Agenda Item 10

Report to:	**Adult Social Care and Community Safety Scrutiny Committee**
Date:	**14 June 2012**
By:	**Director of Adult Social Care**
Title of report:	**Mental Health Services**
Purpose of report:	**To update following the transfer of management of mental health staff to Adult Social Care in April 2010 and report on progress since the last report to Scrutiny Committee in June 2011**

RECOMMENDATION

The Committee is recommended to consider and comment on the progress made to date as detailed in this report.

1. Financial Appraisal.

1.1. The 2011/12 revised net budget for the provision of mental health services was £11.736m for which the net outturn position was £12.254m. The overspend of £518,000 results from an overspend on the provision of services within community care budgets of £559,000, offset by a small underspend of £41,000 within directly provided services and management and support, primarily through staff turnover and vacancies.

1.2. In recognising the need to address current budget pressures a Mental Health Savings Group has been established which has started to identify specific service areas through which savings and efficiencies could be reviewed, including: Residential and Supported Accommodation Projects; Ordinary Residence; Day Care Services; Domiciliary Outreach Services; the Impact of Section 117; and transfer of responsibilities for people with functional problems who are over 65.

2. Background and Supporting Information

2.1 During 2009 Adult Social Care (ASC) undertook a review of the performance and investment in mental health social care (MH) services to assess the impact of the introduction of Putting People First (PPF). 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 review led to a move from integrated management within the Sussex Partnership NHS Foundation Trust (SPFT) to single line management within ASC. Services remain co-located following a major relocation of all health and ASC mental health staff led by SPFT and principles of joint working and use of specialist MH Care program approaches are 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 (appendix 1).

2.4 The priorities for the ASC MH service from 2010 onwards 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 using the principles of SDS, 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 were trained on social care information systems during 2010/11 as previously recording was primarily through NHS IT systems. There have been no significant IT or recording issues except for those arising from relative inexperience with systems or relocation.

3.2 A client information sharing protocol has been established with SPFT colleagues to ensure safe exchange of information between teams. During 2010/11 and 2011/12 this remained the highest potential joint risk between Health and ASC but no significant issues have arisen, and in particular no increased risk for client support have been reported from either organisation.

3.3 Staff have been supported to understand the process and outcomes required from PPF through a comprehensive training programme and all clients care managed by ASC are assessed and reviewed using SDS documentation. Separate MH funding processes for functional mental health and specialist older people's MH services (including dementia) have been established. A functional MH Resource Allocation System (RAS) has been introduced in May 2012 following extensive manual pilot work. Clients continue to receive nationally proscribed MH models of care.

3.4 Both SPFT and ASC now operate an ageless service delivery model for people with functional problems and dementia and ASC has reorganised services to reflect Council priorities to increase resources to older people and to implement the joint Dementia Strategy.

3.5 Reviews of people in long term residential care and in supported accommodation are managed as a specific project, and this work has resulted in a number of people moving to more independent living with associated ongoing savings. The response from service users has been very positive and peer support workers have been recruited to ensure best practice.

3.6 Joint meetings are established with SPFT managers at both strategic and operational levels to provide forums for addressing any issues that have arisen, particularly joint issues such as AMHP, carers support, delayed transfers of care, safeguarding and the implications of the major relocations SPFT have carried out during 2011/12.

3.7 Following a review of responsibilities within the SARs procedures, responsibility for managing all investigations was assumed by ASC in 2010/11, including those in Forensic and CRHT services. There was a considerable increase in safeguarding alerts for older people during 2010/11 and particularly in 2011/12 (appendix 2) and ASC has been involved in a number of high profile investigations jointly with the Care Quality Commission (CQC). Audits for 2010/11 and 2011/12 show a steady increase in quality.

3.8 Management of the Deprivation of Liberty Safeguarding (DOLS) team is now managed within the older people MH services. There is a steady rise in referrals (appendix 3).

3.9 ASC has completed an extensive review of the AMHP (Approved Mental Health Practitioner) service and, following consultation, improved the response and payment systems for assessment. Referrals show a rise in numbers (appendix 3), mirroring the national picture. Eight additional AMHPs were trained in 2012 to reflect increased need.

