

	<h2>Adults and Safeguarding Committee</h2> <h3>8th June 2015</h3>
<p style="text-align: right;">Title</p>	<p>Mental Health Social Work: Community Support</p>
<p style="text-align: right;">Report of</p>	<p>Dawn Wakeling – Adults and Health Commissioning Director</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: Draft Redefining Adult Mental Health Social Care Service Specification May 2015</p>
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Summary

This report sets out the progress made in delivering the commissioning intentions for working age adults with mental health needs, agreed by Committee in March 2015 in the five year commissioning plan.

The report sets out a new specification for the mental health services provided by the local authority to re-focus social work and care on recovery, social inclusion and enablement. It outlines the steps needed to achieve this specification and the positive impact this should have for residents of Barnet. The proposed model is the Barnet Enablement Model for Social Care and Social Work.

Work to develop employment services in this area is summarised and the report sets out how the employment pathway and social care enablement model will be jointly delivered, providing a continuous focus on employment. Additionally, the way in which Barnet will maximise the opportunities for public health, along with health and social care, to enable individuals to realise their potential and to contribute to building healthier communities is outlined.



Recommendations

- 1. That the committee approve the Mental Health Service Specification and agree to receive a Full Business Case in September 2015.**
- 2. That the committee note the main milestones of the implementation plan and the required steps to take this forward.**
- 3. That the committee approve the renewal of the Section 75 Partnership Agreement between London Borough of Barnet and Barnet, Enfield, and Haringey Mental Health Trust to deliver integrated social care for two years, to enable a safe transition to the new service model.**

1. WHY THIS REPORT IS NEEDED

1.1 In October 2014, the Adults and Safeguarding Committee approved its Commissioning Intentions for Mental Health for Adults of Working Age. Following a programme of resident engagement the Commissioning Plan for the period 2015/16 to 2019/20 was finalised and then approved by the Adults and Safeguarding Committee at its meeting on 19 March 2015.

1.1.1 The plan identified the following objectives:

- Improved social care response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

1.1.2 The plan identified that these objectives would be met through the following service developments:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision of community based services.
- Increased demand for community based services including early intervention and prevention.

- Greater integration of housing with social care.

- 1.2 This report summarises the work to date against this plan and provides the high level specification for mental health social work. This report sets out the progress against the six mental health commissioning intentions agreed by Committee on the 2 October 2014.
- 1.3 Committee is asked to note the progress made in delivering the commissioning intentions, to approve the headline specification and implementation milestones, and to require a full business case to be presented to Committee in September 2015.
- 1.4 An enabler for the work is the S75 Partnership Agreement that London Borough of Barnet has in place with Barnet, Enfield and Haringey Mental Health Trust (BEHMT). The Section 75 agreement sets out the partnership arrangement for the delivery of Social Work and mental health enablement for residents who are eligible for Social Care within the Care Act 2014. This report recommends the renewal of the partnership agreement to deliver stepped change and this is discussed in paragraph 2.9 below.

