



Quality Accounts

2016/17

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Introduction and statement on quality from the Chief Executive

I am delighted to introduce our Quality Account for 2016/17. This year has involved balancing consolidation and development growth whilst maintaining our focus on quality.

The outcomes and performance illustrated in this report are a fitting testimony to the qualities of our staff and their ability to successfully manage all three.

The commissioning landscape, STP development and local transformation agendas are extremely challenging for all, so our strong reputation for partnership helps maintain our role as an integral part of the local health and care economy.

We demonstrate this commitment to system working and transformation with our involvement in the local Integration Taskforce, Mental Health Programme Board, and a range of service developments in partnership with our NHS and Local Authority colleagues. We also continue to play a leading role in the development of the Blue Stone Consortium supporting the wider VCS

The performance reports, audits, and in particular, the user and carer experience satisfaction survey results are again extremely encouraging.

This year saw us celebrate our 30th year of operation. To mark this achievement we held an event to celebrate our staff and reward those who demonstrate our values in their daily work. We also produced a short six-minute film where the people we serve tell their story, providing further testament to the quality of our services. I thoroughly recommend it

(Follow link below)

<http://www.mentalhealthconcern.org/mental-health-news/its-mental-health-awareness-week/>

Brendan Hill
Chief Executive | Concern Group



Mental Health Concern's 30th anniversary celebration

Corroborative statement from Newcastle Gateshead, North Tyneside and South Tyneside Clinical Commissioning Groups (CCGs) for Mental Health Concern (MHC)

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on Mental Health Concern's Quality Account for 2016/17 and would like to provide the following commentary.

As commissioners, Newcastle Gateshead, North Tyneside and South Tyneside Clinical CCGs are committed to commissioning high quality services from Mental Health Concern (MHC) and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services. It is also crucial that the views and expectations of patients, service users and the public are listened to and acted upon.

The Quality Account for 2016/17 provides a comprehensive description of the quality improvement work undertaken within the organisation and an open account of where improvements in priorities have been made. The CCGs recognise the work MHC has achieved to date in the delivery of the 2016/17 priorities and in the ongoing delivery of quality measures.

The CCGs note that MHC celebrated their 30th year of operation in 2016 and the stories shared by service users and carers in the six minute short film provide insight into the excellent engagement, care and support they receive. The CCGs would like to congratulate MHC for achieving an overall 'good' rating from the Care Quality Commission (CQC) across all seven CQC regulated locations.

The CCGs acknowledge the robust governance structure underpinning MHC's corporate and clinical functions. MHC has embraced the duty of candour requirements ensuring that service users are informed when something has gone wrong as well as offering

to share the outcomes from investigations, if requested.

It is also pleasing to note the emphasis on undertaking a programme of clinical audits employing appropriate audit tools, including the refining of the 'recovery' focus in rehabilitation and recovery services. The audit results show the majority achieved a 'green' rating, however it was acknowledged that 'amber' results were due to changing user profiles and plans are in place to address any deficits.

MHC is to be commended on the low rate of service user falls which has been sustained over the last three years. The explanation provided in respect of the peaks identified within adult services and housing and dementia care, provides assurance that reasons have been identified and that the incidents relate to a low number of newly-admitted users with complex needs. MHC is also to be praised on reporting that no service user has sustained more than superficial pressure damage.

The Briarwood 'Safer Care Review' undertaken in 2016, effectively demonstrates MHC's commitment to reviewing policy and procedure in providing safe and appropriate care to patients with dementia, and complements the audit work also being undertaken. Shortfalls in provision of care have been acknowledged in the document and evidence of actions undertaken as a result have been included.

Continued use of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores is to be applauded. The contribution to a joint research project with the two mental health provider Trusts (Tees, Esk and Wear Valley NHS Foundation Trust and Northumberland,

Tyne and Wear NHS Foundation Trust) demonstrates continued commitment to evaluating the reliability of using WEMWBS amongst client groups. The collaboration with Durham and Newcastle Recovery Colleges in developing and delivering peer led training is also viewed as a positive step in enhancing the well-being of service users.

The response rates to the annual feedback survey of service user satisfaction were good, and the CCGs note the changes and differences in response rates in two of the locations of the 'Older Persons Services'. There has been improvement in satisfaction scores in four areas which is commended. The CCGs also acknowledge the majority of respondents are either 'extremely likely' or 'likely' to recommend the dementia care services to friends and family. The inclusion of comments from service users provides an insight into what went well and highlights areas for improvement.

In addition to the service user survey, the staff survey also produced very positive results. It is clear that MHC is an organisation that offers high job satisfaction amongst employees. It is also pleasing to note the implementation of a 'Wellbeing at Work' intranet portal, the initiation of a corporate gym membership and the introduction of well-being therapy days in 2016.

The CCGs welcome the specific priorities for 2017/18 which are highlighted within the report and consider that these are appropriate areas

to target for continued improvement. The CCGs note the overview of quality improvements which have been implemented throughout the year and would like to congratulate MHC on these excellent achievements.

It is felt overall that the report is well written and is reflective of quality activity and aspirations across the organisation for the forthcoming year. Finally the CCGs would like to offer congratulations to MHC on the achievements outlined in this report which we believe accurately reflects their commitment to delivering a high quality, and service user focussed services. The CCGs look forward to continuing to work in partnership with MHC to assure the quality of services commissioned in 2017/18.

Dr Neil Morris
Medical Director

Chris Piercy
Executive Director of Nursing, Patient Safety & Quality

For and on behalf of:

NHS Newcastle Gateshead Clinical
Commissioning Group

NHS North Tyneside Clinical Commissioning
Group

NHS South Tyneside Clinical Commissioning
Group

About us

We are based in the North East of England, where we provide a wide range of specialist mental health services, which are predominantly commissioned by the NHS and local authorities. We support many people with a wide range of mental health-related needs, including:

- People taking their final steps away from specialist mental health services and striving to get into work, education, or training
- People recovering from severe mental ill-health, who require support over long periods of time
- People with severe dementia and complex, challenging needs

We believe that our innovative approach to developing services, coupled with close partnerships between us and the people who use our services, enables us to provide high quality care and support that help people move on in their lives.

Our services are clinician-led, providing a range of person-centred support with a focus on recovery.

We deliver care and support across four broad areas:

- Older Person's Services
- Adult Services
- Community and Wellbeing Services
- Housing and Support Services

Older Peoples' Services

We believe passionately in providing good care to people with dementia and their families. We also believe that it is entirely possible for anybody living with dementia to live a good quality and meaningful life. With the right help, this is a reasonable expectation for anybody living with dementia.

We have provided specialist dementia services for over 30 years and have learnt that enabling people with dementia to live well can be demanding, but very rewarding. This is why all of our dementia services and staff work to a strong set of values that have a clear person-centred focus.

We care for people who, because of their dementia, behave in ways that can be challenging or hard to understand. Our main focus is on getting to know the person as well as we can, so that we can meet their needs in ways that improve wellbeing. This is because we know that a person with dementia is just that – a person.

In Gateshead we provide four types of dementia services:

- 24-hour specialist nursing care
- respite
- short-term assessment (as an alternative to hospital admission)
- community challenging behaviour support

Adult Services

In our Adult Services we support people recovering from mental ill-health, who are often taking their first steps away from hospital. Our services are mostly commissioned by the NHS, which means that we can provide high levels of 24-hour specialist support, and can help those people that many other organisations can't.

We work with people to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live a good and satisfying life with meaning and purpose.

Our specialist, 24 hour, nurse-led rehabilitation and recovery services help people with complex mental health problems to move from

secure and hospital-based settings into the community. We also provide short-term relapse prevention packages as an alternative to hospital admission.

Our rehabilitation and recovery services focus on promoting:

- positive move-on within one to three years
- relapse prevention
- employment and increased employability
- access to education
- living skills
- condition management

Housing with Care and Support

In our Housing and Support Services we help people to secure good quality housing and provide a wide range of help, from really quite intensive bespoke packages, right through to low level day-to-day support and advice.

Our main focus is on helping people to have independence and to take control over their own lives.

Our Supported Housing service helps people with complex mental health problems to move out of hospital or 24-hour care and take up a supported tenancy in the community. It is a highly-specialised service with tiers of support and supervision, which gives people who have often spent many years in institutional environments the opportunity for independent living and social inclusion.

It consists of four specific services:

- Newcastle Supported Housing
- Gateshead Supported Housing
- Early Intervention in Psychosis (EIP) Supported Housing
- Step Ahead Housing

Community and Wellbeing Services

Our Community and Wellbeing Services help over 1,000 people each year to get back into work, education, or increase meaningful activity.

We also help people to rebuild their social support networks and develop friendships. We stick by them, to navigate through the sometimes complex health and social care system using our knowledge of what's out there to link people in.

Moving Forward

Our Moving Forward services in Newcastle, Gateshead, and South Tyneside can be accessed by anyone who has experienced mental health issues.

The service focuses on linking people up with activities, groups and community resources, with the aim for them to:

- rediscover self confidence
- learn new skills or rediscover old interests
- build a stronger social network and have more people to do things with get back into education or training
- find paid or voluntary work

Mental Health Carer Support

In South Tyneside, we provide support to people who have caring responsibilities for people with mental health problems.

We work in partnership with other professionals to provide emotional and practical help, as well as helping people to find the support they need in their caring roles.

Ways to Wellness

Ways to Wellness is a social prescribing service for people with long-term health conditions in the west of Newcastle. The service aims to improve its users' quality of life and reduce their use of mainstream health services, by enabling them to lead healthier lives and better manage their conditions.

This is achieved by the provision of Link Workers, who help patients to identify and work to overcome the current barriers to managing their long-term health conditions.

Fulfilling Lives

The Fulfilling Lives programme is a Lottery-funded partnership between Mental Health Concern, Changing Lives, and Aquila Way. Together, we help adults who are likely to experience issues relating to three or more of the following:

- mental ill-health
- homelessness
- drug and alcohol issues
- offending

Chain Reaction

Chain Reaction launched in 2015 as a new service commissioned by Newcastle City Council, designed to support older people (55+) to live independently in the community.

By promoting the use of community-based resources and facilities, Chain Reaction encourages people to lead happier, healthier lives. It supports and sustains friendships in order to combat social isolation and to increase good emotional health and wellbeing.

Moving on Tyne and Wear

Moving on Tyne & Wear is joint-funded by the Big Lottery Fund and the European Social Fund as part of the Building Better Opportunities programme, which invests in local projects that tackle the root causes of poverty and promote social inclusion.

As the lead organisation, in partnership with seventeen well respected local organisations, we support people in Tyne and Wear who are aged 25+ and out of work due to complex health issues and other barriers, such as long-term unemployment, debt, low skills, or housing issues.

From 2017-2019, we will work with over 1,600 people, supporting them to take advantage of existing voluntary or employment possibilities, and work with local employers to create new opportunities.

Our values

At Mental Health Concern, as part of Concern Group, we are committed to improving the mental health and wellbeing of the people we serve.

