

Report to: **Adult Social Care Scrutiny Committee**

Date: **9 June 2011**

By: **Director of Adult Social Care**

Title of report: **Mental Health Services**

Purpose of report: **To provide an update following the transfer of the management of mental health social care staff to Adult Social Care in April 2010**

RECOMMENDATION

The Committee is recommended to:

Consider and comment on the progress made to date as detailed within the report.

1 Financial Appraisal

1.1 There are no direct financial implications relating to this report

2 Background and Supporting Information

2.1 During 2009 Adult Social Care(ASC) undertook a review of the performance and investment mental health social care (MH) services to assess the impact of the introduction of Putting People First (PPF). The Lead Members report, dated 14 September 2009, is attached at Appendix 1. The review concluded that there was a need for a shift in how services were managed to meet the challenges of new developments and to deliver value for money.

2.2 The outcome of the review led to a move from integrated management within the Sussex Partnership NHS Foundation Trust (SPFT) to single line management within ASC. Services remained co-located and principles of joint working were maintained.

2.3 Forensic and Crisis Resolution Home Treatment (CRHT) services continue to be managed by SPFT, within a Section 75 agreement. The new management structure within ASC was established in April 2010 and the detail is set out in Appendix 2.

2.4 The priorities for the ASC MH service were identified as:

- Maintaining an Approved Mental Health Professionals(AMHP) service to meet statutory requirements
- Undertaking a lead role for mental health services within Safeguarding Adults at Risk procedures (SARs)
- Promoting Self Directed Support (SDS) and managing the community care budgets for mental health and substance misuse services
- Reviewing long term cases, including residential placements and reducing the reliance on institutional care
- Championing best practice in assessment and support for carers and complex family support.

3 Action to date

3.1 In order to achieve clear management oversight and allow access to new systems for recording SDS and SARs, all staff have been trained on social care information systems as previously recording was primarily through NHS IT systems. An IT project was established to ensure work locations are adequately equipped.

3.2 An information sharing protocol has been established with SPFT colleagues to ensure safe exchange of information in teams. Staff have also been supported to understand the process and outcomes required from PPF through a comprehensive training programme.

3.3 From November 2010 onwards all new clients, and clients at review, have been assessed using the SDS pathway and documentation; in addition, a working age mental health-specific Resource Allocation System (RAS) is in development. All funding applications for support plans now come through ASC staff.

3.4 Reviews of people in long term residential care are managed as a specific project and resettlement work arising from these reviews has resulted in a number of people moving to independent living and supported accommodation placements. Savings generated from this project are above target and the response from service users has been very positive. Joint meetings were established with SPFT Managers at both strategic and operational levels to provide forums for addressing any issues that have arisen. There have also been a number of joint initiatives between SPFT and ASC Managers including social care involvement with Health of the Nation outcome monitoring (HoNOs), support to carers, successful actions to prevent delayed transfers of care(DTCs) and contact with service users within 7 days following discharge from hospital care.

3.5 Following a review of responsibilities within the SARs procedures, responsibility for managing all investigations was assumed by ASC, including those in Forensic and CRHT services. There has been a considerable increase in safeguarding alerts during 2010/11 compared to 2009/10 and ASC have been involved in a number of high profile investigations jointly with the Care Quality Commission (CQC) during the year. Management of the Deprivation of Liberty Safeguarding(DOLS) team and the Carers Break service were located within the ASC Older People's Mental Health team in 2010/11.

3.6 ASC have completed an extensive review of the AMHP service and consideration will shortly be given to its recommendations. The AMHP handbook has been revised and republished. There has been a decrease in the numbers of AMHPs in the service during the year and an increase in demand with a resulting pressure on the resources of the remaining staff.

4 Performance, activity and Finance

4.1 Performance and activity data is presented in Appendix 3, and financial data in Appendix 4.

5 Future Direction 2011/2012

5.1 Adult social care is undergoing a major transformation as a result of a number of statutory changes and the introduction of the Lean prototype to the SDS pathway. MH services need to develop new systems of working to reflect these changes and new directions in mental health policy. An emphasis on promoting independence and increasing use of Peer support will inform changes to working practices in the future.

5.2 Ongoing work needs to be maintained with commissioners and GPs to ensure ASC MH services reflect developments in health, including the creation of an ageless service with increased resources for older people. There also needs to be increased mapping of client pathways to ensure MH service users benefit from the introduction of SDS and that carers are fully supported. Ongoing work with SPFT will continue to minimise risk and ensure positive joint working to support service users and carers. AASC and SPFT will also work together to support the relocation of MH services to new bases and with new ways of working.

5.3 Resettlement work will continue to improve outcomes for service users and deliver financial savings. Continued support to staff will be put in place to improve the use of information and recording systems leading to greater efficiency and better performance. The delivery of statutory responsibilities for AMHP services, DOLS, Safeguarding and SDS will remain the priority for operational teams, supported by the outcome of reviews and case audits.

