sensory Disabilities
- Review of care packages within Learning Disabilities Supported Living resulting in efficiency savings with external providers and additional funding

from health
- One off slippage on vacant posts as part of restructure/reviews including voluntary early retirements
- Underspend on Rothercare Direct due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs
- Slippage on recruitment to vacant posts within Older People's Assessment and Care Management Teams
- Underspend on Older People's Day Care due to slippage on vacant posts plus additional grant income
- Slippage on developing support services for carers
- Underspend on preserved rights clients within residential care and nursing care

Total expenditure on Agency staff for Adult Services so far was £244,178 compared with an actual cost of £240,864 for the same period last year. The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

Careful scrutiny of expenditure and income together with close budget monitoring remained essential to ensure equity of service provision for adults across the Borough within existing budgets. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

Discussion ensued with the following issues raised/clarified:-

- Council-wide moratorium on non-essential spend - Health and Social Care was classed as essential spend
- Close working relationship with CQC
- The budget factored in an element for winter pressures
- The current budgetary position was as a result of implementation of planned initiatives

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of October, 2011 for Adult Services be noted.

H35. LOCAL ACCOUNT - 'ROTHERHAM PEOPLE CALLING THE SHOTS'

Dave Roddis, Performance and Quality Manager, presented Rotherham's first local account for Adult Social Care which set out for services were performing in Rotherham, focussing mainly on 2010/11, but did provide up-to-date information where possible.

The local account described how the Service was meeting the needs of its customers and improving outcomes for the people of Rotherham. This was evidenced through the reporting of key performance information, being open about the money spent on services, feeding back judgements received about how services were viewed externally and an analysis of local customer feedback and real customer case studies. The Local Account provided an opportunity to highlight the things done well and areas where there had been improvement

Key achievements included:-

- 6,800 people supported to live in the community and 2,300 carers supported – 1,400 more than the previous year
- 97% of customers were satisfied with the care and support services they received
- 31% reduction in complaints
- 2,300 carers received an assessment of their needs and provided with a carer service or information and advice – 300 more than the previous year and rated Rotherham in the best 25% of Councils in England
- 689 customers' needs reviewed – 7,330 in total
- 98% of customers were satisfied they got the service promised – an increase from 96% in 2009/10
- 85% of customers in receipt of Intermediate Care Service following hospital discharge were still living at home when surveyed 3 months later – rated in best 25% of comparable Councils
- Through raising awareness of adult abuse, alerts in Rotherham increased by 47%
- CQC assessed the Council as "Best Performing" for how well it supported customers at the first point of contact
- 50% of customers received self-directed support which exceeded the national target of 30% - placed in the best 25% in the country

Rotherham's Local Account has been shaped following a self assessment against the new Adult Social Care Outcomes Framework. Based on this self-assessment the Council believed that the overall local account demonstrated it was continuing to deliver excellent services within the resources available. The local account provided over 30 case studies demonstrating the impact of the services delivered and the outcomes they achieved for its customers.

The full document, which had been developed in conjunction with customers and members, would be published as a 'virtual glossy' with a small number printed initially for key stakeholders. It would also be available through the website and to customers on request.

Customers would have the opportunity to feedback directly to the Council via the web link as well as e-mail, letter and direct telephone access. It was intended to produce monthly 'one page' updates, via the website, on progress on performance and on improvement actions.

With councils now responsible for their own improvement, there was a collective responsibility for the performance of the sector as a whole. A Promoting Excellence in Councils Adult Social Care Programme Board had been established by key representatives from the sector, chaired by Richard Jones (ADASS) and had membership from Local Government Group, Care Quality Commission and the Department of Health.

With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of outcomes frameworks for adult social care and separately for the NHS and Public Health, the board believes that it is important that councils find a meaningful way of

reporting back to citizens and consumers about performance. Although this would be subject to local discretion, the Board suggests that all councils with social care responsibilities consider producing a short, accessible local account during 2011/12 and preferably by December 2011.

