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# Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales

## Caerphilly County Borough Council

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## Status of report

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The team who delivered the work comprised Jackie Joyce and Nick Selwyn.

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# Summary report

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## Summary

1. In June 2011, Healthcare Inspectorate Wales (HIW), supported by the Care and Social Services Inspectorate Wales (CSSIW), published a report following a homicide review. The report found that support to a vulnerable and volatile individual was poorly focused and unco-ordinated between social care and health services. It emphasised the importance of good joint working for effective assessment and care planning, including work with Housing Services. The report included several recommendations for both Caerphilly County Borough Council (the Council) and Aneurin Bevan Health Board (ABHB) to address.
2. The recommendations have been taken seriously by both the Council and ABHB in terms of influencing changes and setting an expectation for services to work in a more integrated manner. The response to HIW's report was undertaken jointly and statements of apology and intent from both organisations at Chief Executive level were made. This was a demonstration by both organisations of their joint commitment to deliver the necessary action and build a foundation for further integration and joint working. Ahead of HIW's report, for example, both the Council and ABHB had already undertaken specific joint work on local mental health services where changes had been made in respect of the availability of community-based crisis intervention teams.
3. The Council and ABHB have shared the learning from the HIW report in a number of fora, including the Gwent Collaborative Group, comprising other councils in the Gwent area and Gwent Police. As a result of this report, HIW has presented the learning and recommendations of the last eight homicide reviews to the NHS Wales Chief Executives to ensure that the common issues raised in all reports can be addressed on a broader Welsh basis. One of the key common issues discussed as an issue to be addressed across Wales has been the particular shortfalls in respect of housing and the way in which vulnerable people are supported.
4. As such, our review, undertaken in September 2012, was limited to the recommendations that related to the Council's Housing Service. During the review we liaised closely with both CSSIW and HIW. The review sought to answer the question: **'Has the Council addressed the recommendations of the HIW report, and has it established appropriate systems to manage the housing of vulnerable people discharged from institutions?'** We focused on the following sub-questions:
  - Does the Council have sound arrangements in place to address HIW recommendations?
  - Has the Council made progress on addressing the housing-related recommendations from the HIW review?
  - Has the Council established appropriate systems to manage the housing of vulnerable people discharged from institutions?

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5. The review concluded that: **The Council has made progress but has not yet fully addressed the recommendations from HIW. There are limitations in the way the Council monitors and tests the implementation of actions and the way it involves the housing service in the discharge of vulnerable people from institutions.**
  6. We came to this conclusion because:
    - The Council has arrangements in place to manage delivery of the housing recommendations but these need to be strengthened to ensure actions that are reported as complete are finished and appropriate.
    - The Council is making progress with addressing the housing recommendations but they are not yet complete and the action plan updates at January and July 2012 incorrectly notes that three recommendations are completed.
    - There are some positive aspects to the Council's systems for managing the housing of vulnerable people discharged from institutions, but limitations in the joint and operational working with the housing service mean we can give no assurance that appropriate systems are now in place.
  7. Our detailed findings are outlined below in [Appendix 1](#).
  8. Both organisations have continued to review the progress with the action plan but there is a need to ensure that there is a mechanism in place to provide ongoing evaluation. This has been accepted by both organisations as part of this specific review. There is a danger that delivering an action plan is an end point in itself; in reviewing our proposals for improvement set out below, ABHB and the Council have committed to ensure that evaluation of specific areas covered by the action plan will be built into their joint management arrangements and specifically as part of their delivery of integrated mental health teams. They have also committed to ensure that the residual actions and evaluation will be built into the normal oversight and management arrangements for the mental health and housing teams. In this way the Council and Health Board can assure themselves of the outcomes achieved from delivering all of the HIW actions.
  9. At [Appendix 2](#) we include the detailed joint management response we received from the Council and ABHB to our proposals for improvement.



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## Proposals for improvement

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### The Council should:

- P1 Establish robust arrangements, to ensure and systematically check, that protocols and procedures are implemented and operating effectively in practice.
- P2 Ensure all action plan targets are complete and adopted.
- P3 Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by:
- ensuring health and social care information sharing protocols cover housing services;
  - revising Risk Assessment procedures to incorporate and cover housing services;
  - improve staff knowledge, awareness and understanding so as to minimise risk to vulnerable people by undertaking three-way training and information sharing between housing, health and social services; and
  - revise the draft Mental Health Joint Accommodation Protocol (MHJAP) to include Registered Social Landlords (RSL) and Supporting People services to minimise gaps in service provision.
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# Appendix 1