The whole team works to a strong set of organisational values, and we uphold these in all the work we do. We value:

- Compassion and hopefulness
- Being open and friendly
- Inclusivity and fairness
- Experience and expertise
- Hard work, creativity and innovation
- Going the extra mile with people to achieve the right outcomes

We are also guided by the things that people have told us are important to them. We have found that the following aspirations are reasonable expectations for any of us to have in life, regardless of whether we are experiencing mental ill-health or not.

Those aspirations are to:

- Develop a sense of meaning and purpose in life
- Improve personal relationships and social networks
- Promote hope and self-esteem
- Develop independence, choice and control
- Feel in touch with local communities, and be active citizens
- Increase the stability and consistency in life



Our commitment to quality and improvement

An overview of governance structures

Mental Health Concern, as part of Concern Group, is governed by an independent Board of Trustees, which is made up of members with experience from a broad range of relevant professions.

The Board have established a Corporate and Organisational Governance structure, supported by four committees and an experienced executive team. The Board and each of the committees meet every two months, providing regular contact between Board and management.

The quality of service provision and clinical performance, including the quality of outcomes for service users, are considered by the Quality and Service Delivery Committee. Members include those with clinical and commissioning experience, supported by the Directors of Services. This committee also receives updates from the Caldicott Guardian and service managers on a regular basis.

Similarly, the Human Resources and Finance Committees receive relevant reports on performance, training, regulatory compliance and internal control. Membership of the Governance Committee is the chair from each of the other three committees, plus the Vice Chair of the Board.

The Governance Committee oversees the Board's responsibilities for ensuring compliance, prudence and a duty of care in the operations of the Group, including all aspects of Information Governance.

Summary of clinical governance

The clinical governance structure in MHC consists of: clinical audit, risk management, clinical effectiveness, and quarterly performance monitoring meetings with commissioners, and external inspection by CQC and local authorities where services are jointly commissioned.

How we are implementing our Duty of Candour

Across all our services we encourage a culture of openness and honesty when things go wrong. Our incident reporting and management policy includes our statutory duty of candour. Processes are in place to ensure service users (or, where appropriate, the service user's carer or family) are informed when something has gone wrong. The process includes apologising to the service user and providing support. Arrangements are also in place for ensuring outcomes of investigations into what happened are shared with the service user if requested.

Governance: CQC Inspection Reports

| Service | Date of Inspection | Overall Rating | Is the service safe? | Is the service effective? | Is the service caring? | Is the service responsive? | Is the service well-led? |
|----------------|--------------------|----------------|----------------------|---------------------------|------------------------|----------------------------|--------------------------|
| Jubilee Mews | March 2016 | Good | Good | Good | Good | Good | Good |
| Oakwell | February 2016 | Good | Good | Good | Good | Good | Good |
| McGowan Court | February 2016 | Good | Good | Good | Good | Good | Good |
| Coalway Lane | February 2016 | Good | Good | Good | Good | Good | Good |
| Alderwood | March 2016 | Good | Good | Good | Good | Good | Good |
| Pinetree Lodge | December 2016 | Good | Good | Good | Good | Good | Good |
| Briarwood | November 2016 | Good | Good | Good | Good | Good | Good |

MHC provides nine service across seven CQC regulated locations.

We have been very pleased with the findings from our most recent CQC inspections. During 2016, all of our CQC-regulated services were inspected under the new regulatory and inspection framework. We are delighted that at the time of this report, our services are rated universally 'Good' in all areas.

Extracts from reports

McGowan Court

'Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.'

'People who lived at McGowan Court received effective care and support from well trained and well supported staff. Family members told us, "They always keep us well informed, they are very good that way" and "They're a nice crowd at McGowan Court".'

'We heard a member of staff discussing privacy with a person who used the service. The staff member told the person, "You're the boss in your own room. Everyone should ask your consent or permission to do something." [...] This demonstrated that staff respected people's privacy and dignity.'

"[The staff] are patient and understand people"

Oakwell

'People who lived at Oakwell received effective care and support from well trained and well supported staff. A family member told us, "Absolutely first class, they've been really good" and "I thank them for where [Name] is today. It's down to them".'

"Another person told us, "I love my room. I've been able to decorate it myself. [The registered manager] let me choose my own paint. Nowhere I've ever lived before allowed me to decorate or personalise my own room."

"I feel that I have got my dignity back"

Coalway Lane

'We observed the people using the service to be relaxed and they were open in posture when in the presence of staff. We saw there was humour in their interactions.'

'There was evidence that people using the service were involved in aspects of planning their care and treatment. One person told us, "I cried when I read my notes, it was the first time they had ever been written right; I feel really listened to." [...] They commented, "It's the first time in 20 years of being in mental health services that I feel really listened to and involved."

"The staff are kind and caring, and really take the time to get to know you."

Alderwood

'Staff we spoke with confirmed staffing levels were appropriate, and we observed a calm and unhurried atmosphere throughout the home. Comments included; "I am happy here, the best things are the staff to patient ratio of four to nine, and the managers who are so supportive and encouraging", "The staff to patient ratio is superb and we retain our staff," and "The high ratio helps but also good retention and little turnover of staff numbers."

'People who used the service made positive comments about the staff team and their ability to do their job effectively. One person said, "I get on alright with the staff. The boss is alright." Another person explained to us, "I like it here ... everything's alright." When asked about staff a person commented, "Yes, yes the staff are skilled." A relative told us, "It is excellent here, I could not be more happy with the care; the staff are so helpful and professional. I can visit anytime which is important for both of us. I would always recommend this service, in fact I have done; they do what they promise they will do. I am very happy with the service and grateful for all they do for my relative."

'Staff also made positive comments about the training and support they received. Comments

included: "[Name] (clinical lead) is very easy to approach, personable and academic. So is [Name] (Registered Manager)"; "Access to training is good. It's closely monitored and alerted on the computer system; "There's a good skills mix. It's like a family; we all muck in together," and "It's a good home, all the staff are fine." Staff received training relevant to their role and were supported by the registered manager. One comment made to us was, "There's plenty of training; recently on Deprivation of Liberty Safeguards." Another staff member said, "The training is good and helpful. We've done breakaway, which was good and we'll be doing NAPPI (Non-abusive psychological and physical interventions)." A staff member told us, "I'm more than happy with my induction."

Pinetree Lodge

'Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people' safety and welfare. Staff had developed good relationships with people and communicated in a kind and friendly manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.'

'All of the staff we spoke with told us they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. When asked about the quality and frequency of ongoing training one member of staff commented, "It is the most training I've ever had [in care] in any company I have worked for."

'When we spoke with staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff information about people's life histories. This provided the staff with information to help build relationships with the people they supported.'

'We spoke with a relative about the activities offered to people who used the service. They

told us, "They put plenty of entertainment on." The registered manager told us that there were many person centred activities facilitated by the service including hiring singers and trips out. In addition the service had devised and implemented activities for people who lived with dementia. This included setting up 'activity stations' throughout the day. The stations had different themes including cleaning equipment and musical instruments. People were free to pick up objects and interact with them in a way of their choosing.'

'People's care plans reflected the activities that were available to them and took into account their preferences. For example one care plan we looked at stated "[Name] has always been a busy man doing lots of paperwork, he likes to feel wanted and useful." The care plan went on to list activities the person liked'

Jubilee Mews

'Staff completed more specific risk assessments aimed at promoting positive risk taking. For example, where service users wished to self-medicate, or this was proposed as part of their programme of rehabilitation, there was a specific risk plan in place to support this. The overall aim was to maximise opportunities for people and increase individual responsibility; with staff identifying and taking steps to minimise risk and ensure positive risk taking.'

'Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us in great detail how they supported individual people in a safe and effective way.'

Briarwood

'Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to supporting people who lived with mental health difficulties. They were aware of how to treat people with

dignity and respect. Policies were in place that outlined acceptable standards in this area.'

'We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person commented, "They definitely know how to look after me." A relative told us, "There is a trained nurse on every shift, my wife is unwell, both physically and mentally and she has complex problems. The beauty of this place is they look after all aspects of her care."

'All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people with chronic obstructive pulmonary disease.'

'We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "The staff are lovely, they are all very nice." Another added, "They are respectful, none of them are horrible or nasty." A relative told us, "My wife likes the staff, they have helped her to feel calmer, they are very kind I am content with her being here."

'Throughout our inspection we observed staff speaking with people in a kind and caring manner.'

'Some staff demonstrated good distraction techniques when interacting with people who lived with dementia, others encouraged positive lifestyle choices when working with people.'

'We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.'

Clinical audit

Seven 'Balance of Care' audit tools have been developed, which mirror our service specialities:

- dementia care respite
- dementia care assessment
- dementia care
- community challenging behaviour service
- rehabilitation and recovery
- supported housing
- Moving Forward

Audit process

Practice audit takes place in each of our services on a quarterly basis. The focus of the audit is a specified keyworker or link worker. If a service contains five keyworkers, each keyworker will know that they will be audited approximately every five quarters, in a non-predictable order.

At each visit, the previous quarter's audit recommendations and requirements are

reviewed in addition to the new audit. In nursing services, the service manager is responsible for medication audit.

The Practice and Standards Manager audits the fact that medication audits have been completed at the correct frequency, and that recommendations have been carried out within the review period.

Last year we sharpened the recovery focus in our rehabilitation and recovery services. This meant 'SMARTer' clinical goals, more clearly defined outcomes, the inclusion of a formulation in the core assessment, the incorporation of GRiST risk management tool, and clearer evidence of least restrictive measures in place through Mental Capacity Act assessments.



Clinical audit: Results

Older Peoples' Services

| | Red Audits | Amber Audits | Green Audits |
|-----------------------------------|------------|--------------|--------------|
| Alderwood: Respite and Assessment | 0 | 3 | 3 |
| Alderwood: South Riding | 1 | 0 | 1 |
| Briarwood: Meadows | 1 | 1 | 1 |
| Briarwood: Mill View | 1 | 1 | 1 |
| Pinetree Lodge | 1 | 2 | 4 |

Of 21 audits in Older Peoples' Services, 10 achieved a 'green' rating where there were at most, minor issues in the clinical notes which needed attention. In Respite & Assessment there was a peak in amber rated audits which reflects the changing profile of newer service users with dementia. Clinical audits rated amber largely reflected the raising of MHC's assessment practice standards. These were eventually met however, at times, later than the agreed timescale. As the newer profile service users filter through to our dementia care services the increase in red rated audits from 1 last year to 4 this year is accounted for in the same way.

Adult Services

| | Red Audits | Amber Audits | Green Audits |
|-------------------------------|------------|--------------|--------------|
| Coalway Lane | 0 | 0 | 5 |
| Oakwell | 0 | 1 | 1 |
| Jubilee Mews | 1 | 1 | 2 |
| McGowan Court | 0 | 3 | 0 |
| Housing with care and support | 0 | 0 | 3 |

This year's audit profile is very similar to last year's in terms of total numbers of Red, Amber and Green audits. There was however a peak for McGowan Court in Amber rated audits. Residents at McGowan Court have historically been older than residents in our other Adult Services and, as newer service users are admitted to McGowan Court, staff are adjusting to the changing demands placed upon them. Similar to Respite & Assessment services above, clinical expectations are being met in the case of these Amber audits, however not within standard time constraints.