Local accounts should be customer focused and be aimed at the whole community, be published on council websites by the Lead Member. The core requirement for a local account is to report on the quality of adult social care in the area. The Local Account builds on work the council is already doing on local quality assurance frameworks and safeguarding annual reports.

Resolved:- (1) That the Local Account be approved for publication.

(2) That a copy of the "snapshot" version be provided for all Elected Members

H36. CARING FOR THE FUTURE CONSULTATION RESPONSE

The Strategic Director, Neighbourhoods and Adult Services, submitted the draft response to the national consultation exercise, launched on 15th September, 2011, on the Future of Adult Social Care – Caring for the Future – an engagement with people who used Care and Support Services, local councils, care providers and the voluntary sector about the priorities for improving care and support.

Caring for Our future was an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of. Care and Support with the Government's Vision for Adult Social Care and to discuss with stakeholders what the priorities for reform should be.

Last November the government published its Vision for Adult Social Care setting out the principles for a modern system of care and support. They wanted to see a care and support system where care was personalised, people had choice in how their needs and ambitions were met and carers were supported. Active strong community should help people maintain their independence and high quality care should be delivered by a diverse range of providers and a skilled workforce that could provide care and support with compassion and imagination. People must be confident that they were protected against poor standards and abuse.

The Commission on the Funding of Care and Support, led by Andrew Dilnot, recommended that the amount that people had to spend on care over their lifetimes should be capped although people in care homes should continue to pay a contribution towards their living costs, sometimes known as 'hotel' costs such as food and building based costs. The Commission also recommended that the current system of means tested support should be extended so that more people could get additional help in paying for care.

The Government would publish a White Paper in Spring 2012 alongside a progress report on funding reform. The White Paper would set out the approach to reform to start the process of transforming our care and support system. It was important that the Council responded to this engagement process which was broken down into the following discussion areas:-

- Improving quality and developing the workforce
- Increased personalisation and choice
- Ensuring services were better integrated around people's needs
- Supporting greater prevention and early intervention
- Creating a more diverse and responsive care market
- The role of the financial services sector in supporting users, carers and their families

It was noted that the consultation had been considered by both the Health and Improving Lives Select Commissions.

In order to comply with the deadline, the Cabinet Member had agreed the response the previous week.

Resolved:- (1) That the background to the national consultation exercise be noted.

(2) That the Council's response be endorsed.

CABINET MEMBER FOR ADULT SOCIAL CARE
Wednesday, 21st December, 2011

Present:- Councillor Doyle (in the Chair).

H37. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any person (including the Council).

H38. COMMUNITY AND HOME CARE SERVICES (DOMICILIARY CARE TENDER) 2011

Consideration was given to a report proposing the award of contracts for Domiciliary Care Services (Community and Home Care Services) for all adults with the independent sector from 1st April, 2012 to 31st March, 2015, with an option to extend for a further year until 2016.

Resolved:- That the award of contracts to commence from 1st April, 2012, under a Framework Agreement, to 18 providers be approved as follows:-

11 would have volume transfer from April, 2012
2 would undertake new referrals with no initial volume transfer
2 would be specialist providers undertaking new referrals for Carers and Learning Disabled

The remaining 3 would be approved providers and would be utilised to address surges in demand and capacity issues which could not be met within the Framework.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Adult Social Care**
2.	**Date:**	**16th January, 2012**
3.	**Title:**	**Out of Hours Service**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5 **Summary**

This report outlines the approach that has been taken to ensure that customers receive a safe and effective service on a 24/7 basis. Following the successful development of an Out of Hours service using newly recruited staff on amended contracts and volunteers from within the existing staff team it has been decided to extend this to all social work staff.

Consultation has been thorough, with the intention of encouraging as many staff as possible to accept the change to their work practice on a voluntary basis. This has been successful with 88 staff accepting the change. For the remaining 17 it is necessary to undertake a more formal process.