6 Conclusion and Reasons for Recommendation

6.1 The Scrutiny Committee are asked to note and comment on this report.

KEITH HINKLEY
Director of Adult Social Care

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Report to	Lead Member for Adult Social Care
Date	14 September 2009
Report By	Director of Adult Social Care
Title of Report	Mental Health Services Review: Preparing for Putting People First
Purpose of Report	To inform Lead Member of outcome of the review and actions to date

RECOMMENDATION: To consider and comment on the outcome of the review and actions to date.

1. Financial Appraisal

1.1. All costs associated with the outcome of this review will be covered within existing budgets.

2. Background Information

2.1. Putting People First (PPF) and the national policy agenda for mental health articulates a clear vision for services promoting well-being, personalisation, independence and choice. The *Future for Mental Health, a Vision for 2015* promotes mental health provision which is integrated within mainstream health and other services. The Department of Health is currently consulting on a refreshed mental health strategy *New Horizons*, which will shape services for the future. The current policy agenda demands a shift of focus away from specialist mental health services towards a range of provision that supports mental well-being and helps people live as independently as possible.

2.2. In order to assess how best to meet the future policy agenda a review of Adult Social Care (ASC) mental health resources was commissioned and undertaken between February and June 2009. The aim of the project was to review the outcomes obtained from the deployment of ASC mental health resources within the integrated mental health service and assess the impact against performance indicators and the likely ability to progress the PPF agenda.

2.3. The scope, time scale and review process were agreed and detailed within a project initiation document. This was shared with the Sussex Partnership Foundation Trust (SPFT) prior to the commencement of the review. The review was guided by a project steering group which was accountable to the ASC Departmental Management Team as the Project Board.

3. Review Method

3.1. The review considered working age adult and older people's services. Forensic mental health and substance misuse services were outside of the scope of the review. The review assessed the performance and outcomes achieved through the current use of mental health resources and assessed strategic 'fit' for the future policy agenda. In order to achieve this the information collected was assessed against nine PPF outcomes.

3.2. Information collected included:

- performance data
- national benchmarking data: performance and financial
- Safeguarding Vulnerable Adults audit data
- residential care review report 2008
- staffing and financial data

- SPFT data on referrals, case loads, outcomes and CPA audit
- stakeholder workshops
- case file audit 2009

3.3. Three stakeholder workshops were held with SPFT ASC staff and integrated managers, third sector providers and service users and carers.

3.4. Fifty three case files were reviewed across working age and older people's teams. Four service users and four clients were selected from the files reviewed and interviewed. Files were assessed against eight standards drawn from the Supporting People Quality Assessment Framework.

4. Review Outcomes

4.1. The mental health service review concludes that the current economic climate and PPF agenda will require robust management to implement the changes and cultural shift required and achieve best value for money. In the light of the outcomes of this review and the significance and size of the future development priorities the review recommended that ASC mental health resources revert to single line management by the Department.

4.2. It is acknowledged that inter-professional working within mental health services is vital to achieve the best possible outcomes for mental health service users. To achieve this it is recommended that social care staff are co-located with health colleagues.

4.3. The review proposed that ASC and SPFT agree a joint development program to redefine roles, performance agendas and outcomes to be achieved. These should promote integrated working under separated line management.

5. Action to date

5.1. SPFT have been informed of the outcome of the review and received copies of the full report. There have been meetings with all social care staff together with group and individual meetings with line managers directly affected.

5.2. A new mental health management structure within ASC is being developed. This will be agreed by the ASC DMT in mid September. Formal consultation will commence in October 2009.

5.3. Work is underway with the SPFT to develop a project plan to manage the transition process effectively. This will ensure that operational issues are addressed to enable smooth transition to separated line management arranged by 1 April 2010.

6. Conclusion and reason for recommendations

6.1. SPFT and ASC remain committed to the principles of integrated working. Joint work to manage the transition to separate line management will ensure that service users are not adversely affected by this change.

6.2. The new line management arrangements aim to ensure the best possible outcomes for service users by achieving the synergies from joint working whilst closely managing performance and the implementation of Putting People First.

