

	<h2>Adults and Safeguarding Committee</h2> <h3>2 October 2014</h3>
<p style="text-align: right;">Title</p>	<p>Mental Health Services in Barnet</p>
<p style="text-align: right;">Report of</p>	<p>Family & Community Well-being Lead Commissioner</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix A - Mental health commissioning intentions – additional detail</p>
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Summary

Adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend.

This paper sets out a draft approach for the delivery of adult mental health services provided by the local authority to re-focus social care on recovery, social inclusion and enablement in the form of commissioning intentions. It outlines the steps needed to achieve this specification and the positive impact this should have for residents of Barnet. If the proposed approach is approved, this will then need to be tested and worked through with partners as it is developed into an implementation approach and plan.

Recommendations

- 1. That the Adults and Safeguarding Committee approve the proposed commissioning intentions for mental health services contained within this paper.**
- 2. That the Adults and Safeguarding Committee instruct officers to develop an implementation approach and plan to be brought back to this Committee for approval in spring 2015.**

1. WHY THIS REPORT IS NEEDED

Vision

- 1.1 The Business Planning report that was noted by the Committee on 31 July 2014 set out a vision that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their environment. Financial constraints should not hinder the delivery of good outcomes for all. There will be a strong sense of community that supports personal growth and independence and an overall focus on early intervention and prevention with a reshaped specialist care offer for those that need it.
- 1.2 Our overall vision, therefore, could be summarised as to:
 - Achieve more, with less.
 - Move away from 'professionalised' models of care towards more community, home-based, peer-led models of support.
 - Reinforce relationships and community connections.
 - Rebalance the model: orientate professionals towards prevention and early intervention for both carers and users; integrate community and peer groups into specialist care.
 - Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply.
 - Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets.

Context

- 1.3 Adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend. There is a risk that social work is operating in the context of the containment model, with the social work task reduced to a care management role and securing placements to meet housing and support needs.
- 1.4 The role of the local authority in adult mental health services includes social care assessment and interventions, safeguarding vulnerable adults, public

health early intervention and prevention services and work with partners on employment to enable recovery and mental health improvement. This paper does not focus on the authority's commissioning intentions regarding dementia which forms part of the frail elderly health and social care business case. The Committee's Commissioning Plan will detail intentions to support older adults with dementia and working age adults with early onset dementia.

- 1.5 Barnet CCG is currently undertaking a review of mental health services to inform their future commissioning intentions alongside a 5 year North Central London Commissioning Plan to guide commissioning in the 5 CCGs in the region. A Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) Transformation Board has been established by the three CCGs and councils to improve services and respond to the financial challenge of the Trust.
- 1.6 The CCG's South Locality Network is currently developing plans to pilot an 'Integrated Primary Care Mental Health' model to run until July 2015. The pilot has been supported by the CCG through the Primary Care Strategy Grant and aims to increase the capacity and capability of primary care to manage mental health care and treatment, provide high quality care closer to home improving the experience and outcomes of patients through delivery of integrated mental health and physical health care to patients who otherwise fall between the gaps and who hitherto may have been difficult to manage in primary care because of the complexity of their mental health conditions.
- 1.7 The Public Health team are commissioning schemes that support people with mental health problems into employment. These include an Individual Placement and Support model that will be integrated into the Community Mental Health teams and a service that co-located psychological support with JCP. These services will be in place from October 2015 and they will be independently evaluated by the National Development Team for Inclusion.
- 1.8 Job Centre Plus (JCP) support a range of multi-agency initiatives including the Welfare Reform Task Force, Troubled Families, Integrated Offender Management, Care Leavers Hub and Burnt Oak Jobs Team. All recognise mental health barriers to employment and a number have specialist support co-located within the team. In February 2014 there were 10,830 people claiming either Employment Support Allowance or Incapacity Benefit in Barnet - 40% of these claims are for mental health problems (over 4,000 people). The proportion of disabled people in employment in Barnet is below the London average.

Challenges

- 1.9 With social care services integrated into secondary care mental health services, specialist assistance and advice is not always readily available in the community for low level issues. This risks assistance only being provided following a crisis situation. There are opportunities to redefine the role of mental health social workers to focus on more protective factors located outside of a medical model and to provide independent challenge and review of support proposals for people with mental health needs. These opportunities

have been published in the College of Social Work's paper on 'The Role of the Social Worker in Adult Mental Health Services'¹.