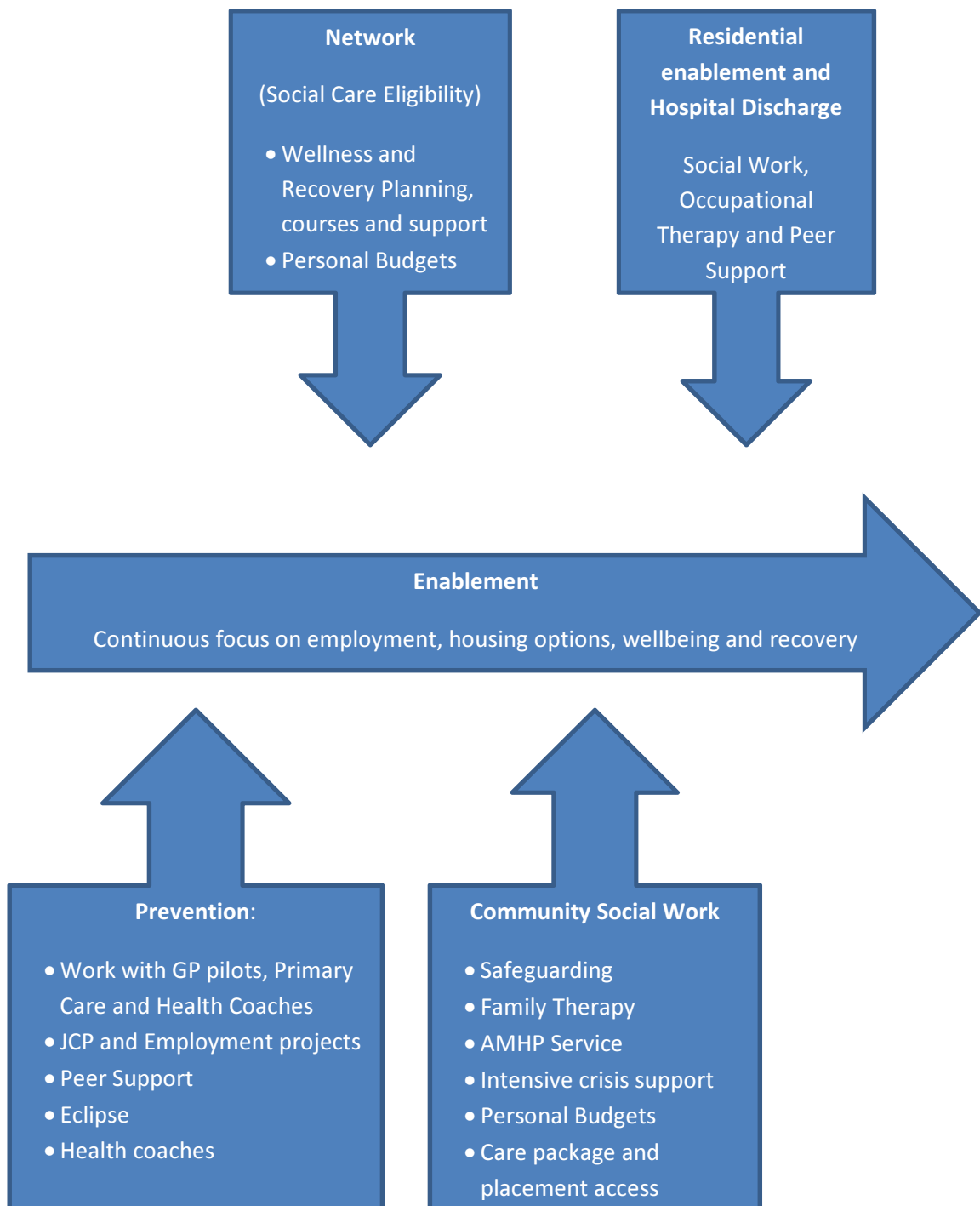
2. REASONS FOR RECOMMENDATIONS

- 2.1 Delivering the Commissioning Intentions as agreed by Committee in October 2014.
- 2.2 **Re-focusing of social care on recovery, social inclusion and enablement. Promote a Social Work role which focuses on protective factors located outside of a medical model with much stronger working with primary care.**
 - 2.2.1 Currently, Social Work and mental health enablement services are delivered in partnership with the BEHMT. BEHMT manage Social Work staff, organised by BEHMT service lines, and the Network mental health enablement service. Social Workers work in multi-disciplinary teams with a caseload managed through CPA (Care Programme Approach) operating within NHS systems and processes. The Committee report in October 2014 made the case for a stronger focus on the social care pathway.
 - 2.2.2 Through a process of co-production involving service users, officers from the council, social care professionals, experts from housing and employment and other stakeholders, new ideas and a new model has been developed. This was accompanied by a review of a wide range of evidence from research and case studies of best practice elsewhere in the UK. In further co-production sessions, these ideas were refined into the

Social Care Enablement pathway in Diagram 1 – Enablement Pathway below.

