

SURREY COUNTY COUNCIL**CABINET****DATE: 28 JANUARY 2020****REPORT OF: MRS SINEAD MOONEY, CABINET MEMBER FOR ADULTS & PUBLIC HEALTH****LEAD OFFICER: LIZ ULIASZ, DEPUTY DIRECTOR, ADULT SOCIAL CARE****SUBJECT: MENTAL HEALTH PROGRAMME REVIEW****SUMMARY OF ISSUE:**

Following a review of Mental Health arrangements for the commissioning and delivery of Adult Social Care (ASC) Mental Health services, Surrey County Council (SCC) discussed with Surrey & Borders Partnership Trust (SABP) in February 2019 their intention to terminate the Section 75 (S75) Agreement whereby SABP have been responsible for the delivery of Mental Health Social Care Services through direct management of council staff.

The transfer of staff and cases from SABP to SCC was completed during the period 11 November – 2 December 2019. This, in effect, concluded the first phase of this programme of work.

Following the transfer of approximately 180 members of staff and around 1,200 cases to ASC, phase 2 of the Mental Health Programme Review can now take place. This work is designed to bring about the strategic and operational changes needed to deliver services that are consistent with our obligations under the Care Act and achieve our ambition to be at the forefront of best practice and to establish a clear Mental Health professional identity.

This report sets out the ambitions for phase 2.

RECOMMENDATIONS:

It is recommended that Cabinet approve the priorities and work programme for phase 2 of the Mental Health Programme Review.

REASON FOR RECOMMENDATIONS:

Meeting our requirements under the Care Act and delivering the transformation programme for Mental Health requires significant work to reshape commissioning and operational practice as the service has not established a clear professional identity within the previous arrangements. This needs to be managed whilst also undertaking and embedding the organisational development required so that ASC Mental Health can be viewed as a key partner and contributor to the fast developing landscape of Health and social care. The phase 2 programme will enable us to achieve this.

DETAILS:

Business Case

1. Adult Social Care Mental Health staff deliver services that the council is required to provide by statute. As of end November 2019 the budget for staff was £9m and the budgeted spend on care £7.6m but, with the exception of individuals subject to Section 117 aftercare (where there is joint Clinical Commissioning Group (CCG)/SCC funding in place for individuals from April 2017), the funding is not pooled. The funding covers duties and functions for people who have severe and enduring mental illness, including safeguarding, assessment and care planning as well as care management of commissioned social care packages and placements.
2. SCC, SABP and the lead CCG have worked together to ensure service continuity, programme and risk management and impact assessments for the safe transfer of staff and services. This part of the programme (phase 1) concluded on 2 December when the final moves of staff (and cases) from SABP to SCC took place. As of this date ASC assumed full responsibility for the management of Mental Health (MH) staff.
3. Clear internal systems for governance and programme management were set up to oversee this process and there was continuation of the S75 Steering Group and sub-group to manage this as a health and social care system. Work is currently being finalised in order to manage such issues as shared accommodation requirements, financial transfers, data governance etc. These will be considered as part of future governance arrangements.
4. All parties agree that the system governance that has been strengthened during this process should continue to enable effective future joint working in line with the changes being required within the wider system. ASC Mental Health will need to establish its new role and contribution with partners in the system. The S75 steering group may have a role in sharing operational practice improvements; this will be discussed at its meeting in January 2020.
5. It has been agreed that the S.75 steering group will monitor the changes until the end of the financial year and will also develop priorities and areas for joint working going forwards. This is very much in the spirit of partnership working and aligns well with national plans and frameworks for integrated care services development and community Mental Health care and support. It is based on supporting people within local communities at a much earlier stage and better alignment between physical and Mental Health needs.
6. All parties have been keen to identify and put systems in place to realise the benefits which will arise from these changes and new ways of working in the future to better support individuals and their carers'.
7. Each organisation has undertaken individual equality impact assessments as part of this process and came together on 13 September 2019 to utilise these findings within a wider system impact assessment, which has enabled oversight and risk mitigation within the transfer and separation. Prior to any final dates for transfer being agreed the parties agreed that sufficient plans and mitigation were in place.