- 1.10 Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of worklessness, social isolation, poorer physical health and insecure housing arrangements all of which create demand on other elements of the state for support. Health and social care services have over time created dependency through not having the capacity or focus to work with the natural support systems and the capabilities that people through being part of their local community can bring to resolve their own problems and make their own sustainable support arrangements.
- 1.11 In some instances individuals are being placed in residential settings because of a lack of local supply of alternatives. There is scope to consider the development of a wide range of accommodation options, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population. The quality and availability of community mental health support will drive demand for restrictive and traditional placements where quality is poor or where support is not provided in a timely and accessible manner.
- 1.12 Mental health and substance misuse continues to be a key risk factor in respect of child development. The separation of adult mental health social work from children's social work can result in support and interventions not sufficiently joined up around a family. This can result in missed opportunities to put in place effective and sustainable safeguards to enable a child to thrive and remain with their family.
- 1.13 Councils need to ensure that there is an Approved Mental Health Professional (AMHP) workforce to discharge responsibilities under the Mental Health Act. It would be expected that within a modern AMHP service there would be a multi-disciplinary workforce with professionals from both health and social care.
- 1.14 The Local Authority is responsible for the provision of the Approved Mental Health Practitioner Service which is intended to safeguard the rights of those subject to the Mental Health Act 1983. Within a service which is demand and crisis led, there is a risk that this statutory requirement will dominate mental health investment within Barnet. Without effort from both health and social care, the current configuration of services which manage crisis, acute and AMHP service care, there is increased risk that Social work time will be diverted from activity that is focussed on social inclusion and recovery.

2. REASONS FOR RECOMMENDATIONS

2.1 The table below sets out recommended commissioning intentions for the Committee. These are expanded upon in Appendix 1 at the end of this document. These are all intended to promote recovery, social inclusion and enablement so that individuals with mental health issues in Barnet are able to live fuller, better lives in society.

	Commissioning intention	Intended impact
1	<p>The re-focusing of social care on recovery, social inclusion and enablement. This will require a redefining of the integrated services model with the mental health trust to enable both parties to focus on core competencies and develop effective partnership practice.</p> <p>A smaller number of social workers would be based within with the Mental Health Trust to support effective crisis resolution and effective management of people subject to community treatment orders and section 117</p>	<ul style="list-style-type: none"> - Stronger working with primary care. - Redefined mental health social work role to provide a move away from delivery of the approved mental health professional (AMPH) role and care co-ordination to one which focuses on promoting recovery and social inclusion with individuals and families. - Increased focus on social responses that safeguard and promote enablement / recovery. - Increased focus on safeguarding.
2	<p>Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users.</p>	<ul style="list-style-type: none"> - We will have a model for social work which is commissioned to promote recovery, maximise inclusion and reduce long term care costs. This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship. - Staff are effectively incentivised to ensure that their way of working achieves these outcomes.
3	<p>Introduce a 'Consultant Social Worker' role to work with acute mental health services and children's social care.</p>	<ul style="list-style-type: none"> - The role will provide independent review and challenge to support plans and proposed changes to ensure all appropriate support opportunities are explored and provided in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.

	Commissioning intention	Intended impact
4	Align social work delivery model with community development, whole family approaches and wider wellbeing, particularly focusing on tackling social exclusion and worklessness.	<ul style="list-style-type: none"> - Working more closely with other public sector agencies such as Job Centre Plus will provide a clear pathway to support people with mental health problems back into work. - The social work delivery model could be jointly commissioned by DWP to ensure people are work ready and supported back into work.
5	Increase the range of sustainable accommodation options for people with mental health problems in conjunction with the NHS.	- There is a compelling evidence base that where we live has a significant impact on our mental health. For the NHS, inadequate access to housing increases costs and demand for acute services. Supported housing for people with a mental illness could benefit the NHS year in and year out to a suggested annualised return of investment of 7% when compared to inpatient care or residential provision.
6	Promoting mental well-being and reducing stigma through establishing joint commissioning of social care with public mental health provision.	- Including mental health within the preventative agenda as an equal to physical health, and targeting support at those with known risk factors, will create reduced demand and allow earlier intervention.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The alternative options considered but subsequently rejected have included:
- Renewing the current section 75 agreement and continuing as-is but with an improvement plan in place.
 - Commissioning a new service jointly with the CCG.