2.2.3 The pathway will drive the investment made in the Council through public health and social care budgets. The roles, services and functions required to deliver the pathway are set out in the specification (high level version in Appendix: Redefining Adult Mental Health Social Care Service Specification May 2015)

2.2.4 Diagram 1 - Enablement Pathway



2.3 Renewing the focus on the quality of services through strengthening the voice of workers and service users through the delivery model.

2.3.1 The Co-production approach developed through this work will continue. This has involved work with specific service user focus groups (staff and service users for example) as well as collaborative working groups with multiple stakeholders. The work going forward will be a workstream of the Barnet Collaborative and the involvement of service users and professionals.

2.3.2 The model seeks to extend peer support in the delivery of services. The precise nature of Peer Support in Barnet is yet to be fully scoped. However, the principle that Peer Support should be a key feature of services has been highlighted by the co-production process.

2.3.3 The Consultant Social Worker role within Adult Social Care delivery will establish robust professional leadership for Social Care staff and provide a continuous focus on quality and standards.

2.4 Introduce a 'Consultant Social Worker' role into adult mental health services to provide independent challenge and review of support proposals for people with mental health needs who require specialist mental health services.

2.4.1 The Service Specification sets out a summary of the Consultant Social Worker role. One consultant social worker will take a lead in working with Children's Services on support for families where parents have mental health problems.

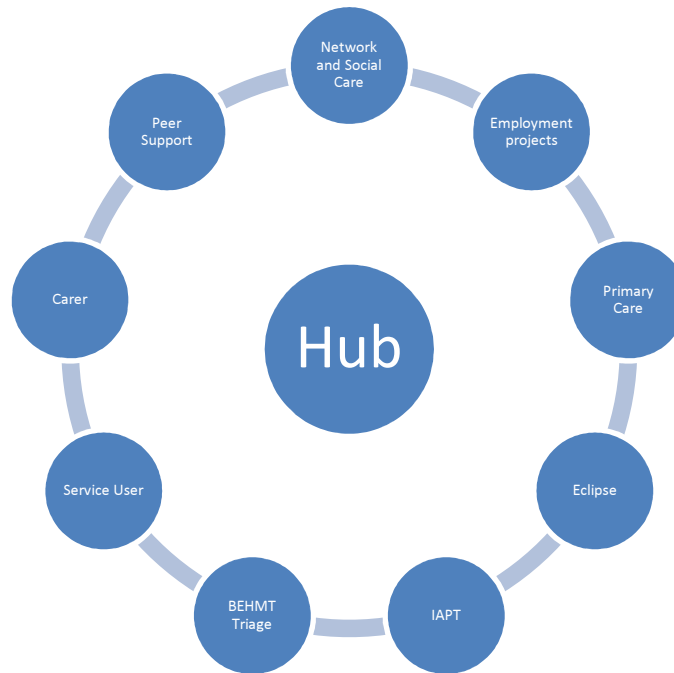
2.5 Integrated pathways across the wider public sector and establish a 'hub' which provides coordinated support to help people with mental health problems (back) into work.

2.5.1 The model sets out an access hub. The shape and function of this is being co-produced through a task and finish group, jointly with NHS Barnet CCG and involving key partner providers.

2.5.2 For people with social care needs, the hub will offer enablement, with the aim of developing a range of community support, and to enable the person to create and fulfil their own wellness and recovery action plan (WRAP). This is a plan owned by the service user, enabling them to identify their own goals and things that help them stay in good mental health. Where a person has eligible social care needs, access to

relevant support will be through a social care assessment. If a person has needs for secondary mental health care, they will be referred on to BEHMT triage service.