8. A clear and well-coordinated process for communication has been put in place to ensure residents, carers and key professionals are informed about any changes in a well-managed and coordinated way.
9. In preparation for the changes staff received training in Liquid Logic Adult Social Care System (LAS), safeguarding and the Care Act.
10. It is acknowledged that an organisational development programme will need to form part of phase 2 as some staff have not worked within a local authority setting previously and not all current service users have received a Care Act assessment or review. Training and cultural change to support practice improvement and strength based approaches need to be built in and embedded into the new service models.
11. Meeting these ambitions requires significant transformation to change commissioning and operational practice as the service has not established a clear professional identity within the previous arrangements. This has resulted in internal and external partners and stakeholders not fully understanding the role, contribution and benefits that ASC Mental Health can bring. This needs to be rectified whilst also undertaking and embedding the organisational development required so that ASC Mental Health can be viewed as a key partner and contributor to the fast developing landscape of Health and social care to bring care closer to home and operate according to legislative guidance. This work is also part of a wider national and local agenda to bring physical and Mental Health closer together.
12. The ambition is to be at the forefront of best practice and to have a clear Mental Health professional identity.
13. To achieve this we will establish a clear professional role within the Department and with partners and stake holders by:
 - Developing clarity about what Mental Health ASC can offer in terms of strength based approaches designed to prevent and reduce the need for secondary care services;
 - Developing (early) interventions designed to build skills and confidence in daily living and living independently following an episode of secondary care;
 - Developing a clear strategy and approach to Mental Health Commissioning, which supports the strength based approach;
 - Putting service users, families and carers at the forefront of our work;
 - Ensuring a workforce that is well trained in Care Act and Mental Health Act responsibilities;
 - Developing clear guidance for staff to strengthen aspects of their new roles together with an improvement plan developed from the Directors of Adult Social Care (ADSASS) 'Better south west in Mental Health' review findings across the South East;
 - Systematically reviewing each of the different services within ASC mental health to ensure that care and support is in line with our statutory responsibilities, is well organised, managed, efficient and effective and of good quality to be able to deliver agreed outcomes for individuals. (To include: Forensics, Early Intervention In Psychosis, Enabling Independence, the Approved Mental Health Professionals (AMHPs) service, prisons, working age adults, older people, substance misuse);
 - Monitoring numbers, quality of referrals and referral routes in order to meet and manage capacity and demand. This will inform the staffing and care and support budgets in a more systematic way than has been possible within the previous arrangements. (Duty team and hospital discharge team currently under development); and

- Reviewing and defining the role of providers in delivery of services with a particular emphasis on early intervention and prevention that supports the mental health and wellbeing of our residents in line with the priorities in our Health and Wellbeing Strategy.
14. This work will inform any changes in roles and structure needed to meet the requirements of a new operating model. This can be developed as the service modelling work described above is finalised and new organisational arrangements modelled in line with wider ASC and Corporate requirements in respect of tiers of management, spans of control, staff roles, responsibilities and numbers.
 15. All of the above will enable the Department to determine the budget requirements, contribute to the Departmental efficiencies requirements and set out a clear suite of performance improvements and deliverables.
 16. To become a credible partner with key agencies, partners and stakeholders work will be undertaken to develop the understanding of the role, build new partnerships and ensure we can shape the use of new funding streams for Mental Health to achieve the above. To do this we will establish a key presence, and build links via commissioning and operations, to all those who are key to shaping the new health and social care integration agenda.
 17. The work undertaken with stakeholders (including members of the S75 Steering Group) will help shape and inform the development of new service models, which can progress now the staff and services have been safely transferred and capacity released for further development.
 18. A review of the work streams in phase 1 to determine the content and priorities for phase 2 has taken place and includes changing priorities towards Social Models and Commissioning and amalgamation of the workforce and infrastructure work streams to support the development of a new operating model and right-sizing the service to meet demand and better alignment with statutory responsibilities.
 19. The areas for review and recommendations within the new social models include:
 - A hospital discharge team
 - Developing reablement for people with Mental Health needs – utilising the outcomes from the initial proof of concept funding secured from the National Framework funding (c £100k)
 - A vision for the AMHP service which develops alternatives to detention.
 - New service models for: -
 - Older people
 - Dementia (incl. carers)
 - Working Age Adults
 - Substance Misuse
 - Forensics and Early Intervention in Psychosis (EIIP)
 - Section 117 aftercare (to include Older People, MH, Learning Difficulties & Autism, Transitions)
 - Managing Independence and Enabling Independence
 20. The outcomes from this, together with the analysis of incoming work via duty and hospital teams, will then inform the new operating model. Running across phase 2 will be continued organisational development and upskilling of staff as well as development of strength based, and outcome focused, approaches. We will also achieve practice improvement and a clear strategy around the use of enabling