Our intention to issue notice on 30th January 2012 with potential dismissal and re-engagement taking effect on 30th April 2012.

6 **Recommendations**

- **Cabinet members approve the recommended changes to Terms and Conditions and the process necessary to implement such changes.**

7 **Proposals and Details**

In 2007 it was identified that Rotherham Social Care Service was putting customers at risk by having no Out of Hours Service in place. Immediate steps were taken to address this by amending the social worker job description and recruiting all new workers to work on a rota to support the new Out of Hours service.

This has resulted in a service which ensures an effective response to customer need between 8.30am and 10.00pm, with a crisis/emergency response provided by the Mental Health Services in RDASH between 10.00pm and 8.30am.

The recent restructure of Assessment and Care Management Services, following an End to End Review, provided an opportunity to review the Out of Hours service. It was found to be working well, but to be having an adverse impact on those service areas which had recruited the most new social work staff since 2008. This was predominantly in the Intake and Hospital Teams, with less significant impact on the Learning Disability Service and the Safeguarding Team. It was agreed to consult with all staff on the following:-

- All social workers and SSO's to participate on the Out of Hours rota, resulting in staff working approximately ten Out of Hours "shifts" per year. This would bring the most experienced social workers onto the rota, as most of the newly recruited social workers are also newly qualified. It would also spread the impact of being on the rota across all teams, and effectively minimise that impact.

- All managers to participate in the on-call rota which supports the Out of Hours service.

Consultation was launched formally on 18th February 2011 on the whole of the restructure proposal and Out of Hours working attracted considerable feedback. Following this feedback a document which summarised the feedback and gave a response was circulated to all concerned. The formal consultation came to a conclusion and recruitment to the new structure commenced. Once in place, all of the newly appointed managers took their place on the on-call rota. This is now fully staffed and working well.

On 13th September 2011 a letter was issued to all social work and SSO staff, informing them of the conclusion of the consultation process and asking them to confirm their participation on the rota. A number of social work staff communicated their intention to decline to participate and following this, a series of actions were implemented:-

- The Principle Social Worker with responsibility for Out of Hours working attended all social work teams to provide them with full information regarding the service.

- 1:1 meetings to be established with all staff refusing to participate to establish their reasons, offer reasonable adjustments, support and information.

This process has resulted in a total of 17 staff continuing to refuse to accept the change to their Terms and Conditions on a voluntary basis and it is concluded that there is no option but to seek to 'dismiss' and 're-engage' these staff.

The Trade Unions have been consulted both formally and informally and are aware of the actions that are being taken.

8 **Finance**

There are no financial implications of this report. The Out of Hours service has been implemented within existing budget and represents good value for money.

9 **Risks and Uncertainties**

Failure to bring all staff in line with consistent practice will cause inequity between staff in the same role.

11 **Background Papers and Consultation**

Consultation with Trade Unions held.

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ROTHERHAM Doncaster & SOUTH HUMBER NHS FOUNDATION TRUST IN PARTNERSHIP WITH ROTHERHAM METROPOLITAN BOROUGH COUNCIL

Managers Briefing

'Listening to Experience'

In 2010, MIND commissioned an independent inquiry into the provision of acute and crisis mental healthcare with emphasis being on the experience of those individuals who use these services and what really mattered to them. Information gathered and presented to the inquiry panel came from a variety of sources, including the MIND website and network, panel hearings, meetings and visits.

Over the course of the inquiry the panel of experts commissioned established that nationally there are some excellent examples of crisis and acute care which demonstrated how the hard working dedication and commitment of staff and managers have made a positive difference to the experience of individual who are in receipt of mental health care. Indeed as noted in the executive summary of the report 'Listening to Experience:

" there is no doubt that good acute and crisis care is achievable. We heard about good examples of care, courteous and helpful staff and well designed environments. There were staff teams with a can-do spirit and approach, getting on and making improvements and positive efforts to help people in crisis and their families".