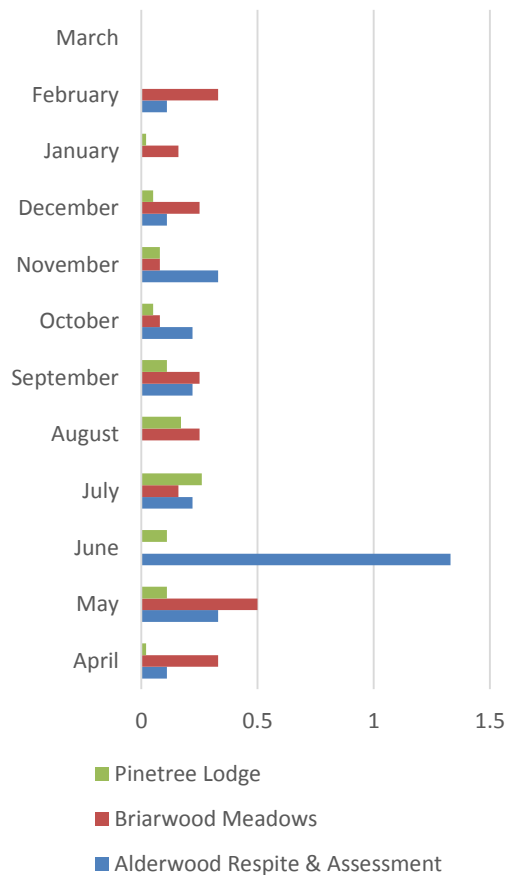
*Red = where two or more items fall below minimum standard (marked 'No') in 3 out of 5 standards.
Amber = where a mixture of one / two items fall below minimum standard (marked 'No') in 3 out of 5 standards.*

Green= where no more than 1 item falls below minimum standard (marked 'No') in up to 2 out of 5 standards.

Safety

Falls prevention in Dementia Care Services

Ratio of falls to service users 2016/17



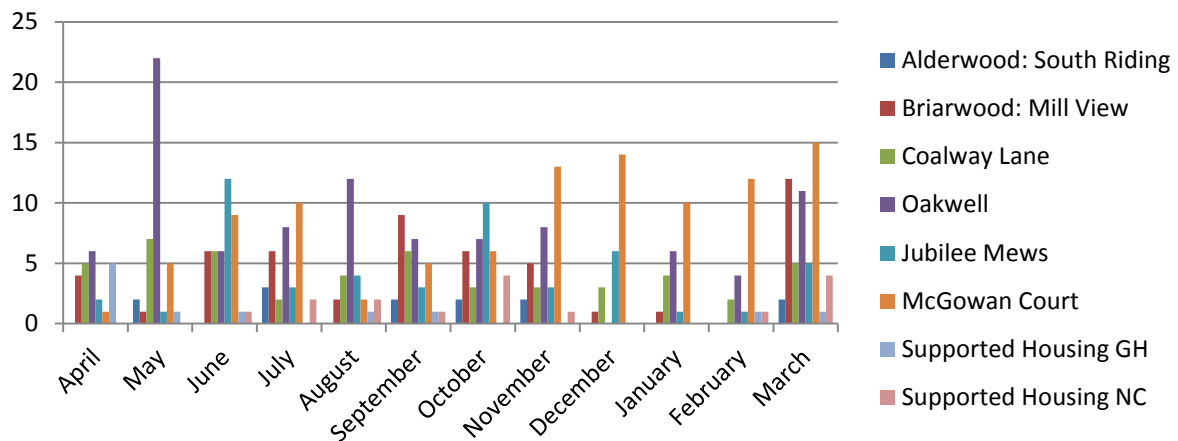
Analysis

Overall, we are satisfied that the rate of falls across our Dementia care services remain low. It is important that we maintain a good balance between promoting independence and positive risk taking so we do expect an underlying low rate generally. Our falls rates have remained both static and low across the last three years.

We noted an incident peak at Alderwood Respite & Assessment in June and found that this was primarily due to two service users with acute infections and mental health issues as causative factors in multiple falls. These issues were treated successfully thereby reducing falls and incident rates considerably.



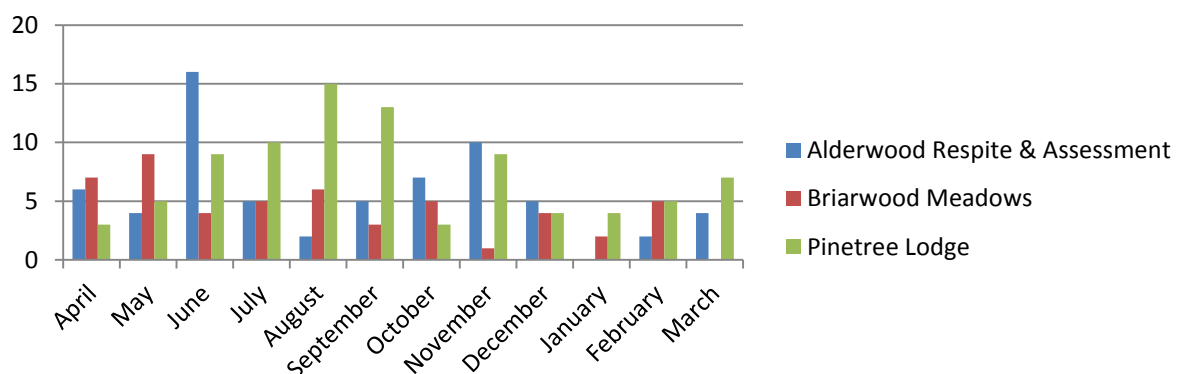
Clinical Incident Rates: Adult Services & Housing with Care & Support



Analysis

We noted a peak in incidents at Oakwell which is attributable to a short period of high levels of challenging behaviour and substance misuse within the service. As can be seen within this data, the underlying levels of incident reports remain relatively stable across all services. The ongoing peaks across November to March at McGowan Court relate to the service lowering safeguarding reporting thresholds to enable multi-disciplinary analysis and awareness of ongoing safeguarding concerns relating to one service user.

Clinical Incident Rates: Dementia Care Services

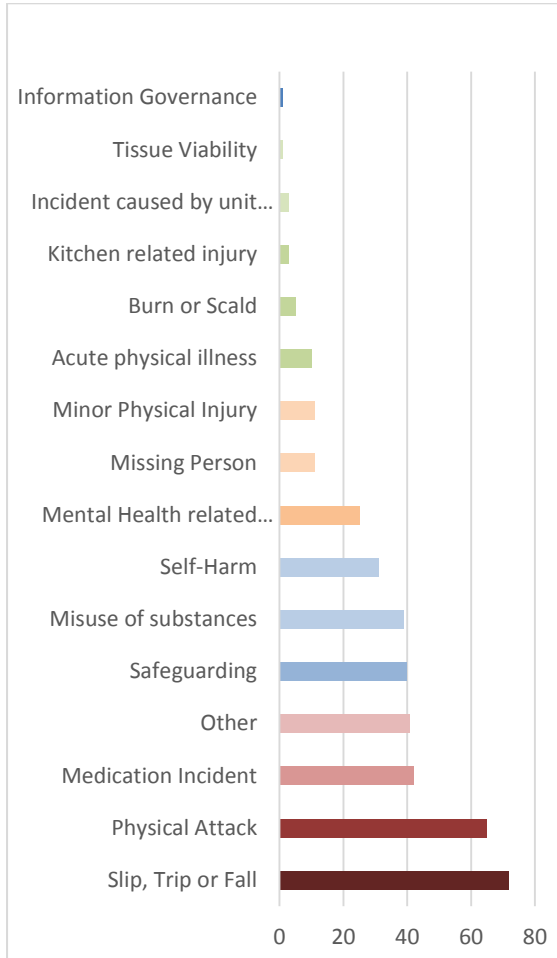


Analysis

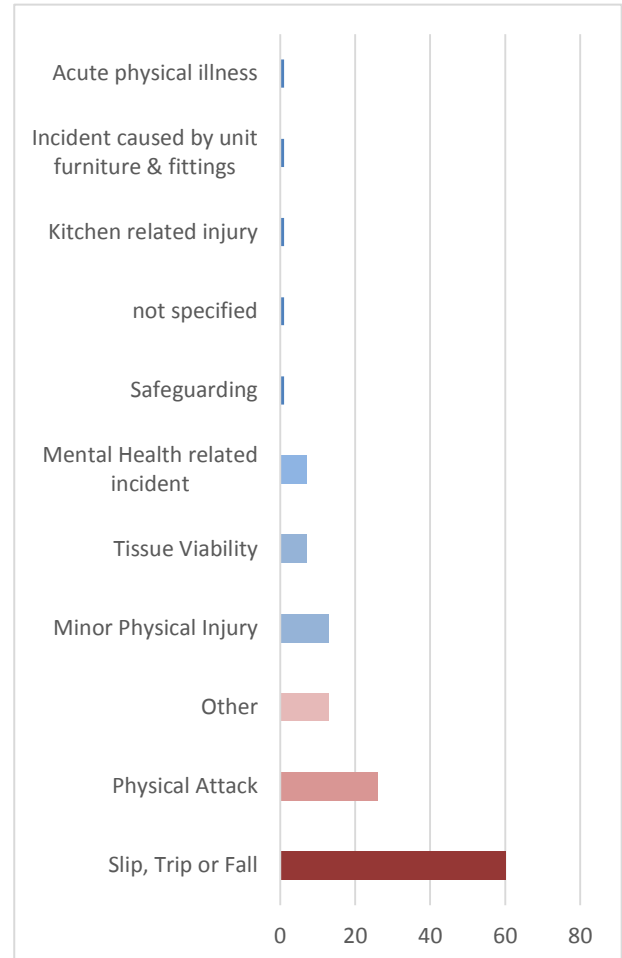
We are satisfied that overall incident rates across our dementia services are at a reasonable and consistent level. We noted a peak of incidents in June at Alderwood: Respite and Assessment which related to a single service user with acute needs. We also noted declining peaks across August, September and November at Pinetree Lodge which relate to two newly admitted service users with highly complex and challenging needs. We are pleased that following detailed assessment, and provision of comprehensive needs based plans of care that these incidents have now reduced.

Safety

All incidents by category: Adult & Housing



All incidents by category: Dementia Care



Dementia Care and Body Mass Index

| Service | Overweight | OK | Underweight | n |
|--------------------------|------------|-----------|-------------|-----------|
| Pinetree Lodge | 2 | 19 | 5 | 26 |
| Briarwood Meadows | 0 | 10 | 2 | 12 |
| Totals | 2 | 29 | 7 | 38 |

The seven underweight people at Pinetree Lodge and Briarwood (18%) were those who were frail and in end-of-life care; move-on would have been inappropriate.

Overall, we are pleased that again, the vast majority of people who live in our dementia services have a healthy BMI. We know that older and frail people can benefit from having a slightly higher BMI than the general population, which is why we worked closely with our dietetic and other physical health colleagues to extend the range of what we consider to be a healthy BMI to 29.