3.10 Performance has improved during 2011/12 in comparison with 2010/11 (appendix 3)

4 Future direction 2012/13

4.1 MH services have been reorganised as part of Project Pathway and clear links with the new structures in ASC have been created. Work will continue to ensure optimal care pathways from health and ASC during 2012/13 onwards. Along with other parts of ASC, MH will be affected by significant changes arising from new legislation and local and national developments in health.

4.2 Statutory responsibilities, safeguarding, SDS (including resettlement) and carers support remain the MH priorities of ASC and to achieve improvement in quality, work will continue with teams to ensure an ongoing cultural shift to match expectations of other parts of ASC while maintaining the good relationships with SPFT to ensure the best outcomes for clients and carers.

4.3 The Mental Health Savings Group will develop a work programme to review and manage services back within the resources available.

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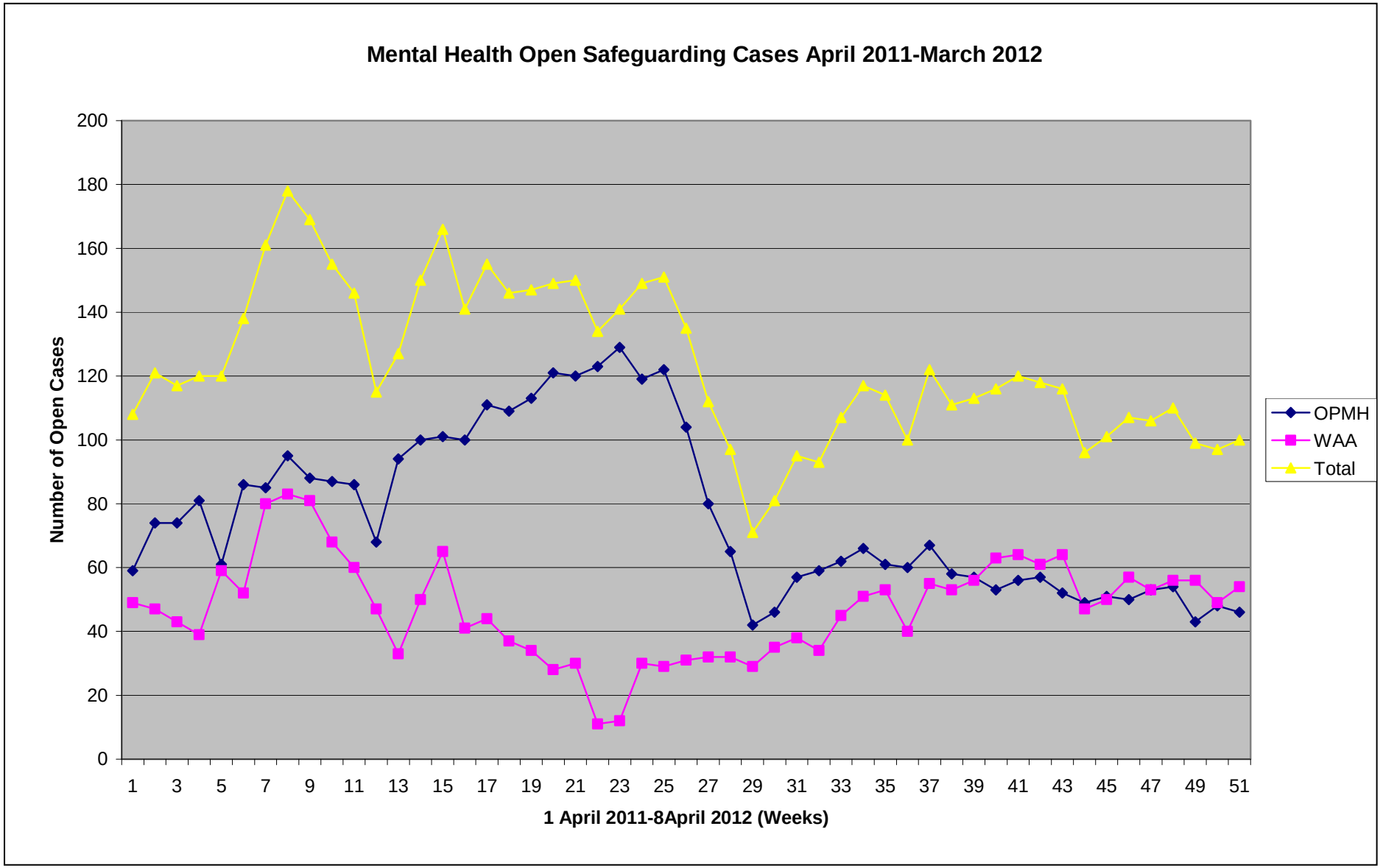
Background papers:

Report to Lead Member, 14 September 2009
Report to Scrutiny Committee, 9 June 2011

Appendix 2


Mental Health Open Safeguarding Cases April 2011-March 2012
Number of Open Cases
200
180
160
140
120
100
80
60
40
20
0
1
3
5
7
9
11
13
15
17
19
21
23
25
27
29
31
33
35
37
39
41
43
45
47
49
51
1 April 2011-8April 2012 (Weeks)
OPMH
WAA
Total

Appendix 3

Adult Social Care: Mental Health Performance

Summary of Performance

As shown below, performance has significantly improved from 2010/11 to 2011/12 in a number of areas, notably:

- Percentage of people receiving self directed support
- Carers receiving a service following assessment or review
- Timeliness of social care assessments
- Timeliness of social care packages
- Number of working age adults with mental health problems helped to live at home
- Delayed transfers of care attributable to Adult Social Care

Social care clients receiving Self Directed Support and Direct Payments

One of the main outcomes of personalisation has been the provision of personal budgets and direct payments which have allowed service users to take more control of the way in which their support is provided.

In 2010/11, 50.8% of clients with a primary client type of mental health who received a community based service and carers who received a carers service who were caring for a client with a primary client type of mental health needs received their support through Self Directed Support.

	2010/11	**2011/12**
Mental Health	29.5%	50.8%

16.2% of clients with a primary client type of mental health who received a community based service and carers who received a carers service who were caring for a client with a primary client type of mental health needs received a direct payment.

Carers receiving needs assessment or review and a specific carers service, including advice and information

The support provided by carers is vital to enabling people to continue to live as independently as possible and a lot of work is undertaken to ensure that carers are supported. This includes home based respite care which allows the carer to take a break from their responsibilities, and emergency respite services which are available if the carer is unable to fulfill their caring role

In 2010/11, 386 carers were provided with a carers service by Mental Health Teams, in 2011/12 this increased to 485 carers (an increase of 99 carers (26% increase)

	2010/11	**2011/12**
Mental Health	23.2%	24.4%

Timeliness of social care assessments and social care packages

Over the past few years, a key focus has been to ensure that people who come to Adult Social Care and are eligible for support, are provided with an assessment and services as quickly as possible.

Timeliness of assessment and service provision in Mental Health has improved significantly from 2010/11 to 2011/12, particularly in relation to service provision.

	2010/11	**2011/12**
Percentage of assessments completed with 28 days	86.3%	91.1%
Percentage of care packages provided with 28 days of completion of assessment	72.9%	93.4%

Delayed transfers of care – due to Social Services reasons

The management of delayed transfers of care is important when it comes to optimising rehabilitation because patients who stay in hospital longer than necessary may find it more difficult to readjust to their normal environment.

In 2010/11 there was an average of 3.2 delays each month, on the last SITREP (Situation Report, that monitors numbers of people delayed in hospital) of each month, in 2011/12 this had reduced to 1.3.

The proportion of Mental Health delayed transfers of care per 100,000 population was in 2011/12 was 0.33. This is considerably lower than 2010/11 which saw 0.78 delayed transfers of care per 100,000 population.

	2010/11	**2011/12**
Mental Health - Delayed Transfers of Care **those attributable to Adult Social Care**	0.78	0.33

Social Care clients helped to live at home

Year on year we continue to support people to remain living independently in their own homes with increasing levels of choice and control over the support they receive.

The number of working age adults with a primary client type of mental health who were on the books to receive a community based service on the last day of the financial year, increased by 124 people in 2011/12 compared to 2010/11 (an increase of 15%)

	2010/11	**2011/12**
Working age adults with a primary client type of mental health helped to live at home	806	930

Clients receiving Reviews

Review activity has focused on high value, complex cases to deliver efficiency savings targets. These reviews are more resource intensive to undertake, affecting the volume of reviews the department has been able to complete

	2010/11	2011/12
Working age adults with a primary client type of mental health reviewed in the year	72.5%	71.9%

Although the percentage of working age adults with a primary client type of mental health who were reviewed in the year has decreased slightly the number of clients receiving a review has increased.