However, over the course of the inquiry the panel also found that some individuals were not receiving the care and support they needed when they needed it. Yet in spite of this they argue that the quality of the evidence heard by the panel confirmed their opinion that acute and crisis care can be made 'fit for the 21st century', through what they describe as a 'paradigm shift on the way services are conceived and delivered', and a refocusing in on the four areas identified below

- Humanity
- Commissioning for people's needs
- Choice and Control; and
- Reducing the medical emphasis within acute care and facilitating a more collaborative, person-centre approach in bringing about healing and recovery.

Therefore, In order to demonstrate a meaningful analysis of this report in the context of how acute and crisis care is delivered in Rotherham the template below has been designed to provide up to date assurance relating to each individual recommendation.

MIND 'Listening to experience'

SUMMARY OF RECOMMENDATIONS & CURRENT SITUATION IN ROTHERHAM JANUARY 2012

Recommendation	Service Area	Current Situation	Further Action Required
1. HUMANITY			
Think of people using hospital and other building-based services as guests as well as recipients of care. What standard of hospitality are you offering – in terms of welcome, comfort, cleanliness, atmosphere and food? Invest in the care and working environments as needed.	Inpatient	In June 2011 the new adult acute inpatient unit opened to patients at Swallownest court. There was a wide consultation with all stakeholders in respect of the design of the new unit, and there has been an imaginative use of light, colour, and artwork around the unit. The unit has been designed with a large spacious reception area, and provides a private family visiting room. The satisfaction of service user and carers /relatives is monitored through a quarterly questionnaire. During quarter, 2 82.4% respondents for Rotherham reported as finding the unit welcoming. , and 78% were very satisfied with the cleanliness. Comments were also made on the questionnaires with an example below. "From my point of view this is the best treatment I have ever had from Domestic to Managers and I have no complaints whatsoever and wish I had had this treatment over 30 years ago. I have not felt like I have been in hospital at all."	The level of service user and carer satisfaction will be subject to on going monitoring.
	Community	As a result of the transforming of Adult Community Mental Health Services, new teams were created to offer timely, appropriate and effective services prompting wellbeing and recovery. As part of the changes the team bases were refurbished to improve, the environment service user would be expected to be seen in. Customer care training has been instigated with a focus on training crisis team staff in order to promote a change in culture.	

Ensure that services offered are appropriate and effective and tailored to meet individual needs, and that they promote wellbeing and recovery.	Inpatient	There has been a recent review of care planning and clinical record keeping within the Adult Acute Inpatient services. The unit now has one multi disciplinary clinical record in place for each patient, and the care plans are personalised to meet the needs of each individual patient. A named Nurse roles and responsibilities booklet has been issued in which sets out clear standards around personalisation of care and record keeping. Clinical records are audited on a regularly basis to ensure compliance with the required standards. There is a system of unannounced visits to the wards by the Deputy Directors of Nursing, and as part of this care plans are checked to ensure they are meet individual need. Patients who are subject to detention under the Mental Health Act 1983 have their care plans reviewed regularly by the Mental Health Act CQC inspectors. Action plans are in place from both the clinical records audits and unannounced visits'. All inpatient staff have recently had a mandatory presentation on personalised care planning. WRAP training is provided to staff, and the recovery star is also used on the inpatient wards.	
	Community	The modernisation of Adult Community Services uses a needs led stepped care model grounded in evidence based practice and clear clinical pathways for the range of needs identified for service users. This will incorporate both individual and group treatments and interventions, delivered by an integrated health and social care staff team As part of recent developments with PCT's service have transferred to local providers, and in Adult Mental Health, this has resulted in Primary Care Mental Health	