Dementia Care and tissue viability

| Service | Number of people at risk of/with a pressure damage | | | | | |
|--------------------------|--|-----------|-----------|-----------|----------------|-----------|
| | Low Risk | Incidents | High Risk | Incidents | Very high Risk | Incidents |
| Pinetree Lodge | 9 | 0 | 9 | 0 | 8 | 0 |
| Briarwood Meadows | 5 | 0 | 4 | 0 | 3 | 0 |
| Totals | 14 | 0 | 13 | 0 | 11 | 0 |

This table shows how many people have been assessed as being low, high or very high risk of sustaining pressure damage against the number of actual tissue viability incidents reported. We are delighted that no service user has sustained more than superficial pressure damage over this period.

Briarwood Safer Care Review 2016

Introduction

This 'safer care review' was completed during April / May 2016 with the aim of reviewing organisational policy, local procedure, documentation and staff practice in the following key areas of practice, as they relate to Briarwood Mill View and Meadows;

- Tissue viability
- Manual handling
- Infection control
- Working with challenging behaviours
- End-of-life care

The review was completed through a mixture of direct observation of practice, staff 1-1 interviews and documentation audit. This section provides a summary of the team's findings, and recommended actions.

It is MHC's intention to complete a similar exercise for each of its larger services each year.

Summary of key areas of focus

Tissue viability and manual handling

The review team found that there was recognition of the need to promote good pressure area care and good knowledge of the basic level of care required for our service users, however we did note a lack of up to date knowledge of the equipment that is available to us and when to use certain equipment. We found that staff are able to show that they are aware of appropriate moving and handling techniques however we noted some interactions were viewed more as a 'task' than a supportive intervention for a resident. This is a missed opportunity for positive and meaningful activity for people. No unsafe practice was observed during the period of observations.

During 1:1 discussions a staff member highlighted the need for new wheelchairs. These were purchased.

During case note reviews it was noted that Support Plans did not always provide sufficient information regarding interventions required to enable other team members to ensure they provided the resident with the correct care. Some support plans addressed up to five care needs in one plan which created a confusing picture of interventions required. The review team also noted that some action plans were very long. Whilst this attention to detail is laudable, it should be balanced against ensuring that staff are able to retain the knowledge in all support plans, and be driven by them day-to-day. When support plans lack clarity, or are excessively detailed, then this is difficult to achieve.

Infection control

Through observed practice, the team noted that there was a good general awareness of the need to promote infection control. Gloves were used in all interventions, and plastic aprons were used frequently.

However the team did note a number of occasions where aprons and gloves were not removed before leaving a residents bedroom, which could increase the risk of cross-contamination.

In 1-1 discussion a staff member commented that the equipment is not always at hand when needed.

The service manager has noted that the regular order for gloves and plastic aprons has increased significantly over recent months, which is taken as an indication that they are being used more frequently. This is welcomed and encouraged.

Generally, staff demonstrated that they were aware of good practice but it was not always observed. The review team's view was that this was not deliberate 'poor practice' rather, an opportunity to make infection control routines, such as hand washing, and barrier equipment use almost 'unconscious' and automatic to practitioners.

Challenging behaviour

There were some very good practices observed with support workers responding in a positive and supportive manner towards residents who were displaying challenging behavior.

It was noted that there was a lack of meaningful activity taking place on Meadows Unit and there were considerable 'missed opportunities' on both Meadows and Mill View where staff could have been interacting with residents or using 'spare' time to carry out care plan reviews.

The review team noted that on both units, staff would congregate together in one area of the service, once the main 'tasks' of the shift were completed. Setting aside reasonable break times, the review team suggest that this time is

used for meaningful activity and socialisation with service users.

Looking at assessments and support plans it was evident that more could be done to fully assess behavior displayed to try to understand why they were happening, what was the unmet need of the resident and what staff could do to try to alleviate the distress felt by the resident. The review team suggest more detailed use of Antecedent, Behaviour, Consequence (ABC) charts and formulation of Challenging Behaviours.

End-of-life care

The review team found that staff showed great compassion and caring for people who were reaching the end of their life in regards to remaining pain free and as comfortable as possible.

Nutrition

Dining areas have been improved with the purchase of new furniture and food and fluid is recorded every day. Work is still on-going to provided food that the residents like and with variety of food available. During observations it was noted that the nutritional need of the residents were well met.

Briarwood Safer Care Review: action plan

| Key Area | Recommendation / Observation | Action | Status |
|---|---|--|----------|
| Tissue Viability | Some MH equipment noted to be faulty &/or broken. | To arrange for replacement / repair | Complete |
| Tissue Viability | Need to develop knowledge and experience of available equipment and best practice. | Organisational practice group to be re-convened & refreshed. | Complete |
| Tissue Viability | Need to develop knowledge and experience of available equipment and best practice. | A focus group will be arranged with qualified and support workers from Meadows and Mill View who will be given key responsibilities to attend training, cascade training to other team member and ensure appropriate equipment is available and in good working order. | Complete |
| Tissue Viability | Need to develop knowledge and experience of available equipment and best practice. | Topic to be added as a standing agenda item at the staff meetings | Complete |
| Infection Control | Need to make infection control routines, such as hand washing, and barrier equipment use almost 'unconscious' and automatic to practitioners. | Whole team, led by manager and clinical leads, to commit to observing and positively / constructively reminding one and other on a daily basis re practices (gloves, aprons, hand washing). | Ongoing |
| Infection Control | Need to maintain and develop knowledge and experience of best practice | Organisational practice group to be re-convened & refreshed. | Complete |
| Infection Control | Need to maintain and develop knowledge and experience of best practice | Local practice group to be arranged. | Complete |
| Infection Control | Need to maintain and develop knowledge and experience of best practice | Topic to be added as a standing agenda item at the staff meetings | Complete |
| Challenging Behaviours / Meaningful activities | Need to enhance levels of meaningful activity in Meadows | 2 members of staff to attend Activity Co-coordinator training for Dementia Care | Complete |
| Challenging Behaviours / Meaningful activities | Need to enhance levels of meaningful activity in Meadows | Review unit routines, so that meaningful activity is built into daily practice | Complete |
| Challenging Behaviours / Meaningful activities | Need to review function and identity of Supportive Rehab services and how best to support the people we care for to live meaningful lives, with the wide and diverse range of needs that they have. | Review, time out day and development of service user guide. | Complete |
| End of Life Care | Need to maintain and develop knowledge and experience of best practice | Organisational practice group to be re-convened & refreshed. | Complete |

Effectiveness

Recovery-focused outcomes

Recovery Focused Outcomes (RFO) form the core of our approach to practice in all services. RFO relates to adults with serious and common mental health problems.

This approach uses six domains, to define recovery:

- meaning and purpose
- relationships and interdependence
- hope and self-esteem
- independence, choice and control
- citizenship
- stability and consistency

The domains emerged from a piece of qualitative research. Service users agreed to be interviewed about their lives and their hopes with questions like, 'What does a "good life" mean to you?' and 'Who are the important people in your life?'

Their answers were recorded and analysed until themes emerged. The domains derive from these themes and contain a rich set of questions to help us assess, for example, how meaningful and purposeful a person's life is.

When someone achieves greater meaning and purpose in their lives, we capture this as an outcome with a score on the recovery star and narrative, using it as evidence of our effectiveness.

We also capture narrative outcomes in this way for our dementia care service users. Here are some examples from this year from both rehabilitation and dementia services where star scores had improved.

Sample RFO Outcomes

Meaning and purpose

C started a voluntary job at the local charity shop for one day per week. She was supported by staff to ask the relevant questions in applying for this, offered a post and has completed her first day.

Hope and self-esteem

For many months D would not set goals with the keyworker and would not cook a meal from scratch, preferring to buy takeaway foods. However in the period between early November until the present, D has been cooking chicken, mince and cauliflower curries, sometimes offering to share his food with fellow residents and staff.

Relationships and interdependence

E met up with an ex-boyfriend, they have rekindled their friendship and plan to see each other again. E states this is not something she would have been able to do before coming here, as she would rather avoid situations than confront them.

Independence, choice and control

F is going to look at some properties next week in the hope of moving into more independent living. F states she feels ready for the move and talks very positively about the move. When I first met C she stated she could never live without the support from staff and would always need to be in a care setting. This shows the progress C has made.

Citizenship

G was awarded a second place prize after entering a gardening competition (Byker in bloom) and attended the award presentation.

Stability and consistency

H was made aware of potential accommodation becoming available in the Heaton area. H's mental health and needs were discussed and the general consensus is that his needs can be met by the housing provider. H was happy with the discussion and to wait for availability in Heaton. Community rehab service worker took H to Heaton to familiarise him with the area.

Recovery-focused key outcomes

We have been very pleased that during 2015/16 we supported 25% of our rehabilitation and recovery service users to achieve a significant employment/employability outcome, as well as a 22% of our service users to achieve an educational outcome. We also supported 30% of people to move on into more independent accommodation this year.

Physical health outcomes

There is compelling evidence that people with a mental illness or a learning disability die earlier than the general population. It is well-established that people with mental health problems are at an increased risk of adverse physical health outcomes.

This is why we focus on increasing exercise, reducing smoking and helping people make use of their primary health care services.

| Recovery Focussed Outcome | % Service users supported to achieve outcome |
|--|--|
| Employment / Employability | 19% |
| Education / Educational | 42% |
| Interests, Creativity & Expression | 90% |
| Moving on to more independent accommodation | 11% |
| Develop or improve independent living skills | 100% |

| Physical Health Outcome | % With Outcome |
|--|----------------|
| Number of those who Smoke who are provided with health education and smoking cessation information | 100% |
| Number of people supported to increase regular physical exercise | 63% |
| Number of people supported to make positive changes to their BMI if required | 31% |
| Number of people supported to maintain an appropriate BMI. | 55% |
| Percentage of residents with an Annual Physical Health check | 100% |

Wellbeing in rehabilitation and recovery services

What is wellbeing?

Mental wellbeing is one aspect of overall wellbeing (others include physical and social aspects of wellbeing). Mental wellbeing is often divided into two perspectives: one which includes states of happiness and life satisfaction (the hedonic perspective), and the other which includes positive psychological functioning, good relationships with others and self-realisation/acceptance (the eudemonic perspective).

Mental wellbeing and mental health are different terms. 'Mental wellbeing' describes positive states of being, thinking, behaving and feeling, whilst 'mental health' is a term often used to incorporate a range of states, from excellent mental health to severe mental health problems. It is worth noting that mental wellbeing is often used interchangeably with the term 'positive mental health' and sometimes 'wellbeing'.

Why is wellbeing important?

There is evidence that mental wellbeing is a good indicator of how people and populations are able to function and thrive. Past research and practice surrounding mental health and wellbeing have focused on mental health problems and on prevention of developing a mental disorder (mental health problem), rather than on mental wellbeing.

However, not much data has been gathered on levels of mental wellbeing or trends over time. Collecting before and after project data can tell us a lot about which strategies work best and what helps people to improve and sustain mental wellbeing.

What is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)?

WEMWBS is a scale which has been validated for the measurement of mental wellbeing among people aged 13 to 74 in the UK (the general population). It comprises 14 positively-worded statements with five response categories, from 'none of the time' to 'all of the time'.

Our research and developments

MHC has contributed to a joint research project, alongside NTW and TEWV, to evaluate the reliability of WEMWBS in our common client groups, defined as 'secondary care'.