2.5.3 Diagram 2 – Access Hub



2.6 **Significant developments have taken place in 2015 which add to the existing local employment support services and ensure appropriate pathway integration with mental health services.**

2.6.1 Based on a successful pilot in 2014, Future Path Solutions provide motivational and psychological well-being support within Job Centre Plus for people experiencing a relatively low level of mental health distress and/ or physical health issues. The service is targeted at unemployed people, without diagnosed mental health conditions but who present as disengaged from support, with low motivation and confidence and potential anxiety/ depression.

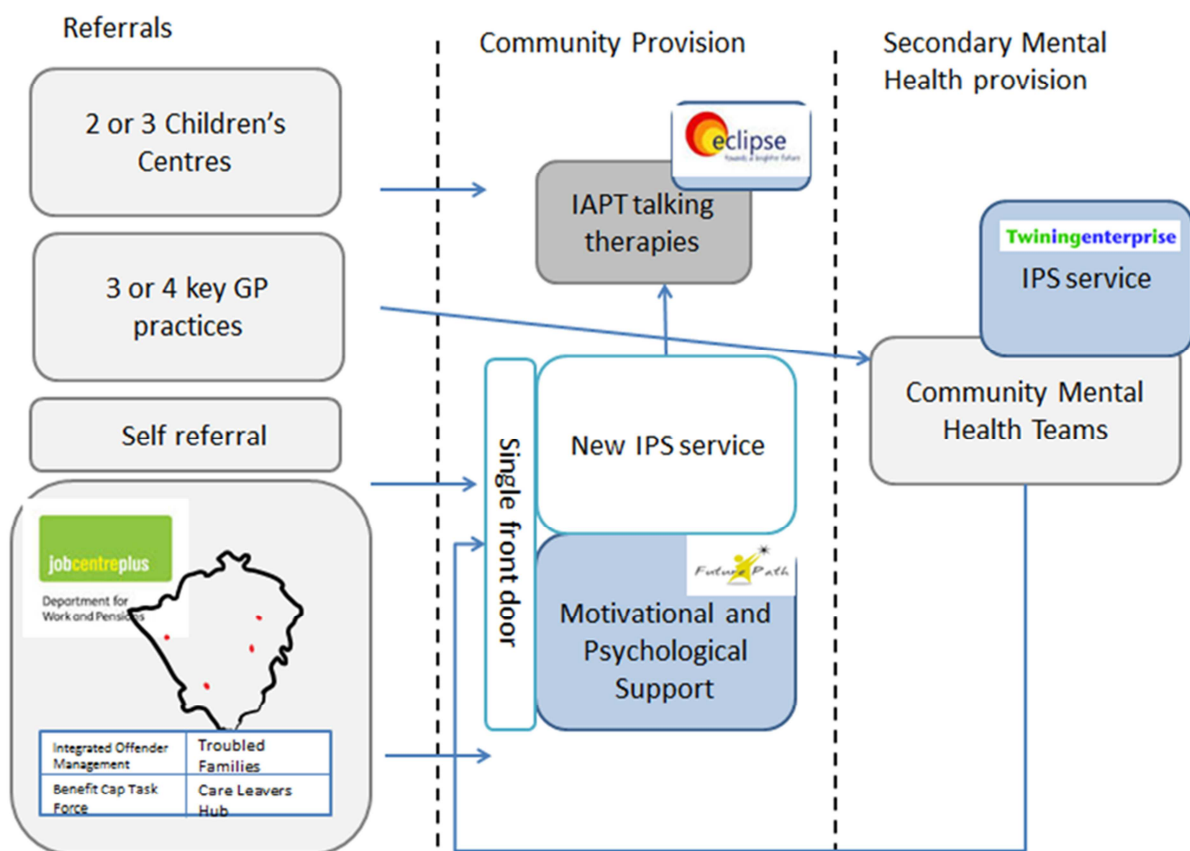
2.6.2 The second initiative, provided by Twining Enterprise, is a new Individual Placement and Support (IPS) service focused on people with more severe mental health problems. Support is provided by employment specialists working across the local community mental health teams.