		Services being incorporated into an integrated model of practice that allows seamless care for services user moving between primary and secondary services. In order to deliver this, staff training and development identified through the training needs analysis for the Adult Community Services is addressing specialist knowledge and skills for particular clinical presentations. New care plan documentation has been developed with views from service user groups, it is easy to read and personalised. A service user development worker is supporting this initiative.	
Adopt and encourage a style of leadership that is engaging – with a focus on serving, enabling and including people.	RDaSH	RDaSH has long established management and leadership training programmes. As part of the training and development programme the organisation has developed and enhancing training programmes related to Leadership and Management Service quality and customer care, patient satisfaction is on all agenda's within community services. .	Adult Community Service are working closely with Learning and Development department to look at leadership training across all grades and disciplines
Make equality and human rights central to the organisation's ethos and practice and make this meaningful in practice; for example, in how performance is assessed and through patient information.	RDASH	Staff in the community services receive a range of training both at induction and updates on the following areas: Equality and Diversity Mental Health Act Mental Capacity Act DoLS Compliments & Complaints Cultural Diversity These are also supporting policies and procedures outlining the Trust's expectation in the above areas There are also on-going internal audits carried out in these areas and reports generated . The organisation (which the Adult Business Division is part of) are monitored by external agencies (Monitor and CQC)	

Recruit and develop staff on the basis of their values and personal qualities as well as their skills.	Community	The Adult Business Division has access to both Health and Local Authority policies and procedures that cover both recruitment and training of staff Service users are invited to be part of interview panels when interviewing for community posts. During workforce planning and development, job descriptions and person specifications are reviewed ensure best match for the post. In terms of day-to-day working staff are monitored via supervision and on an annual basis through Personal Development Reviews, where their values skills and personal qualities are reflected on	
	Inpatients	Inpatient services are currently piloting service users being on the interview panels in one of the other localities and subject to evaluation, this will be rolled out later in the year.	
Encourage and support staff through regular supervision, reflective practice, adoption of easy wins and celebration of good work. Reinforce boundaries that allow for warmth and ordinary social interaction as well as professionalism.	All Areas	The Trust and Local Authority have developed supervision policies for both management and clinical practice. There is also a training programme in place for supervisors The monitoring of and frequency and quality of supervision is identified through supervision records held within the teams. Staff team building and practice development forums are encouraged and supported.	There is a need to look at training about boundaries between staff and service users/carers
Motivate and develop staff through planned rotations; the advantage of this for ward staff includes seeing people in the context of their day-to-day lives and when they are less unwell.		At present, there are limited opportunities for secondments to occur between areas. However, in community services there is a commitment to rotate staff when opportunities arise and on an individual needs basis.	Need further work with RDASH HR & RMBC HR to consider practicalities of how this might operate.
Support teams where there has been a serious incident and ensure there is effective learning for the whole organisation as well as accountability.	All Areas	The Trust has an identified policy in relation to reporting of serious incidents. This will trigger automatically an investigation where a panel of investigators will undertake an investigation based on the	

		NPSA agreed Root Cause Analysis methodology. The Adult Business Division has invested in the training of a pool of investigators with the NPSA training programme. There are plans for this to be run in-house for all staff and team manager to ensure that all staff within the service to have a good understanding serious incident management. At the end of each investigatory process, a panel makes recommendations, which are subsequently implemented locally in the area where the incident occurred. In addition to this where recommendations are relevant to other service areas these are disseminated accordingly. Each recommendation is monitored internally to ensure that lessons learned are implemented and shared. Each investigation is also assessed externally by a panel sitting in the health commissioning team and will only be signed off when all recommendation have been implemented. In order to ensure that this information is shared appropriately the Adult Business Division has a patient safety sub-group which centralises reports from investigations, shares lessons learned, and produces a regular bulletin to update staff on specific themes	
Take robust action in the cases of staff whose behaviour is detrimental to the recovery, wellbeing and human rights of those in their care.	Inpatient and Community	Both the Trust and the Local Authority have staff performance policies in place. These policies are implemented manage staff whose actions may be detrimental to service user's health and wellbeing. Adult safeguarding is given a high priority, safeguarding training is regular and uptake is good, investigators are easily and quickly deployed as concerns are raised There are a number or ways both informal and formal in which concerns relating to staff behaviour can be registered. Complaints regarding members of staff are monitored and where concerns are identified on three occasions this	