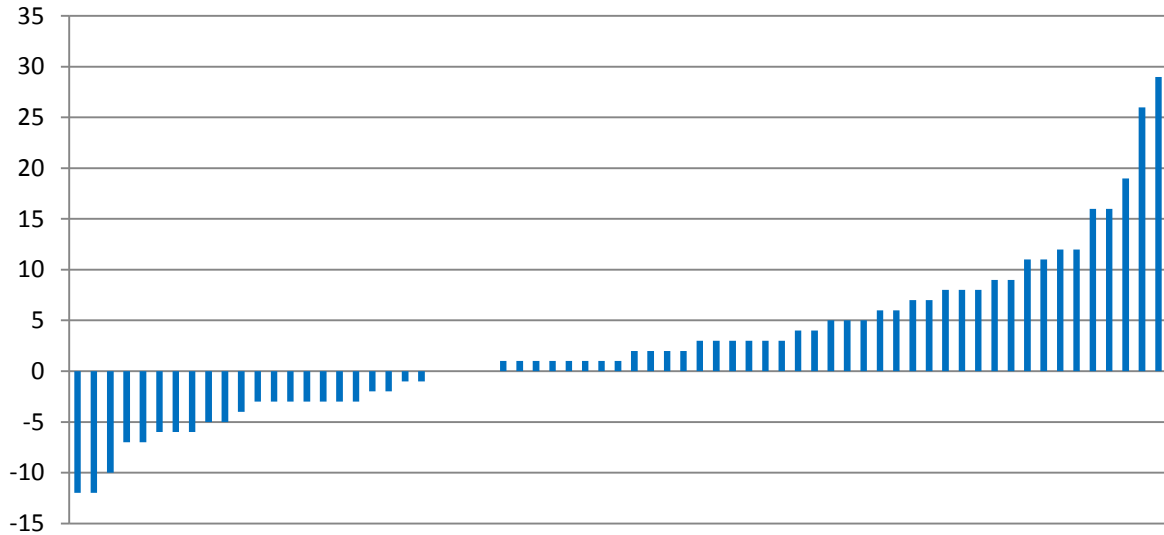
We have found that WEMWBS scores for this population are significantly lower than those in a general population, which is shown in our cohort data opposite. However, the data analyses support the use of WEMWBS in this population sample because the confirmatory factor analysis supports a one-factor solution, thus measuring a single underlying concept.

The findings from this study are important as they show that WEMWBS is a valid and reliable measure for our rehabilitation and recovery service users.

This year, we have continued to work closely with Durham and Newcastle Recovery Colleges and MHC's Moving Forward Services to co-develop a positive psychology and wellbeing course that can be delivered in a peer led setting. With the support of GetMindfuel, a psychology led development Community interest company (CiC), we have now concluded this work and have delivered three, eight week positive psychology courses

within our Moving Forward Services. We await an evaluation report.

Spread of WEMWBS score changes over 2016/17



The 2016/17 mean average for MHC Adult Services WEMWBS score was 46.1, an increase from 45.7 in 2015/16. The average for UK population is 50.7. We would expect our scores to be lower than the general population however we continue to support over 60% of our service users to report an increase in subjectively reported wellbeing across the year.

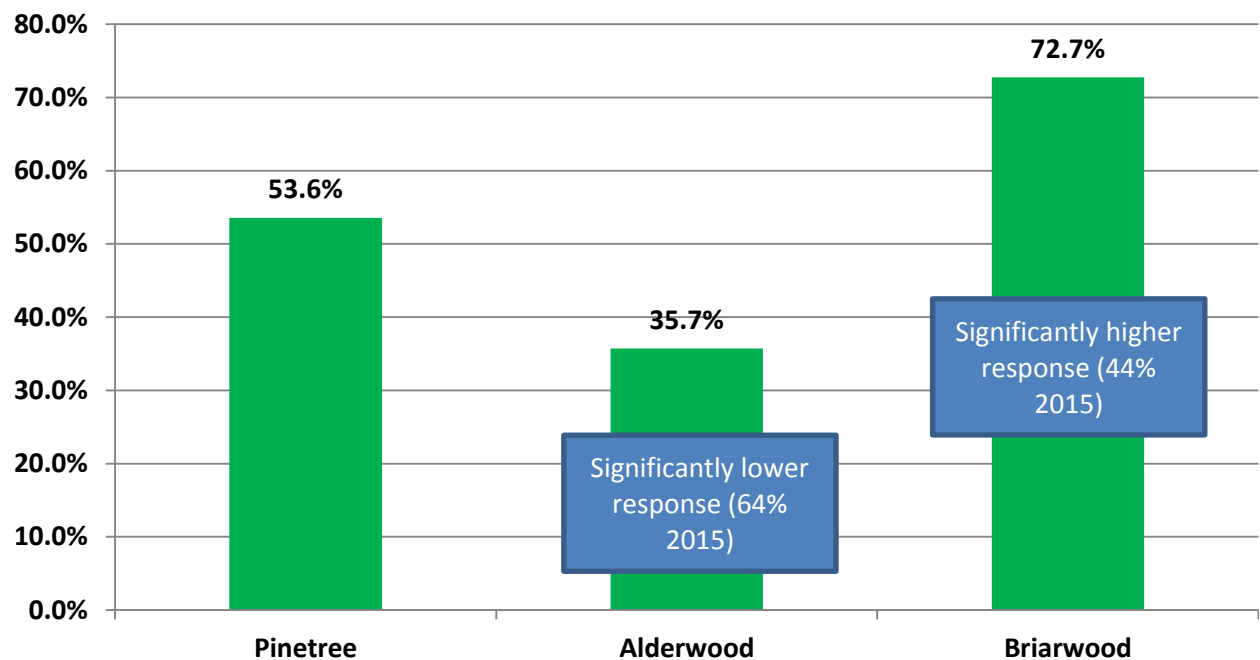


Service user satisfaction and experience

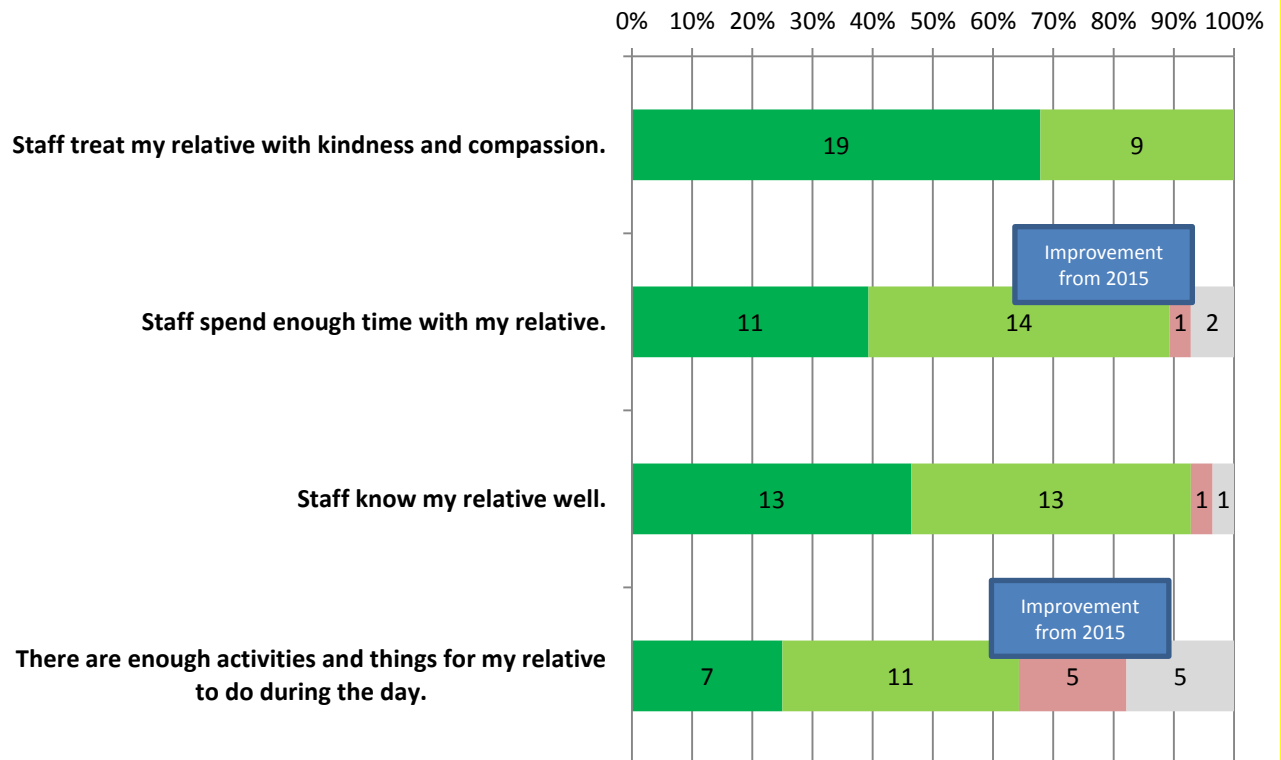
Older People's Services family carer survey

Mental Health Concern conducts an annual survey of families of residents of our dementia care services. In 2015/16 we developed a values based survey process and have repeated this in 2016/17 which means that we now have benchmark and comparison data. Changes & differences in the responses are highlighted below.