4. POST DECISION IMPLEMENTATION

- 4.1 If the recommendations of this paper are agreed implementation planning work will commence, to be led by the Council but working closely with the CCG. A worked up proposal and implementation plan would then be brought back to this Committee for approval.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan 2013-2016 includes priorities to “sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health” and to promote family and community well-being and encourage engaged, cohesive and safe communities”.
- 5.1.2 The Health and Wellbeing Strategy for Barnet 2012-2015 includes priorities to increase the proportion of adults with mental health problems in employment and better support perinatal mental health problems.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The budget for adult social care mental health is £7.6m p.a The current s75 agreement for seconded mental health social work staff is worth £2.0m p.a. and expires in July 2015. It is anticipated that the proposal will be revenue neutral in the short term and in the medium to long term should deliver total system savings through a shift to more effective, lower cost interventions. This will need to be modelled in greater detail as the implementation approach is developed.

5.3 Legal and Constitutional References

- 5.3.1 The Mental Health Act 1983, the current community care legislation and the Care Act 2014 when it comes into effect impose duties on local authorities to provide services to those with eligible unmet needs.
- 5.3.2 Additional statutory duties are imposed by the Mental Health Act 1983 particularly for those detangled under the Act and who qualify for after care services under s117.
- 5.3.3 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:
- Promoting the best possible Adult Social Care services.
 - Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public

health and healthcare, and promote the Health and Well-being Strategy and its associated sub strategies.

- Ensuring that the local authority's safeguarding responsibilities are taken into account.

5.4 Risk Management

5.4.1 A significant risk to the achievement of these intentions is that Barnet Council, the CCG, BEH Mental Health Trust and other partners fail to co-ordinate their activities effectively. Without a shared vision and approach there is a strong risk of poorer outcomes and an increase in demand and so cost. As such the development of the implementation approach will need to be a partnership piece of work involving the joint commissioning team to ensure that plans and incentives will be aligned.

5.4.2 There is a risk of undermining local partnerships with the NHS at a time when national policy direction is for health and social care integration through the Better Care Fund. Under the Care Act 2014, Local authorities must carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services). It is therefore necessary to set out how the new arrangement will support the integration of social work with other aspects of NHS service delivery, notably primary care.

5.4.3 Appendix A details risks identified for each of the commissioning intentions.

5.5 Equalities and Diversity

5.4.1 Equality and Diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.4.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.4.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual

orientation.

- 5.5.1 An Equality Impact Assessment will be completed as part of the development of the implementation approach.

5.6 Consultation and Engagement

- 5.6.1 The development of these proposals has drawn on consultation with mental health service users undertaken by the Council and by Healthwatch Barnet. The implementation approach will need to be developed through testing, and consultation where appropriate, with service users and those who have received services in the past.

6. BACKGROUND PAPERS

- 6.1 Health and Well- Being Board- held on 20th March 2014 received, commented on and noted the Barnet, Enfield and Haringey Mental Health Trust: Implementation of the CQC action plan/ implementation of the BEH CCG`s mental health commissioning strategy. This updated the Board on progress being made to address quality issues identified following CQC inspections of Trust services.
- 6.2 Health and Well-Being Board- held on 19th September 2013 received, commented on and noted the 'Tri-borough Mental Health Commissioning Strategy for Adult and Older Adult Services- 2013-2015', and Operational Plan 2013 – 2015 and agreed that the Chairman and Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust attend the Board's meeting in March 2014 to discuss progress at implementing the Strategy.
- 6.3 Health and Well-Being Board- held on 23rd January 2014- the Board discussed the quality and safety concerns raised by the CQC reports with senior managers at the Barnet, Enfield and Haringey Mental Health Trust. Prior to this, senior officers across the NHS and Council met with the executive team at the Trust to ensure that there was clarity of expectations across commissioners and the Trust as to the actions that are being undertaken and how progress will be monitored. The Board requested an update on progress from the Trust at the March 2014 meeting.
- 6.4 Special Meeting, Joint Health Overview and Scrutiny Committee- held on 7th February, 2014 received presentations from Barnet, Enfield and Haringey Mental Health Trust and Enfield CCG as lead commissioner of services from the Trust on behalf of Barnet and Haringey CCGs including other associates CCGs.
- 6.5 Joint Health Overview and Scrutiny Committee- held on 7th February, 2014, received reports on funding of mental health services across the North Central London sector.