		triggers a letter to the Assistant Director for action. Nominated HR representatives are available to support managers in any disciplinary procedures Practice issue is also address through regular supervision and where appropriate training opportunities identified to address knowledge or skill deficits	
Commit to working without violence and, in England, consider training in approaches such as Respect and Studio III. The All Wales NHS Violence and Aggression Training Passport and Information Scheme already teaches face to-face safe holding where a hands on intervention is required.	Inpatients	It is a requirement of the Trust that all clinical staff working on the adult acute inpatient wards attend the Trust approved managing work related violence training, and receive a yearly update. All episodes of restraint are documented and in the event of an incident, arising as a result of restraint or a complaint being made a full investigation will be undertaken.	
Ensure that mixed sex accommodation (see p.16) is eliminated and that safety and privacy are prioritised. Where possible offer the option of exclusively single-sex wards.	Inpatient	The adult inpatient wards in Rotherham offer single en suite bedrooms, which are on dedicated male and female corridors. There is a female only lounge and garden on the female corridor. Clear male female signage is in place. The Trust has declared compliance with the required standards.	
Continually check how you are doing through feedback from people using the service. Use a range of mechanisms to ensure that all are enabled to take part; for example, exit interviews and independently facilitated group feedback. Mind can advise you on this.	Community	The Adult Business Division has a range of methods for receiving feedback on its performance, which include: • Routine use of Your Opinion Counts questionnaire • Compliments and Complaints • Quarterly service user and carer satisfaction survey • Surveys commissioned on behalf of the Trust by independent organisations (Picker Institute) • Various service and carers groups in the community • User/carer partnership forum • Team specific questionnaires • Issues log in Rotherham for GP feedback	
Ensure outcome measurements are used routinely including service user satisfaction	Community	Where feedback from outcomes measures and surveys indicate need to improve, the Business Division is tasked with providing an action plan to implement improvements	

		which are then monitored in the next cycle of monitoring	
2. COMMISSIONING FOR PEOPLE'S NEEDS			
Consider the types of service provided and how you can expand the range of options in line with local needs and preferences – these may include crisis houses, non-residential crisis services, host families, retreats, hotels, peer/survivor-led services.	Community	The Adult community service has a range of services that ensure that service user's needs are met in the least restrictive and most appropriate environment. These include: • Home treatment function • Crisis beds (managed by Rethink) which provide a social care alternative to hospital admission • A carers team that supports relatives in their day-to-day caring role	
3. CHOICE & CONTROL			
Carry out joint crisis planning with people who may need to access acute care again in future. Ensure it is negotiated in a structured way that empowers the person whose care it is and allows them final sign off. Involve any friend, family member or other supporter the person wishes to include and ensure buy-in from the whole care team.	Community	Whilst a service user is under the care of services relationships are developed in partnership with their care coordinator/lead professional/ carer(s), a crisis, contingency and care plan. Service users also have the opportunity to produce their own WRAP plans, and work within specific WRAP groups offer the service user the opportunities to express their preferences around future care and support needs. Service users in readiness for discharge will work closely with their care team to develop a discharge plan that prepares them for possible relapse and action they or their carers can take in the event that their mental health deteriorates.	
Approach risk assessment, or safety planning, in a similar recovery-oriented way that sets out to understand the person's own perspective on what they need in order to be and feel safe.	Community	Any risks identified from the service user and carer feedback during their assessment or review are incorporated into a risk management plan, and where appropriate their WRAP a plan is available (this is based on the understanding that not all service users are able to produce their own WRAP plan at that stage of their illness) Risk management training is being prioritised across the division and an external trainer has been deployed with a recovery-orientated approach to risk management.	