2.6.3 A third opportunity has arisen from joint working with the West London Alliance London Local Enterprise Partnership Mental Health and

Employment Trailblazer. One of the key objectives of the Trailblazer is to test whether IPS has efficacy amongst people with common mental health problems (anxiety and depression) and to explore whether and how its key principles might be modified to best serve this group. A successful bid has been made to the Transformation Challenge Award and the local Flexible Support Fund.

2.6.4 Diagram 3 sets out how the employment and mental health pathways operate and integrate.

2.6.5 Diagram 3 – Barnet Employment Pathway



2.7 Increased range of accommodation options.

2.7.1 The Private Rented Sector Scheme supports people using mental health services to secure tenancies in good quality rental accommodation in Barnet. The council has an existing supported living framework which is being reviewed prior to a new framework being commissioned for 2017. To inform the development of an increased range of accommodation options, a housing co-production task and finish group has been created.

2.8 Promoting mental wellbeing and reducing stigma through establishing joint commissioning of social care with public mental health provision.

2.8.1 The transfer of public health to local government has created opportunities for public health and social care to work more closely together. The Social Care model set out in this report aims to orientate professionals towards prevention and early intervention for both carers and users and integrate community and peer groups into specialist care. Public Health and Social Care colleagues have examined a number of low cost and lower level interventions to improve mental well-being. Barnet Public Health are as a result developing new prevention services for those with mental health needs: health champions, peer mentoring and digital/online interventions are being developed. Health champions are being developed as part of local work on mental health and through the Better Care Fund.

2.9 Section 75 Partnership Agreement

2.9.1 The Council and BEHMT have maintained a section 75 (S75) agreement for the secondment of mental health social workers to the Trust to work in multi-disciplinary teams for a number of years. The current S75 agreement between LBB and BEHMHT expires in July 2015. It is recommended that this is extended by two years to enable a stepped change in social work operations during which a safe transition to the new model will take place.

2.9.2 Changes will be made to the terms of the S75 agreement to support the transition to the full Barnet Enablement model and to address commissioning objectives for 2014-2015. An additional schedule will be included which will address the commissioning intentions for 2015-2016 and set out the change management process required to implement the full model. The S75 allows for the addition of schedules with agreement of the parties and therefore a schedule will be added for April 2016 which will clearly specify the partnership requirements to deliver the Barnet Enablement Model.

2.9.3 The partnership with the mental health trust will continue to be a key feature of the way in which social care achieves good outcomes for people in Barnet. However, as Alternative Delivery Models are explored for adult social care and as the Enablement Model is developed, it is likely that the nature and shape of the partnership will change. The intention will be to work in partnership with BEHMT to manage staff engagement and consultation.

2.9.4 The current full year budget for the Integrated Mental Health Service contained within the S75 agreement is as follows. The budget is an aligned budget, with the Council contribution covering staffing costs for mental health social workers and the Network enablement service.

Council Contribution	£2,132,989
BEHMHT Contribution	£7,700,904
Total Budget	£9,833,893

2.9.5 The recommendation therefore is that the S75 is renewed and that the development and subsequent implementation of the schedules is taken forward through the Mental Health Provider Management Group who oversee the delivery of the Agreement.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The criteria considered in developing the specification were:

- Achievability of Barnet Council commissioning intentions
- Achievability of providing inclusive assessment, support and good outcomes to people in need in Barnet
- Achievability of delivery within a cost neutral or cost negative envelope
- Acceptability to service users and carers
- Compliance with statutory duties including the Care Act 2014
- Acceptability to staff
- Acceptability to strategic bodies and partners

3.2 The three options considered were:

1. *Do nothing* - this would include continuing with the 'as is' model including full integration of social workers in the CMHTs, maintaining the current Network model, and basing needs assessment on a health-led and predominantly medical model.
2. *Barnet Enablement Pathway* – presented in this paper as the preferred option
3. *Complete separation of social services from mental health services* – a purely social care led service and no specialist mental health service presence.