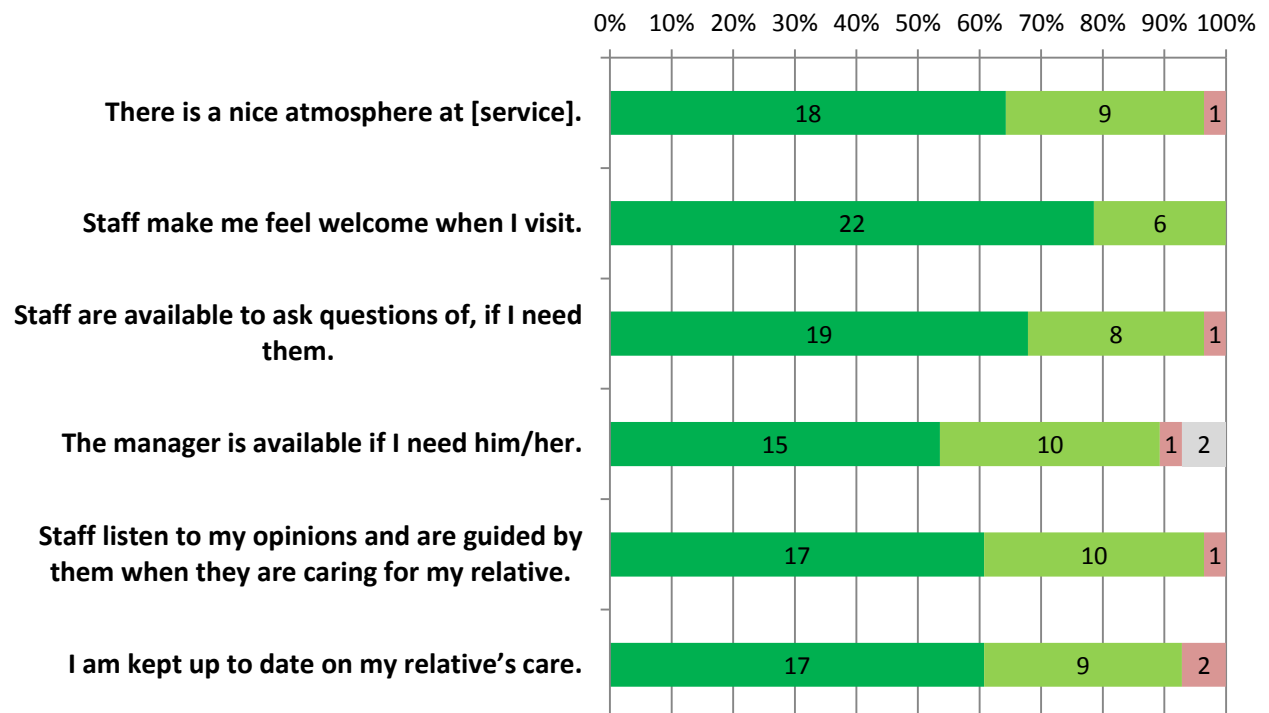
Response rates



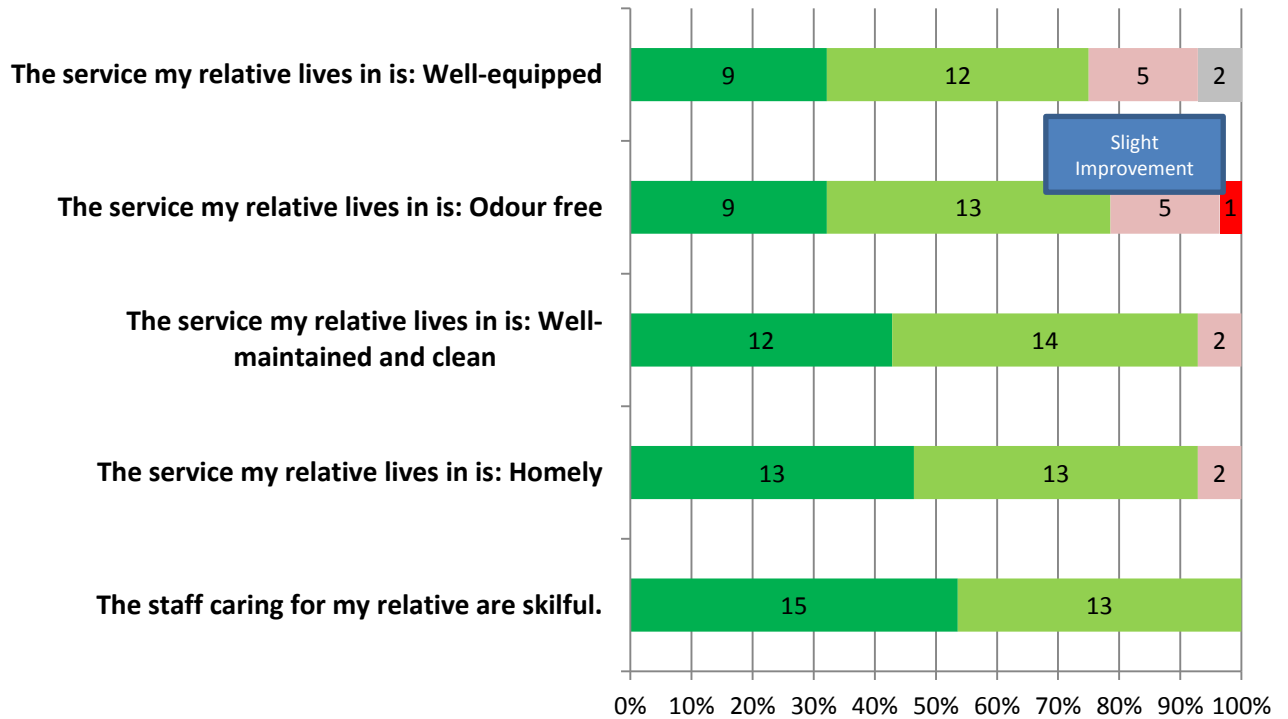
Compassion and Hopefulness



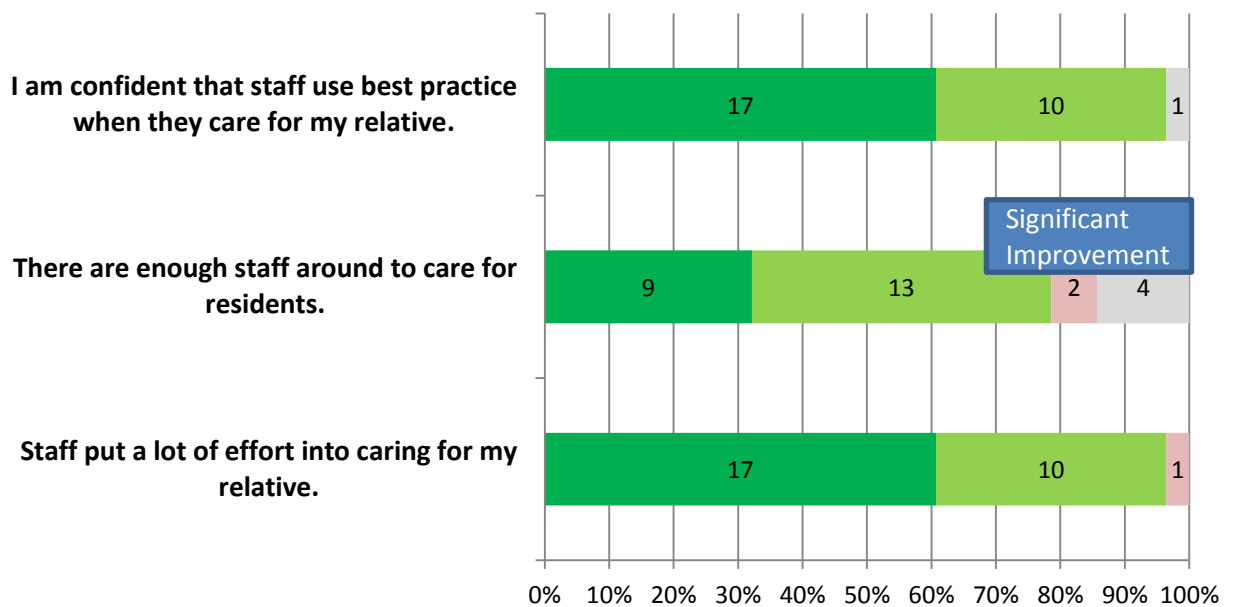
Being open and friendly



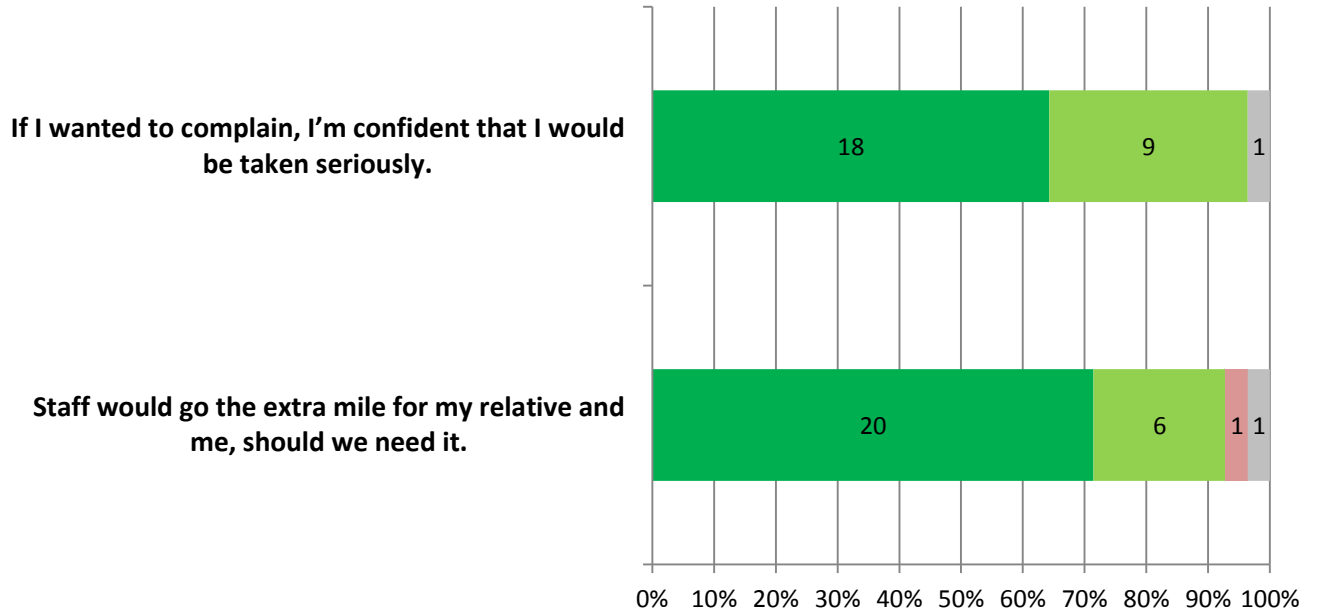
Experience and Expertise



Hard work, creativity and innovation

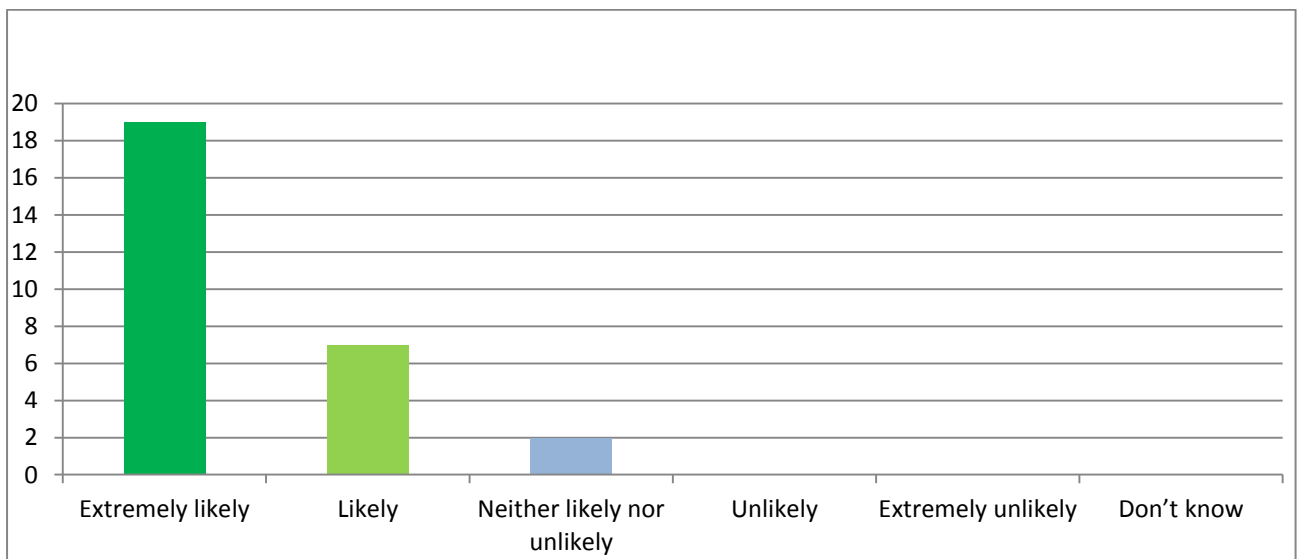


Going the extra mile



Friends and family test

How likely are you to recommend our dementia care services to friends and family if they needed similar care or treatment?