Provide for more direct access into secondary mental health services for those who have previously been service users (this will be mandated in Wales under the Mental Health Measure).	Community	Currently all service users discharged from services return through single point of access.	
Allocate funds for teams to spend in flexible, personalised ways for those service users who do not choose the full personal budget or direct payment route.		Currently not an option under consideration	Further work required
Support and equip staff teams in positive risk taking.	Inpatients and Community	In 2012, the Trust is introducing a new risk assessment tool (FACE) which in conjunction with the comprehensive risk assessment training programme will revisits positive risk taking. In 2012 all staff in the Adult community and inpatient services are to undertake mandatory risk assessment training (STORM, FACE) as part of the Trust risk management programme	
Ensure that service users moving into more secure provision have a care co-ordinator they trust, who can support them through this transition and back into non-custodial care when possible.	Community	As part of the Care Programme Approach, any service user who is placed in secure provision unit will continue to receive support from their care co-ordinator who will maintain that links regardless of length of time that they are in secure provision. Once discharge is being considered, the care coordinator will be central to the management of the service user's return to their community.	
Agree to a change of consultant when requested, unless there is a good reason not to do so	Inpatients and Community	The Trust has policy in place to request a change in worker (which includes consultants).	
4. A SHARED APPROACH TO HEALING & RECOVERY			
Consider the mix of staff and how they are used – where specific healthcare professionals	Community	All service users have an agreed care plan which not only identifies the service users' needs but also the most	

are needed, where support workers could be more helpful, where direct lived experience of mental health problems will be of particular value.		appropriate member of staff to meet that specific need.	
Consider ways of strengthening community links; for example, through well planned visits, or involving people such as educators, artists, health trainers and volunteers in wards and other services.	Community	The Trust is proactively involved in the development of community links and volunteers assist in a range of settings including education, community and inpatient areas.	
Develop the role of peer supporters and recruit from BME groups.	All Areas	The Trusts has an equal opportunity recruitment policy and documentation. All departments adhere to this requirement.	
Support the leadership of non-medical clinicians and team managers.	Inpatients and Community	The Trust has Implemented new ways of working which has moved leadership into the team structures. Non-medical professional leadership is also provided through the Social work and Nurse Consultant roles, and professional leadership for Physiotherapists. In the division, we are developing a clinical leaders network, incorporating medical and non-medical clinical leads, of which there are 11 staff with clinical leadership within 50% of their job roles.	
Ensure maximum availability of psychiatrists for the decisions and input for which they are needed.	Community	With the Implementation of new ways of working, Consultant psychiatrist and other medical staff working as part of the team members and provide targeted input when necessary.	
Develop support roles (peer or otherwise) for people who need sustained social contact during their crisis.	Community	Provision of Community Support Workers in treatment teams & access team. Ongoing partnership with voluntary sector providers such as Richmond Fellowship, SYHA and Cedar House	
5. RECOMMENDATIONS FOR STAFF TEAMS			
Share something of yourself in interactions with people using your service – not all your problems, but enough of your life to engage on an ordinary human level.	All Areas	All professional staff are aware of appropriate/inappropriate disclosures and are bound by their own professional bodies code of conduct	
Know who people are, acknowledge them by name, and ask them how they are.	All Areas	Professional courtesy and practice is an expectation of our organisation	