## Detailed Findings

Level 2 Question	Does the Council have sound arrangements in place to address HIW recommendations?
Conclusion and Findings:	<p><b>The Council has arrangements in place to manage delivery of the housing recommendations but these need to be strengthened to ensure actions that are reported as complete are finished and appropriate.</b></p> <p>We concluded this because:</p> <ul style="list-style-type: none"><li>• An Action Plan Group (APG) was formed and co-chaired by senior officers in ABHB and the Council and it met on a weekly basis. The APG discussed HIW's 23 recommendations and lead organisations were identified for each recommendation.</li><li>• ABHB Chief Executive has overall responsibility for submitting action plan updates to the Welsh Government.</li><li>• Both the Council and ABHB Chief Executives (who met on 30 January 2012) have overview of the action plan.</li><li>• An action plan was completed in January 2012, as reported to the Chief Executive's meeting on 30 January 2012.</li><li>• The APG provided challenge to the action plan updates before they were submitted to the Welsh Government. This group has recently been reconvened.</li><li>• The Council's Director of Social Services' role as Corporate Director was to ensure that the action plan was robust, embedding evidence within it.</li><li>• The action plan is seen as contributing to the wider issues surrounding the development of mental health services within the borough.</li><li>• Scrutiny was updated on the mental health agenda and, within those reports, there were updates on the homicide review (6 December 2011 and 14 February 2012).</li><li>• There was no separate report to scrutiny committee on the HIW action plan. It was included as part of the integrated mental health services update report to the scrutiny committee. The action plan was e-mailed to members on 20 February following the scrutiny committee meeting.</li><li>• Scrutiny members felt that:<ul style="list-style-type: none"><li>– they had received appropriate updates on progress and were able to undertake rota visits to facilities and meet staff and clients; and</li><li>– the Director and the Assistant Director gave briefings that were precise and comprehensive.</li></ul></li></ul>



## Level 2 Question

## Does the Council have sound arrangements in place to address HIW recommendations?

- The Council identified improvements to mental health during 2011-12 and were included in the Council's service improvement plan for Adult Services, and further actions are in the Adult Services' 2012-13 service improvement plan.
- An increased pace of change around crisis intervention is an example of direct intervention taken by the Council's Director of Social Services (in November or December 2011).
- The former Chair of scrutiny feels that now is an appropriate time to review the elements in the action plan.
- Information sources to monitor performance and progress include; quality assessment audits in social services, case file working group who undertake 'peer review', action plan updates, senior management team meetings, two specific mental health performance indicators related to reviews and assessments done on time, quality assessment audits, the annual council reporting framework. However, there is no systematic checking that protocols and procedures are implemented and operating effectively in practice.

## Conclusion and Findings:

**The Council is making progress with addressing the housing recommendations but they are not yet complete and the action plan updates at January and July 2012 incorrectly notes that three recommendations are completed.**

We concluded this because:

**HIW's Recommendation 3.8 states – "Prior to discharge a multidisciplinary team must agree the after-care, Care Plan Agreement (CPA) and Risk Management plans which detail the arrangements for:**

- Accommodation which adequately meets the needs of the patient, where accommodation is required as part of the aftercare package.
- How medication is to be monitored and supervised if appropriate.
- Mitigating a full range of risk factors including substance misuse and harm to the patient and others.
- Transport, supervision and care for the day of discharge."
- A S117 Protocol - A Multi Agency Procedure within Gwent for Section 117 Mental Health Clients – co-ordinated by the Council Social Services was signed off in December 2011.
- As at September 2012, the S117 Protocol is being supplemented by a specific housing protocol, the MHJAP, which is in draft form currently and is being developed by Caerphilly County Borough Council Housing Services. This will supplement the addendum in the S.117 agreement when adopted.
- The Partners of the draft MHJAP involve the Council Housing and Social Services; Gwent NHS Trust; Caerphilly Local Health Board and Gofal.



## Level 2 Question

### Does the Council have sound arrangements in place to address HIW recommendations?

- The draft MHJAP excludes some key services, for example, Supporting People service, RSLs and other voluntary sector groups.
- This presents risks of people falling through the net, eg, RSLs offer one housing unit to their own waiting list; one to homelessness; and one to the Council allocations services. There is a high degree of refusal from RSLs as well for homeless clients who they feel are unable to sustain a tenancy and live independently.
- As the S117 protocol excludes some key services, and the MHJAP is still draft at this time, the action to address recommendation 3.8 therefore action is not complete.