Additional comments from the survey

Alderwood

“Very grateful for the assistance received. Respite provides an essential break.”

Briarwood

“All my family and I have been very pleased with the care of our mother receives at Briarwood care home; all the staff are friendly and show real compassion towards the residents. We could not ask for better care and is a great comfort to us all. One suggestion: a notice board in the entry to the home with pictures and names of staff would be very helpful and would further encourage the relaxed atmosphere of the home.”

“Although I have said it is homely, the dining area and some seating could do with being renewed.”

“My wife has been on briarwood since 2010 and she has been well look after, I have never had any cause to complain, I can only praise the staff for the good work they do. On behalf of my wife and me, A BIG THANK YOU”

“I feel that some staff are trained to higher standard than others. Also some members are more “hands on” with residents than others, some members of staff would rather sit in a group having conversation instead of talking to residents.”

“Use oomph but target more dementia specific activities that of everyone can take part in, for example playing dominoes can only be targeted at certain residents rather than all of them.”

“Have more furniture such as reclining chairs to make residents more comfortable and also to help staff mobilise residents.”

“Overall my relative is very well looked after and there is a very homely atmosphere, anyone who visits with me remarks about how caring the staff are. They recognise it is the resident’s home and they show respect. They have a difficult job, but carry out their tasks well as far as I am aware. The home has been improved by the innovation of management and residents are responding to the new programme of stimulation.”

Pinetree Lodge

“Overall I am happy with the care provided and think the staff do an excellent job, but a few more staff would enable more time to be spent with the residents on a one to one basis. I have peace of mind that my relative is well taken care of.”

“The staff are wonderful – but often stretched – I note your plans for this. Pinetree Lodge does smell – it may be the air freshener but the smell is there at the door and is very strong and unpleasant.”

“I know that my mother receives truly excellent care at Pinetree Lodge. I would not want her to be anywhere else and I wish that this quality of care was available for all people suffering from my mother’s condition.”

“It appears that there could be more involvement with activities with those residents who are able to do so. I am very happy and confident that my family member is being cared for in the best suitable environment for their care needs.”

“Thankfully my mother seems to be settled again. She had a period when she rubbed her head bare at the front. This was after her room was changed and must have caused her some anxiety. The staff have to be admired for the kindness and compassion they give to their patients.”

“Could be more staff around, overall all quiet, happy with the standard of care my relative receives.”

“My relative is in Pinetree lodge Gateshead, she has been there a relatively short time, but the staff are aware of her needs and treat her with dignity and respect.”

“The care the staff give to my relative at Pinetree Lodge is outstanding, staff spend valuable one to one with all residents assisting the residents to enjoy activities.”

“Staff go out their way and must do a lot in their own time to organise events from families and their relatives.”

“All staff are approachable, friendly and caring and skilled.”

“My relative has been in hospital and other care facilities, and Pinetree Lodge is by far the best that is down to staff who work there.”

“Excellent service very pleased with the care our relative receives.”



Our 2016/17 priorities for improvement and development (and how we did)

Continue to promote activities in our Dementia Care services.

Q1. Research recommended activities for people with dementia that can be readily organised as activity stations. Undertake a dementia care mapping of the areas where stations are likely to be installed.

During quarter 1 staff used the Dumfries and Galloway Interests and Activities toolkit (www.nhsaaa.net/media/131254/iatoolkit.pdf accessed 7/7/16) to determine the top 5-6 interests in Pinetree Lodge, Alderwood Respite & Assessment and Briarwood Meadows. Two dementia care maps took place, carried out by qualified mappers in social areas of Pinetree Lodge. A further map is planned for Briarwood Meadows in the first week of July. The data from these will allow us to compare the wellbeing of people with dementia in our services before and after activity stations are introduced.

Results from the two maps at Pinetree Lodge show that people who are mobile tend to have better wellbeing and tend to get more attention from support staff. While less mobile residents are safe and well cared for with no 'mood-detracting' scores, 'mood enhancing' scores demonstrate that there is room for improvement.

Our hope is that by providing activity stations, more mobile residents will be more independently active, giving more time for support workers to engage less mobile residents.

Q2 set up 'activities working groups' in each of the participating homes, including family carers where possible, to design locally and culturally sensitive activity stations. Recommended designs are then risk assessed and modified. Fund the

groups to design and procure the equipment for the stations in these areas and trial the activity stations.

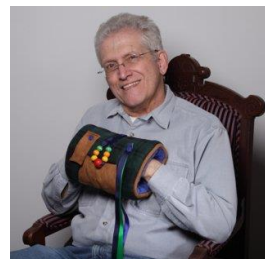
A related activities development in all three services has been Oomph! Training: <http://www.oomph-wellness.org/>

Where activities stations tend to benefit independently mobile residents, the Oomph! Approach is a well-coordinated package of training, delivery and monitoring which engages well with less mobile residents using physical and social interventions. At least 2 staff from each of the 3 units is trained in the Oomph! Approach. Oomph! Recognise that the initial enthusiasm experienced by staff can wear off and have innovative ways to reward and maintain momentum.

Pinetree Lodge

Pinetree Lodge have an activities link team consisting of 1 keyworker and 3 support workers who are responsible for events and ongoing activities. They link in with the family carers group to think about activity station design and risks.

There are 10 mobile activity stations which are themed boxes of equipment that staff put out on tables: gardening, cookery, housework, diy/woodwork tools, crafts, beauty, holiday, stationery, books, dressing up ('hats'), also 2 boxes of 'twiddle muffs', as shown:



Other activities which continue to be on offer are the cinema project, doll therapy, hand and foot massage. The handbag project is to

be relaunched and Oomph activities are well established.

Briarwood Meadows

Activity stations at Briarwood Meadows are not yet as developed as those at Pinetree Lodge. A permanent room divider is planned for the lounge with shelves and drawers which will be stocked with themed material for residents to interact with.

The cinema club has improved with the addition of a smart box for the television, where there are now channels that broadcast a greater variety of old movies almost continuously. Pets as Therapy (PAT) used to visit as one-off events and this is now a regular weekly event.

Plans are underway to renew the garden area with a shed for the spring of 2017. Normal seasonal events continue and have raised significant funds.

Oomph! Activities are well established and more training is planned.

Alderwood Respite & Assessment Service

This service has a more variable group of residents and the activity check lists used in Q1 of this CQUIN continue to be used to tailor activities for individuals. Activities which take place are planned every morning depending on who is due in.

Staff link in to the carers group where they have also discussed 'personalised playlists'; this relates to our digital empowerment CQUIN.

Activity stations are organised for residents to interact with freely, based on the identified themes in Q1: gardening; wildlife; social groups; playing cards/pub games; and crafts. Oomph! Activities are well established and more training is planned.

Evidencing activity

Staff in all dementia care services are increasingly aware of the need to evidence the

activities they undertake. In some instances in the past, staff would do an activity such as a hand massage but may not have considered it worth recording. In other cases there is a clear increase in activities being done. In both cases staff are now recording more accurately the activities they undertake.

Evidencing activity is now supported by a new Balance of Care practice audit item under standard 3: Each resident's care package demonstrates support planning where a need is assessed.

Item 14: Planned activities take place and are documented over any given 3 day period.

Q3 Activities working groups monitor responses to the stations informally and refine the materials and equipment on offer at each station.

Discussions in our Older Person's Practice Development Group reveal that in all 3 services some staff and families continue to hold the view that 'activities' are necessarily structured and organised groups rather than the broader definition we seek to promote: 'anything that we do that has meaning and purpose'. The practice development group developed a presentation, designed as a handout for qualified staff to disseminate in staff supervision and to family carer groups and in 1:1 family contacts.

Activity stations are in regular use and have become part of a larger initiative which includes the 'Oomph!' approach as a central component. Oomph! Works by using fun physical exercise for staff and residents at the start of any activity; this creates energy, motivation and context for further, more sedate 1:1 activities and we want to build on this aspect. Many staff are enthused by oomph related activities and we hope to capitalise on this enthusiasm by helping staff to enrich and document 'every day' tasks with an eye towards achieving a balance between Self Care, Productivity and Leisure related activities. Dementia care mapping is

scheduled in Q4, and we would expect to demonstrate a positive difference in the quantity and quality of activities taking place in Older People’s Services compared to Q1 of this year.

Q4 Undertake a dementia care mapping of the same areas mapped in Q1, compare and contrast the maps and report findings.

| | PL Beech | PL Willow | BW Meadows |
|---|-------------|--------------|---------------|
| Q1 % Time spent in activity with potential for positive engagement | 32 | 56 | 36 |
| % Time spent withdrawn | 11 | 27 | 2 |
| Group wellbeing greater than +1 | 8 | 26 | 13 |
| % Time spent agitated | 0 | 0 | 0 |
| Q4 % Time spent in activity with potential for positive engagement | 64 | 37 | 21 |
| % Time spent withdrawn | 12 | 4 | 34 |
| Group wellbeing greater than +1 | 15 | 28 | 5 |
| % Time spent agitated | 0 | 6 | 1 |

Comparison of Q1 and Q4 maps per unit.

Pinetree Lodge Beech

This unit has doubled its proportion of time spent in activities with a potential for positive engagement. Time withdrawn stayed constant and group wellbeing score improved.

Pinetree Lodge Willow

In this unit the proportion of time spent in activities with a potential for positive engagement almost halved. Time spent withdrawn improved, Wellbeing scores stayed consistent and there was a small agitation score.

Briarwood Meadows

In this unit the proportion of time spent in activities with a potential for positive engagement dropped from 36 to 21%. The percentage of time spent withdrawn increased from 2 to 34% and group wellbeing scores deteriorated from 21 to 5%

Conclusion

The above picture is extremely mixed which suggests that our measure of change is too granular to show ‘before and after’ comparative trends – this finding is in agreement with the academic consensus. Anecdotal and subjective reports from staff and family carers from all three units would suggest that the activities initiative is making important changes to the lives of residents with dementia. The dementia care mapping data in this report neither support nor oppose these anecdotal and subjective reports.

The digital empowerment of our service users in Adult and Housing services

As more and more aspects of daily life, social relationships and civic engagement are conducted through digital technologies of one kind or another, our challenge as a mental health service provider is to ensure that digital social inclusion is part of the daily practice of our services and the lives of our service users. We must include digital skills in the support we give generally in supporting people to work towards their recovery goals.