Provide introductory information about the crisis team members who are most likely to visit a person at home.	Community	Information is currently available	Access Team to review information provided to service users.
Try and ensure continuity of contact – not different people visiting individuals at home.	Community	In order to enhance relationships and achieve a consistency of worker continuity a system of pre booking home treatment appointment is available	
Provide different means for people to contact your team – for example, telephone, text for a call-back, email, ring and walk-in between certain hours of the day.	Community	There are variety of ways for service users and carers to contact their respective teams, which include: • Telephone numbers • Texts • Direct access to a team base (drop-in) GP's and other professionals can also access services by email if required.	
Make proactive contact with the people you are worried about.	Community	In all instances where there is a concern regarding a service user, staff involved in their care will escalate contact, which may extend to other services and contacts with their carer(s). Other teams within the Adult community service may be included in the increasing level of contact (i.e., crisis, home treatment services) A community engagement policy is being developed.	
Make commitments – such as going for a walk with someone or having a one-to-one – that you can keep.	Community	All service users are given appointments as part of their on-going contact. How that time is used is identified within the individuals care plan	
When someone comes into hospital in an emergency, unless it is really impossible, let them pack a bag.	All Areas	Every consideration is given in seeking to maintaining the dignity of the service user, including allowing them to prepare for any admission to hospital.	
Make sure you can provide toiletries and a change of clothes for those who need them.	Inpatient	Each ward carries essential supplies of toiletries, which are issued to any patients who do not bring their own. There is a patients laundry on site which patients can use free of charge to launder their clothes. Assistance is given by staff as required.	
Check everyone is getting good and varied	Inpatient	For the rehabilitation and recovery ward at Swallownest	

food they can enjoy.		there is a system of self catering in place. On the acute wards satisfaction with the menu choice and quality of food is monitored through the quarterly satisfaction survey, and at the regular patient meetings which are held on the wards.	
Celebrate birthdays and personalise care – tap any sources you can for presents.			
Take inpatients' concerns about security of belongings seriously.	Inpatient	All inpatient have their own personal safe in their rooms in which they can keep their personal valuables. There is also a question on the quarterly satisfaction survey in respect of how secure patients feel their personal belongings are.	
Review how inpatients' things are looked after while they are on short-term leave and someone else is in their room.	Inpatient	When going on leave patients have the option of either having their bedroom locked, or packing any belongings they are not taking with them into secure storage. In the event that a patient is on leave and their bedroom needs to be used by another patient their belongings would be logged by two staff members, and put into secure storage.	
Test your practice against standards based on recovery and service user feedback.	Inpatients and Community	Ongoing service monitoring and review. Service user feedback is provided in a number of ways: • Satisfaction surveys. • Ward meetings. • Complaints monitoring. • Your opinion counts forms. • From the local collaborative meeting. • From the Acute Care forum. •	
Commit to working in non-violent ways and use de-escalation techniques first.	Inpatients	It is a requirement that all clinical staff working on the adult acute inpatient wards attend the Trust approved managing work related violence training, and receive a yearly update. This training includes the use of de-escalation techniques, and advocates that full restraint is only ever used as a last resort.	
	Community	Community staff are trained in de-escalation and breakaway techniques.	

Help look after the care/working environment so that people feel cared for too.	All Areas	The majority of Trust buildings have been refurbished and maintained on a regular cycle. However, it is important recognise that the a large proportion of individuals who use services are not seen in team bases.	
Look beyond the mainstream service for community resources that might help you better meet the needs of the people you are working with.	Community	Staff in partnership with the service user will make an effort to make links with appropriate voluntary organisations, community groups, employment and vocation training, local colleges and education establishments as part of the service users recovery.	
Proactively tell service users about advocacy and encourage them to access it.	Inpatients	Service users who are detained following the 2007 amendments to the act have automatic access to IMHA. The Trust has a contract with an independent provider for the provision of advocacy to the inpatient wards. Information about the advocacy service is displayed on the wards, and the advocates have an office /interview room in the reception area at Swallownest Court.	
	Community	Service users, where required, are informed of the Independent Advocacy Service and will be supported if they wish to contact them.	
Trust what people tell you they need.	Inpatients and Community	During every contact staff will continue to assess/review the needs of the services users and attempt to address needs through their the care plan	
Ensure the people you work with have copies of their own care plans and that what they most want healthcare staff to know is at the top.	Inpatients	All patients on the inpatient units are asked to sign their care plans, and are offered a copy, which they can keep in their own care file.	
	Community	Most service users in the community will have been involved in the development of their care plan and will have a copy. This is based on the understanding that not all service users are able to engage in the development of their care plan at that stage of their illness. However, service user care plan are regularly reviewed	

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