technology, reablement and care and support that underpins independent living and a significant reduction in the use of residential and Nursing Care.

21. All of the above require a significant change in the approach to Commissioning to meet strengths based and outcome focused social work.
22. Currently there are significant gaps in Commissioning which need to be addressed to ensure the success of the programme. The first step is to map ASC spend and current provision and as far as possible, with the CCG's, to understand the extent of the change required to a) support people closer to home and b) promote skills and confidence in daily living, living independently and working wherever possible post discharge.
23. Although not an exhaustive list this will include:
 - Social prescribing that has effective and adequate resources to signpost to resources which can contribute to good mental health and well- being such as management of finances and debt, housing difficulties, bereavement, relationship breakdown etc
 - Sufficient community support and input for people experiencing MH difficulties.
 - A landscape of resources to support people close to home such as OT led reablement, enabling technology, care at home MH providers', personal assistants, extra care housing, shared lives etc.
 - A range of suitable providers to support step down and move on post discharge with clear expectations around acquiring skills and confidence in daily living, living independently, education, volunteering and work.
24. All providers will be expected to adopt an approach that builds reablement and enabling technology as fundamental to the delivery of strength based approaches and tangible outcomes.
25. The approach to MH Commissioning will include adults and older people, specialist services, substance misuse, prisons.
26. MH Commissioning also carries the lead responsibility for dementia and will work closely with the Dementia Action Board to deliver the agreed system priorities.
27. Measures have been developed to monitor the success of the programme -
28. Programme level targets (primary targets):
 - Reduce the total number of people within residential and nursing care
 - Increase the percentage of people purchasing their services with a direct payment to 30%
 - Reablement (to be developed)
 - Increase the percentage of services delivered such as equipment, technology enabled care, information and advice, guidance or signposting
 - Targeted reviews providing appropriate and proportionate care and support that meets the needs and outcomes, resulting in net efficiencies
 - Increase the percentage of people with progression/outcome focused support plans
29. Programme level targets (secondary targets):
 - Reduce the number of people in longer term 'supported living' to live independently (to be developed)

- Reduce the number of people detained under Section 2 and Section 3 over age of 75 (to be developed)
 - Increase the number of people in paid employment
30. It should be noted that this requires significant reshaping and understanding of the role of supported living to support this approach. Providers are working with us but are currently providing a service more akin to residential care without the regulatory framework to support this or clarity of understanding about the statutory framework within which they can operate.

CONSULTATION:

31. **Service users and carers:** SCC is committed to working with individuals and carers to make sure their voices are heard in this review. We are working closely with the Independent Mental Health Network (IMHN) including regular planned presentations and the planned re-establishment of the IMHN reference group to work on development of social work models going forward. This group is able to reflect most people's experiences - members also sit on other forums where they hear views so can represent those views as well. We are committed to working with them to define and establish agreed care pathways and to agree on what 'good' looks like in the context of Mental Health care provision.
32. **Staff:** We are keeping affected staff informed via regular emailed update bulletins, staff forums and through team meetings. They will be actively involved in and contribute to the new models of service being developed. We also have a dedicated email address which is regularly used to receive and respond to staff feedback. The programme has been taken forward through discrete workstreams all of which have frontline staff involvement and representation from one or more senior managers. The project has been designed to ensure that this is a two-way process.
33. **Partner organisations:** A comprehensive communications and engagement plan has been developed to ensure that our external stakeholders are regularly updated on our plans and have the opportunity to contribute to and influence this work as appropriate. Proactive delivery of messages about the re-establishment of the new professional MH social work identity with key partners / providers.