3.3 Option 2 to develop the Barnet Enablement Pathway met all the criteria whereas Option 1 and 3 did not.

4. POST DECISION IMPLEMENTATION

- 4.1 If the recommendations of this paper are agreed the full business case will be brought back to this Committee for approval with this timetable:

Implementation Milestones		
Co-production process to inform Business Case	<ul style="list-style-type: none">• Staffing model agreed• Estate implications identified• Full costing undertaken• Skills gap audit undertaken	June to August 2015
Full Business Case approved	Approval at Committee of full business case	September 2015
Implementation Plan prepared		September 2015
Staff consultation		October to December 2015
Implement new model: phases to be determined.		January to March; with go live of the model (in phases to be agreed), to begin from May 2016

- 4.2 The draft implementation plan set out in the Appendix: Redefining Adult Mental Health Social Care Service Specification May 2015 sets out in more detail the steps required to implement the new model once this is approved at Full Business Case stage.

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.

5.1.3 Adults and Safeguarding Committee Commissioning Plans 2015-20 sets out its ambition to transform the way that social care services are delivered. The vision for the delivery of adult mental health services

provided by Barnet Council includes re-focusing social care on recovery, social inclusion and enablement. This model aims to orientate professionals towards prevention and early intervention for both carers and users and integrate community and peer groups into specialist care.

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 per annum. The current S75 agreement for seconded mental health social work staff is worth £2m p.a. and expires in July 2015. It is anticipated that the proposal will be revenue neutral in the short term in terms of staffing budgets (there will be cost associated with running a change programme) and that in the medium to long term it 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.

5.2.2 The S75 agreement has no inherent value attached to it and is not a contract or subject to procurement. It is an agreement that sets out the terms of the partnership between the two responsible authorities to jointly deliver care and services. The S75 allows for the secondment of LBB Social Care staff to BEHMT and for the line management of those staff by BEHMT. It also delegates Social Care duties to the Trust through those Social Care staff.

5.3 Legal and Constitutional References

5.3.1 Section 75 of the NHS Act 2006 provides for local authorities and health bodies to pool funding to improve service delivery. The Adult and Safeguarding Committee is the most appropriate Committee to approve the renewal of the section 75 given the partnership agreement concerns the delivery of Social Care and related statutory functions.

5.3.2 Under the Care Act 2014 local authorities have a duty to work with partner agencies such as health. (see below)

5.3.3 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Responsibility for Functions (Annex A)

5.3.4 The Adults and Safeguarding Committee is responsible for the following:

- Promoting the best possible Adult Social Care services
- Ensuring that the local authority's safeguarding responsibilities are taken into account.

5.4 Risk Management

5.4.1 The Co-production approach to the work mitigates against reputational and governance risk. 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. The development of the approach will need to be a partnership piece of work involving the joint commissioning team to ensure that plans and incentives are 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. The introduction of the consultant social worker role and the orientation of the enablement pathway to community inclusion, including primary care, mitigate this risk.

5.5 Equalities and Diversity

5.5.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the Council to have due regard to the need to:

- a) eliminate unlawful discrimination, harassment, victimisation;
- b) advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people; and
- c) foster good relations between these groups.

5.5.2 The protected characteristics are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;

- race;
- religion or belief;
- sex;
- sexual orientation.

5.5.3 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council will need to have regard to their general equality duty.

5.5.4 The Impact Assessment identified a positive impact or neutral impact and this will need continual reassessment at Business Case stage.

5.6 Consultation and Engagement

5.6.1 The development of these proposals has drawn on consultation undertaken by the Council and Healthwatch Barnet and have been developed through co-production methods with service users and those who have received services in the past, and partner agencies. There have been particular workshops and focus groups throughout the process to develop the specification and this approach will continue through the production of the Full Business Case.

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 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.
- 6.6 Adults and Safeguarding Committee 2 October 2014 approval of the Mental Health Specification