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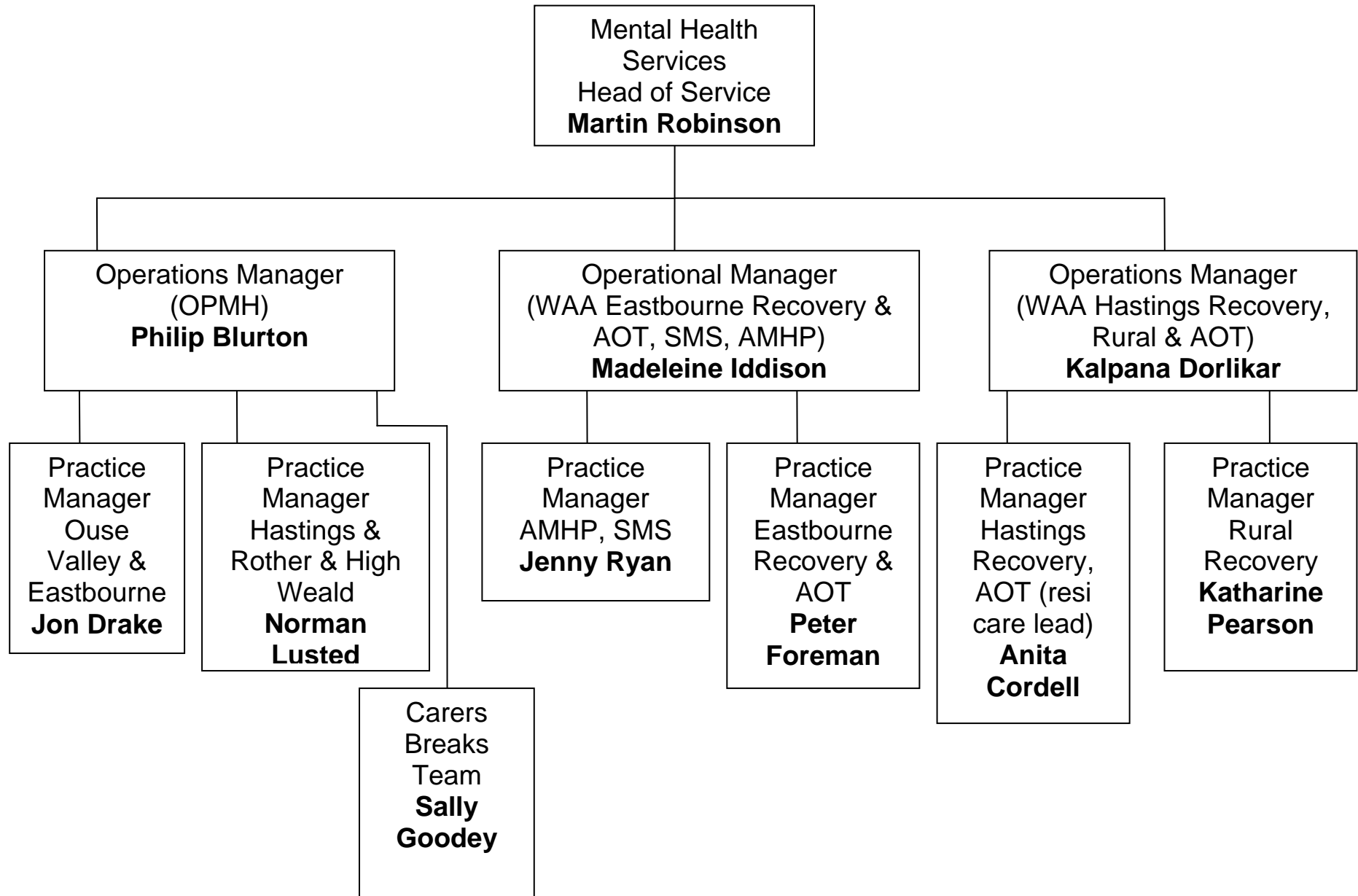
Local Members: All

Background Documents: None

Adult Social Care

Mental Health

Structure Chart. Appendix 2



Mental Health Service Budget & Spend 2011/12

Appendix 4

Cost centres	Current Budget	FTE	Notes
Directly Provided Services			
3536 Eastbourne Recovery&AOT	£ 609,200	15.52	
3537 Rural Recovery/Health in Mind	£ 712,600	16.02	
3544 Hastings Recovery	£ 762,500	21.32	
3553 Approved Mental Health Practitioners	£ 70,400	1.50	
Mental Health Working Age Adults	£ 2,154,700	54.36	
3530 Older People Mental Health Service West	£ 808,900	23.88	
3545 Older People Mental Health Service East	£ 656,700	16.60	
Older People	£ 1,465,600	40.48	
3532 Crisis Response Home Treatment	£ 211,500	4.52	
3554 Community Mental Health Team - forensic	£ 143,900	6.51	Budget includes Health contribution under Section 75
3555 Mental Health Management	£ 397,400	8.00	Includes £93k contribution for staff from health and Catch 22 project
3558 MCA/IMCA	£ 492,000	1.00	Includes £60k contribution from health
3560 Mental Health One off projects	£ 246,000	2.21	
Central	£ 1,490,800	22.24	
Assessment & Care Management	£ 5,111,100	117.08	
3482 Substance Misuse	£ 341,800	5.51	
Substance Misuse	£ 341,800	5.51	
Total Directly Provided Services	£ 5,452,900	122.59	
Community Care			
Mental Health	£ 5,184,814		Includes budget for working age and older people
Substance Misuse	£ 524,100		Includes DAAT funding from health
Total Community Care	£ 5,708,914		

Notes:

The community care figures are the amount the service has available to spend in 11/12 (including the cost of commitments from previous years)

It is calculated as the net budget plus any non-client income (e.g. DAAT income from health)

Budget is for residential and nursing care, day care, home care, supported accommodation and other services (including direct payments)