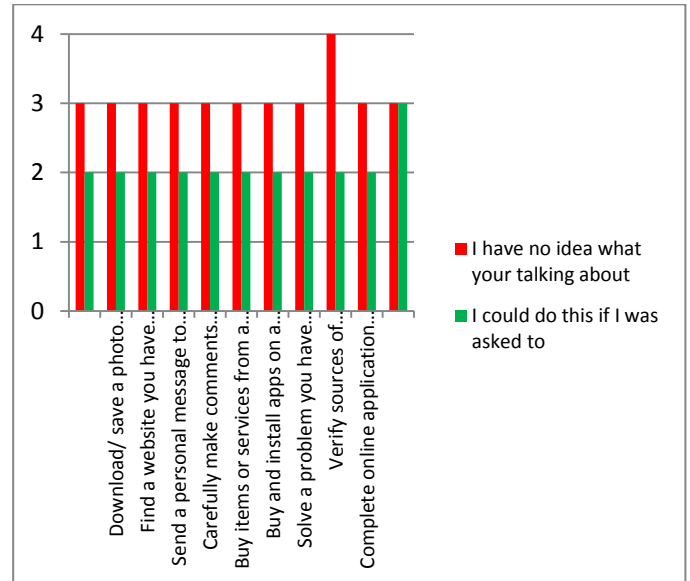
We have found that increasingly, service users use digital technology in their everyday lives or have aspirations to do so, and are waiting for mental health services to catch up with them. The digital technology available in our services, must therefore be as good as most people have in their own homes. Stereotyping service users' ability to benefit from these technologies based on preconceptions derived from diagnostic or age categorisation is unacceptable in these modern times.

We therefore developed a Digital Social Inclusion Programme for our Rehab & Recovery Services.

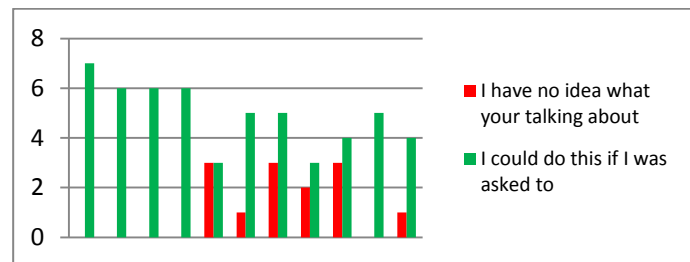
Quarter 1

In Quarter 1, we developed procurement and deployment plan for a digital empowerment programme. We embarked on this, by installing free Wi-Fi for all service users across our communal areas. An evaluation measure was identified (Basic Digital Skills Assessment) and baselines were established by end of this quarter. This is what we found;

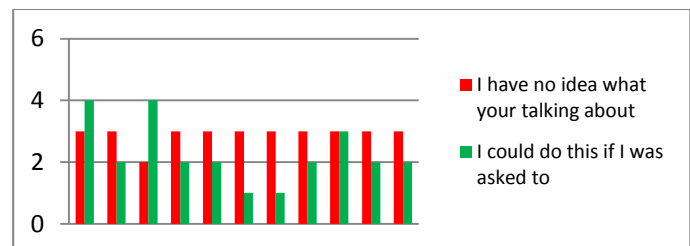
Coalway Lane



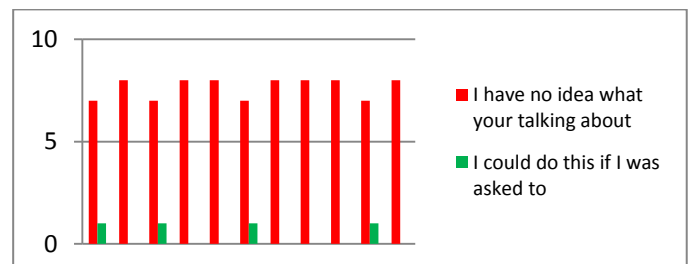
Oakwell



Jubilee Mews



McGowan Court



Quarter 2

This quarter, we completed our roll-out of Wi-Fi to into the following services:

- Jubilee Mews
- Pinetree
- McGowan
- Briarwood
- Coalway Lane
- Oakwell

We continued to research portable tablet devices with staff and service users.

Quarter 3

In this quarter, we identified appropriate and affordable portable devices, and procured 4 devices for each service.

Quarter 4

Our staff and service users have begun to use the devices on a day-to-day basis. We intent to repeat our Digital Baseline Skills assessment in Q1 2017/18.

Promoting staff wellbeing and health

Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment. As well as the economic benefits that could be achieved, evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients.

The *Five Year Forward View* made a commitment 'to ensure the NHS as an employer sets a national example in the

support it offers its own staff to stay healthy'. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England's Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well.

A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The role of board and clinical leadership in creating an environment where health and wellbeing of staff is actively promoted and encouraged.

What we did

We successfully implemented a Wellbeing at Work portal which is accessed via our Intranet. The portal provides information and techniques to encourage people to become pro-active in their own wellbeing and encompasses the following:

Mind - This section focuses on mental health and gives information on managing stress, mindfulness and relaxation. This section also includes practical tips on improving sleep and achieving a work life balance.

Body - This section provides information on exercise, healthy eating and information on local sports clubs.

Money and Legal - This section includes legal and financial advice and practical tips on how to manage debt and cope with financial anxiety.

We also set up Corporate Gym Membership which offers discounts for over 3000 gyms nationwide. Every employee can visit the Incorporate website between the 1st and 18th of each month to browse discounts.

We also offer all employees access to:

Bike to work scheme - The Bike to Work Scheme is a Government initiative which offers tax incentives that enable employees to up to 42% on the price of a new bicycle (plus related safety equipment such as a helmet and a set of lights).

Occupational Health Service - Co-health is a leading provider of occupational health services across the UK, with a large database of occupational health consultants and clinicians, making them extremely accessible for staff across the organisation.

In addition to the above and in conjunction with our OH provider, we are arranging Wellbeing Days across the MHC service in 2016. The wellbeing days consisted of a massage therapist and/or Reflexologist who visited each service to deliver the therapies. We received lots of positive feedback and thanks from staff for these events. Throughout October we worked towards obtaining the bronze Better Health at Work Award and were successfully awarded this in December.

Further progress:

- Hosted an alcohol awareness campaign outlining the dangers of alcohol and its effects on health.
 - Sourced an alternative Employee Assistance Programme provider.
 - Offering staff the option of paying into a healthcare cash plan as an employee benefit.
 - All staff were issued with wellbeing at work log-in so they are able to access information re debt, counselling, legal.
 - Raised awareness regarding flu vaccinations via a promotional campaign – staff are able to claim back the cost of the vaccination via expenses.
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- Arranged health screening for blood pressure ‘Know your numbers’ campaign.
 - Introduced wellbeing boards within all MHC services.
 - Introduced Health Advocates into each MHC service.
 - Undertook a health needs analysis with staff so we could identify areas relating to health and wellbeing which could be improved.
 - Installed water machines into each service – hosted a campaign outlining the benefits of effective hydration.
 - Issued healthy eating and exercise packs to each service.

Our 2017/18 aspirations and what we have committed to

Together in a Crisis

We are delighted to be leading on a new 'Proof of Concept' project, on behalf of Newcastle and Gateshead CCG, to test a non-clinical approach to supporting people who identify as being in a mental health crisis. We are working in close collaboration with NTW's Newcastle Crisis team, as well as our 3rd sector delivery partners, Home Group, Citizens' Advice Newcastle and Changing Lives.

Together in a Crisis will provide a rapid response to people who, following contact with NTW Crisis Team, are deemed not in need of an urgent statutory response, but who nevertheless are in emotional and psychological distress and may require an immediate response to their personally defined need. This service will provide non-clinical support focussed on active, empathic listening before helping the person to develop coping strategies, to problem solve and to link into services and other local support resources.

The 'proof of concept' of the Together in a Crisis Service is a developmental project designed to improve services to the Newcastle population and to provide intelligence and evidence about the effectiveness of the Together in a Crisis service. It will measure the outcomes achieved by the service and inform future planning of how we respond to urgent need as a new model emerges from the 'Deciding and Delivering Together' process.

Helping people with complex trauma & multiple needs

Within MHC Adult Services we are caring for a growing number of people who have experienced complex trauma, have a

diagnosis of a personality disorder and have multiple needs.

Working therapeutically with people who have these specific needs is a skilful and complex task; It requires an ability to tolerate uncertainty and an understanding that progress towards individualised recovery focussed goals can take longer than when working with a traditional rehabilitation pathway. Building trusting relationships with service users who have experienced complex trauma is crucial to supporting recovery and there may be periods of time when an individual needs emotional containment and safety from a staff team before they are able to focus more specifically on recovery outcomes.

In order to build the capacity of staff teams to work effectively in supporting people with complex trauma and multiple needs, we will roll out a Psychologically Informed Environment (PIE) project, in partnership with Fulfilling Lives. The PIE framework takes a dialogical approach to exploring and working with people who have complex multiple needs. It provides a psychological model and considers a number of key areas, such as the environment, relationships, an evidence base and an opportunity to create a safe space for staff to engage in reflective practice.

Activities in Dementia Care

This year we would like to carry forward the momentum we have built in 2016-17 in our efforts to improve activities with older service users. Our family carers survey shows that family carers perceive the level of activity is good in all services, and there is room for improvement.

In partnership with Oomph! staff have been enabled in 2016-17 to engage with residents using fun physical activities in groups. This builds enthusiasm and energy that can lead on to other more sedate and person centred activities, for example using a memory box, sensory and reminiscence material and self-care activities like hand massage.

Feedback from our Practice Development Group shows that some staff and families continue to equate 'activities' with the more formal style, organised 'baking groups' or 'exercise groups'. We are aiming for a balance of activities, some of which are much more informal and 1:1.

Drawing on the Canadian Occupational Performance Model, we seek to offer and engage service users in activity focused on 'productivity', 'leisure' and 'self-care'. These categories create a valid and reliable description of wellbeing in human populations. We will develop a training/awareness package raising awareness of this broader definition of activity with family carers and encourage all staff to take the opportunity to become involved in and document activities that in the past, they may not have regarded as activity. Evidence of further improvement will triangulate between dementia care mapping, family carer surveys and Oomph's evaluations of our services.

Developing Older Persons Services and improving the built environment

Our aim is to create stronger dementia services in Gateshead, by providing 24 hour specialist nurse-led care, short term assessment and intervention, respite and community services. Wherever possible we want to work within the Stirling University design standards for dementia care to provide the best possible accommodation for our service users.

In Blaydon, we want to extend our 24 hour care services for people experiencing complex mental ill-health, along with improving our smaller 24 hour dementia care service so that we better meet the needs of the people we serve.

During 2017/18 we hope to make progress on our plans to significantly improve Older Persons care environments in Gateshead.

We plan to:

- Improve living environments
- Improve working environments
- Reduce the scale of services to improve quality of care
- Improve clinical effectiveness and safety
- Better meet the challenges of the vanguard initiatives
- Understand how digitisation might help improve quality of care
- Ensure the sustainability and relevance of our services

Conclusion

We will continue to dedicate senior leadership capacity and managerial and clinical expertise to the health and care system redesign work underway in Newcastle/Gateshead. Specifically the Integration Taskforce and Joint Integrated Programme Board and their subsequent workstreams.

Alongside our partners we will work on organising and providing our services in light of the transformation and new care models agenda's, particularly the emerging 'People, Communities and Care' model.