RISK MANAGEMENT AND IMPLICATIONS:

It is imperative that the timing and the phasing of phase 2 is well managed and co-ordinated.

34. There are a number of reasons for this:
- The scale and pace of MH system development and the importance of being a key partner in shaping the future landscape towards effective prevention and recovery.
 - The importance of being able to access, influence, shape and harness the commissioning resources available to support strength based approaches for the benefit of individuals, carers and families.
 - The former arrangements within SABP and the lack of strong MH ASC Commissioning means that there is a need to catch up and re-establish our professional identity.
 - The need to offer equal access and an equitable service to residents across Surrey.
 - If there are significant changes required for a new operating model then the new arrangements will be subject to a 90 day staff consultation period. If this can commence by April 2020 then subject to the necessary approvals the new

structure can come into effect from June. This enables the MH SW service to contribute to practice and performance improvements and also contribute to the 2020 share of the wider ASC efficiencies targets.

Uncertainty regarding the number of referrals makes planning problematic.

35. At this stage we cannot be certain on the number of referrals into the MH Service and/or whether we have staff based in the right places and in the right numbers. This will be closely monitored as part of phase 2 and robust performance data regarding referrals put in place.

The new operational and commissioning arrangements within Phase 2.

36. This will result in a stronger approach to both prevention and recovery. This will enable Mental Health Social Workers to contribute to the efficiencies targets required across the department. The referral data from duty and Hospital. Discharge teams will inform the new operating model and right sizing of the service to meet future requirement.

FINANCIAL AND VALUE FOR MONEY IMPLICATIONS

37. The cost of the proposed action is approximately £300,000, which is required to fund the following:

Activity	Timescales	Resource Requirement
Phase 1 - Develop Operational Model and new structure	March 2020	Programme Manager (0.5) Project Manager (internal) Transformation Mental Health SME (operational) Lead
Phase 2 – Develop Transformation Model and new structure	March 2021	Programme Manager (0.5) Project Manager (internal) Transformation Mental Health SME Lead (0.6) (TBA)

38. Transformation funding of £300,000 has been identified in order to fund the activity required to develop the new service model. This funding is subject to cabinet approval on 28th January.

39. Approximately £900,000 of efficiencies in total have been identified for the Mental Health service in 2020/21 and 2021/22. These are made up of £678K in 2020/21 and approximately £200,000 in 2021/22 (though this latter amount is indicative only at this stage). The delivery of these efficiencies is dependent on the implementation of the strategic and operational changes identified in this phase 2 review.

SECTION 151 OFFICER COMMENTARY

40. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium term financial outlook is uncertain as it is heavily dependent on decisions made by Central Government. With no clarity on these beyond 2020/21, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial

sustainability as a priority in order to ensure stable provision of services in the medium term. As such, the Section 151 Officer supports this work to reshape the commissioning and operational practice of the Mental Health service, which will be essential to enable the delivery of the care package efficiencies budgeted for ASC's Mental Health service budgeted in 2020/21 and to put the service in a more sustainable position for the future.

LEGAL IMPLICATIONS – MONITORING OFFICER

41. At this stage the Cabinet is being asked to approve a direction of travel and there are no immediate legal implications.
42. As plans are formalised, in the event that there are proposals to make significant changes to the way that services are provided to residents, it may be necessary to return the matter for further approval.

EQUALITIES AND DIVERSITY

43. An Equality Impact Assessment (EIA) has been completed for this programme and concluded that no potential for discrimination or negative impact has been identified. The completed EIA is attached as an annex to this report.

WHAT HAPPENS NEXT:

If agreed the phase 2 timetable runs from January – July 2020 and is summarised in the attached Annex B.

Contact Officer: Patrick Lines, Lead Project Manager, 07814 665782

Consulted:

Annexes:

- A) EIA
- B) Phase 2 Timetable

Sources/background papers:

None