**HIW's Recommendation 3.10 states –** "Aneurin Bevan Health Board and the Council must put in place measures to ensure that their after-cares responsibilities for accommodation and housing under Section 117 of the Mental Health Act are not discharged through the homelessness route."

- The draft MHJAP sets out the process for dealing with cases that require housing assistance and highlights several homelessness routes:
  - Hospital discharge is a two tier system that looks at the approach to be taken where the client is in hospital and is either a council tenant or is homeless or at risk of becoming homeless on discharge. The approach is to complete the accommodations section of the CPA form and follow a flow chart of steps depending upon the status of the case.
  - With regard to homeless cases, Gofal act as the link to undertake the homeless application and collate additional information to support decision making in respect of the application. This includes considering the appropriateness of the accommodation to be used to rehouse the clients, especially supported housing. The approach is restricted only to tenants of the Council or those threatened with homelessness. There is no inclusion of other forms of tenure. This means the draft MHJAP does not cover all potential cases and is limited in coverage.
- People who present themselves as homeless outside of a hospital setting are dealt with via standard homelessness assessment process. This determines that if mental health issues are identified, one of the options may be to make a referral to the Community Mental Health Team. The accommodation provided could be private rented sector, nomination to an RSL, private sector leasing scheme or council housing, but RSLs are not signatories to the protocol and have not been involved in its drafting.
- The draft MHJAP makes clear that Council will still operate in line with its statutory duties and housing specific policies and procedures. The draft MHJAP does not therefore override established systems of working.



## Level 2 Question

### Does the Council have sound arrangements in place to address HIW recommendations?

- There are gaps in the draft MHJAP eg, it does not make clear what would happen to the individual whilst seeking a placement to supported housing – would they be rehoused elsewhere or not? If a person applied as homeless would the homelessness application still need to be concluded?
- **HIW's Recommendation 3.11 states –** "In order to assure itself that it fully meets its Section 117 responsibilities, the Council must revise its housing policies and processes to ensure that suitable, good quality housing is provided to people with mental health issues, particularly those due to be discharged from hospital. Systems must be put in place to enable suitable accommodation to be arranged prior to a patient's discharge from hospital."
- The draft MHJAP is based on a model developed in Blaenau Gwent County Borough Council (BGCBC) and is being co-ordinated by the Council Housing Service. However, the draft MHJAP still includes references BGCBC and does not fully reflect the Council operational arrangements.
- Positively the draft MHJAP is not restricted to only covering people with mental health needs being discharged from hospital but also includes those seeking accommodation from the Council via the Housing Register and also tenants of council housing who are experiencing difficulties in sustaining their tenancy.
- The draft MHJAP is restricted only to tenants of the Council or those threatened with homelessness. There is no inclusion of other forms of tenure. This means the MHJAP does not cover all potential cases and is limited in coverage, eg, tenants of an RSL or those living in the private rented sector. The Council manages 10,943 homes and 3,483 local RSLs (Welsh Housing Statistics, NAFW, 31 March 2011).
- The Council has identified a range of rehousing options to address the housing needs of the discharged clients. These include intermediate housing (leased accommodation) with or without support; supported housing (where vacancies occur), council housing, nominations to RSL accommodation (but not all RSL lettings per se), and private rented sector homes.
- The Allocations Scheme is the statutory means by which local authorities let their accommodation and councils must act in accordance with this:
  - The current Council Allocations Scheme Policy was implemented August 2011.
  - The Allocations Scheme has not been revised to incorporate either the overall recommendations of the Homicide Review or the draft MHJAP although it is currently being reviewed to reflect the proposed changes to the management of vulnerable people with mental health needs.



## Level 2 Question

### Does the Council have sound arrangements in place to address HLW recommendations?

- The Council's action plan states that there is a revised 2012 version but this is not adopted yet.
- The public version of the Allocation Scheme is available on the website for those seeking housing with the Council is dated August 2011.

**There are some positive aspects to the Council's systems for managing the housing of vulnerable people discharged from institutions but limitations in the joint and operational working with the housing service mean we can give no assurance that appropriate systems are now in place.**

We concluded this because:

- Information sharing remains weak and housing staff do not always have access to key data.
- Whilst the Council's Housing service is now recognised as having a more fundamental and important role in dealing with the needs of vulnerable people than in the past there is still a lot of work to be done to get a system in place to make this work effectively:
  - There is no formal approach to sharing information. Where it happens it is on an individual basis on individual clients rather than through an established comprehensive system.
  - Housing Management (HM) staff do not have regular multi-agency meetings to decide on the best solution for an individual with Mental Health issues.
  - Housing have on occasion had a multi-agency response where seek to get others to play a more active role when a vulnerable person has been rehoused and is experiencing/causing significant difficulties in a community/property.
  - Housing often have cases where they do not always get a rounded assessment of what is right for the individual and what is corporately the right thing to do.
  - Housing is also often seen as the solution but no service is providing support to maintain them in the home and after they have been rehoused they are left to struggle.