In 2010/11 a total of 713 working age adults with a primary client type of mental health received a review, this increased to 853 in 2011/12 (an increase of 140 people (20% increase)

It should also be noted that the percentage of clients receiving a review is calculated on the basis of the number of clients receiving a review as a percentage of all clients who received a service during the year – this includes clients who receive professional support ** only, and therefore would not be appropriate for a review.

** Professional Support is support provided by the Care Manager over and above the work going into completing an assessment or review or setting up a care package. This distinguishes between the process of care management, and other professional activity by the care manager, social worker or other professional staff. Typically this occurs when the care manager goes on working with the client after the care management process has been completed, or another professional is involved as part of the care package to provide therapy / support / professional input.

Examples of what counts for professional support include:
i) A person with Learning Disability (or Mental Illness) has a weekly support meeting with their care manager

ii) Support for people with long term conditions may be professional support. e.g. supporting someone to engage in the expert patient programme.

iii) Sustained input to help a person resolve complex financial or welfare benefits problems can be counted as professional support – provided the support is paid for by adult care.

Safeguarding Adults at Risk

One of our most important responsibilities in adult social care and health is to protect adults at risk (adults who cannot protect themselves) from abuse. The local authority has the co-ordinating role in relation to adult safeguarding, and our partners have a key role in the prevention and response to adult abuse.

We have continued to see an increase over the last two years in the amount of activity undertaken around safeguarding issues particularly for older people with mental health problems. This increase can, in part, be attributed to the work that has

been undertaken to raise awareness around safeguarding issues. The 'Speak Up Speak Out' awareness raising campaign that was undertaken in September 2010 used a number of methods to highlight the issues and inform people about how to raise their concerns.

The table below shows the number of safeguarding alerts received for Mental Health

	2010/11	2011/12
Safeguarding alerts	589	685

Mental Health Act

There has been an increase in referrals for Mental Health Act (MHA) assessments by Approved Mental Health Professionals (AMHPs) year on year since 2007 - reflecting the national picture - but a decrease in the number of AMHPs employed in East Sussex since then.

Due to pressure of resources, the six Practice Managers in the mental health service continue to operate as AMHPs (unlike their counterparts in other parts of the service) and this places additional strains on the team's resources. Five of these managers will cease to operate as AMHPs from September 2012 but 8 newly trained AMHPs will join the rota by that time.

The use of Community Treatment Orders (CTOs) – an additional responsibility for AMHPs had increased in line with the national picture since they were introduced in 2008.

The table below shows the referrals for Mental Health Act (MHA) Assessments

	2007/08	2008/09	2009/10	2010/11	2011/12
Referrals for MHA Assessments	824	1004	1012	1228	1325

The table below shows the number of Community Treatment Orders (East Sussex)

	2010/11	2011/12
Community Treatment Orders	34	31

The table below shows the number of whole time equivalent (WTE) Approved Mental Health Professionals (AMHPs)

	2007/08	2008/09	2009/10	2010/11	2011/12
Number of WTE AMHPs	48	45	47	40	43

Deprivation of Liberty Safeguards (DOLS)

East Sussex has 3.5 FTE specialist Best Interest Assessors (BIAs) and a number of staff who are BIA trained undertaking DOLS assessments in hospitals and care homes. These assessments assess the legal status of people lacking capacity whose movements are restricted by care plans or equipment such as bed rails.

Activity in care homes is likely to marginally increase in future as residential staff become more famiar with the legislation but in keeping with the national picture East Sussex has experienced a significant increase in referrals from hospitals over the last year. This is likely to increase, both due to familiarity of hospital staff and case law.

In April 2013 local authorities will take on full responsibility of all DOLS assessments from the PCTs and plans are in place in East Sussex for this transfer.

The table below shows the referrals for Deprivation of Liberty Safeguards (DOLS) Assessments.

	2009/10	**2010/11**	**2011/12**
Referrals for DOLS assessment – Local Authority	133	80	128
Referrals for DOLS assessment – PCT	15	54	96

Resettlement
A total of 23 people were resettled from residential care during 2010/11. Recurring savings accrued from this work totalled £388,000.

A total of 32 people were resettled from residential care during 2011/12. Recurring savings accrued from this work totalled £223,000.

Savings were less than the previous year despite an increased number of people moving as the average cost of those placements was lower than the cost in 2010/11.