## Level 2 Question

### Does the Council have sound arrangements in place to address HIW recommendations?

- In the very early stages, the Council's Housing Advice team do receive notification of who is potentially going to require assistance, and therefore can begin planning for their discharge.
- There are some well-established multi agency groups in place that cover other areas such as the Safeguarding Children Board. However, there is nothing specifically in relation to Mental Health that housing staff are engaged in.
- Health and social care are not fully aware of the housing challenges and what can realistically be provided:
  - Housing services are now dealing with a greater number of vulnerable people being rehoused who have Mental Health needs. Because of weaknesses in information sharing this is not always identified at letting/tenancy commencement and staff are thus unable to tailor decisions to accommodate their needs.
  - Where to rehouse a vulnerable person is based on an understanding by staff of their needs balanced with the reality of where the Council has stock and what is becoming available at that time.
  - There is still too much of a case by case focus. Housing staff are starting to build a working relationship with other agencies and getting a better understanding of how they work and what they do. This allows staff to understand how the entire system works and this will hopefully lead to improvements in the future. However it is not an embedded approach that is underpinned and reinforced by a policy or procedure.

#### **No training has been provided on the draft MHJAP and awareness of how health and social care services operate remain inconsistent**

- Housing Advice staff and one area housing manager has received training on mental health issues from the Council CMHT. This focussed on the social work elements of mental health only.
- Training/information sharing on health issues has not been undertaken with housing staff.
- No training has been provided to either social services staff or ABHB/Trust staff on housing issues – housing advice service, homelessness duties, housing register and allocations scheme, etc.
- Since our review the Council has informed us that training will be undertaken when the MHJAP is complete.



**Level 2 Question**

**Does the Council have sound arrangements in place to address HIW recommendations?**

**Risk Assessment processes between health and social care appear to work well but housing services remain outside of this system**

- There are two documents in place:
  - CPA/Unified assessment process (UAP) community risk assessment - This risk assessment pathway covers adults, older people and learning disabled adults across integrated mental health and social care services. There is no reference to housing at all in the document and it is not clear if housing is either considered within the framework or not.
  - High risk of harm to others - suspected – this is a draft document setting out the approach adopted by health and social care services for high risk clients. It focuses on forensic services and housing is not included.
- Housing has no formal risk assessment process for dealing with tenants, applicants or homeless clients. Reliance is placed on the formal risk assessments of other services – primarily Health and Social Services. Housing staff are encouraged to record and note risks but this is not undertaken within a formal risk management policy or integrated with either the health or social services approaches.
- The risk assessment approach in allocation scheme focussed on criminal or ASB behaviour rather than specifically to the risk presented by the rehousing of vulnerable people with mental health or other needs.
- Operational HM is not involved in the risk assessments approach developed by health/social care and does not feed into this.
- Although HM staff acknowledge that risk assessments might be dealt with by homelessness/housing advice who lead on the hospital discharge aspect, they are not clear or aware of what actually happens.
- HM staff noted that often they do not see the needs of an individual at the point they apply and only become aware after they become tenants. Getting services to re-engage once they have been rehoused is difficult because the provision of accommodation is seen as the end of the process and there is no shared responsibility to provide ongoing support/assistance.

## Level 2 Question

### Does the Council have sound arrangements in place to address HIW recommendations?

**There is currently an insufficient supply of permanent supported housing for people with mental health needs which is placing pressures on existing services and increases the prospects of poor service choices being made when rehousing very vulnerable people**

- Currently the Council only has very limited supported housing places with 11 dedicated bed spaces. This is supplemented with floating support provision.
- Comparatively within Gwent, the Council's level of mental health supported housing is very low. For example, Newport has 100 bed spaces whilst Caerphilly has 11. The population of Caerphilly is 170,000, which is 50,000 larger than Newport.
- New schemes are difficult to get approved and whilst some schemes have been identified – Jupiter house – these have long lead in times for development.

**Joint working across Gwent on prioritising mental health services is developing although housing and supporting people services are not engaged in this activity**

- The draft Integrated Mental Health Strategy For The Communities of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, South Powys & Torfaen 2011–2016 dated September 2011 (the draft Strategy), is in draft form and has been consulted on and is currently being worked into a final plan.
- The draft Strategy has six aims of which the fourth aim looks at housing specifically: 'Provide a Range of Accommodation Options'. Under this aim, the draft Strategy recognises that where people live has an impact on their psychological well-being, both positively and negatively. The draft Strategy acknowledges that despite housing and accommodation being a high priority in mental health services for some time, there is much more to do to respond to the housing needs of service users.
- The draft Strategy sets out a series of key areas that could be looked at in respect of housing to improve services for clients with mental health needs.
- The draft Strategy has had no involvement from the Council Housing or Supporting People services.



## Level 2 Question

### Does the Council have sound arrangements in place to address HIW recommendations?

#### The evolving MHJAP approach is not embedded and not working effectively

- With regard to hospital discharge cases, some 57 Mental Health homelessness cases presented with primary priority need as Mental Health were dealt with in 2011-12. Of these cases, 30 were accepted as statutory homeless with Mental Health needs. Of these 30, only three were patients that were being discharged from hospital.
- A review of the cases by the Council noted that:
  - Two were discharged prior to the work on the draft MHJAP and both of these were rehoused in the first instance in Bed and Breakfast. Both of these cases subsequently did not progress through the homelessness route and secure permanent housing and were readmitted to hospital because of their inability to sustain their tenancy and live independently.
  - All three were discharged again (the two prior cases and an additional one). Using the new draft protocol they were each rehoused to supported emergency homeless temporary flats with tenancy support provided by Foundation. Of these three cases, one has returned to hospital, one has moved out and is no longer being dealt with by the Council and one is not responding to an offer of accommodation and there are concerns the applicant may no longer reside in the flat.
  - Further work is needed to embed the discharge planning process between all partners.

# Appendix 2

## Management Response from Caerphilly CBC and Aneurin Bevan Health Board

Reference	Recommendation – The Council will:	Response	Timescale
P1	Establish robust arrangements, to ensure and systematically check, that protocols and procedures are implemented and operating effectively in practice.	<p>The findings of this review will be used to confirm the robustness of arrangements. A formal checklist and evaluation of protocols and procedures will be completed.</p> <p>A routine system will be introduced to oversee the operation and compliance with protocols and procedures, including the development of an outcome and evaluation framework as set out below in P2.</p>	June 2013
P2	Ensure all action plan targets are complete and adopted.	<p>The action plan, notably the ongoing evaluation needed to ensure all actions are fully complete, will be drawn into joint review mechanisms between the Council and ABHB. However, these will be incorporated into delivery plans and monitoring arrangements for local integrated mental health services rather than as a stand-alone action plan</p>	<p>April 2013 (as part of end of year review)</p> <p>Six monthly routine via local monitoring</p>



Reference	Recommendation – The Council will:	Response	Timescale
P3	<p>Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by:</p> <ul style="list-style-type: none"> <li>• ensuring health and social care information sharing protocols cover housing services;</li> <li>• revising Risk Assessment procedures to incorporate and cover housing services;</li> <li>• improve staff knowledge, awareness and understanding so as to minimise risk to vulnerable people by undertaking three-way training and information sharing between housing, health and social services; and</li> <li>• revise the draft MHJAP to include RSL and Supporting People services to minimise gaps in service provision.</li> </ul>	<p>This specific recommendations (and sub-recommendations) will be subject to a three month improvement and evaluation cycle:</p> <ul style="list-style-type: none"> <li>• It is agreed that existing health and social care information sharing protocols need to cover housing services. These will be reviewed to ensure they are fit for purpose and endorsed at the highest level of both organisations.</li> <li>• Risk assessment procedures will be revised to incorporate housing services and will be approved by the Council; implemented; and reviewed to ensure they are working effectively.</li> <li>• Specific training arrangements and a joint training protocol will be established across the Council and Health Board in respect of staff in housing, health and social care. Final approval will include a clear timetable for all relevant staff to be updated and a training process established for new staff within their induction processes. Training will be subject to updates and compliance will be monitored routinely and via incident reporting to target where any shortfalls in understanding arise.</li> <li>• The draft MHJAP will be updated and revised to include RSLs and Supporting People services – it will be given a final approved status and be signed off formally through the Council processes; implemented; and reviewed to ensure it is working effectively.</li> </ul> <p>*All of the above areas will be highlighted in Gwent-wide actions that support the implementation to the Gwent Integrated Mental Health Strategy – this affects the timescales due to the need to engage with respective Board and political processes.</p>	<p>October 2013 (noting some of these issues are pan-Gwent issues)</p>



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