

Redefining Adult Mental Health Social Care

Service Specification

May 2015

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Definitions

“Service User” – a term used consistently through this paper which refers to people who are eligible for support from the adult social care service for mental health. This eligibility is currently defined as any person who meets the national social care eligibility criteria, who may be entitled to preventative services under the Care Act 2014, or who is under the care of the specialist mental health service as hosted by the local provider (BEH). This term covers all other terms including ‘patient’ and ‘client’

“Social care practitioner” (SCP) – this is a general terms covering all types of worker within a social care team including Approved Mental Health Practitioners (AMHP), Social Workers (SWs) and Assessment and Enablement Officers (AEOs) and social care occupational therapists where relevant.

“Stakeholders” - defined as all individuals, groups and organisations that input and / or derive value from the Barnet social care model for mental health. Stakeholders included:

- Service users and carers
- Social care practitioners including Approved Mental Health Practitioners, Social Workers and Access and Enablement Officers
- Wider Local Authority staff including strategic and operational stakeholders and public health
- Clinical commissioning group
- Interface agencies, including representatives from housing, employment

Executive summary

In line with the Barnet Council Vision, the co-production process to redefine adult social care for people with mental health problems agreed that at the heart of this new model should be the *optimal enablement of the service user and carer to achieve their full potential as a member of the Barnet community*. The new Barnet social care model for people with mental health conditions will provide a focus on social needs as well as integrating with partners to deliver holistic care, building on existing good practice within Barnet, Barnet CCG & primary care, and within Barnet, Enfield and Haringey Mental Health Trust. A robust community social care pathway delivering holistic and personalised support is vital to support the transition into a community centred, multi-agency led model of enablement. This can be achieved through a *Barnet Enablement Pathway (BEP) for mental health social care* which is underpinned by a number of strategic and operational elements.

The starting point for any care service will be a definition of need, of both the service user and carer. Need in this context for the service user includes the need for the realisation of individual potential; for suitable housing and employment; for positive family relationships, and a wider capability to navigate the social system and community. Need is also defined in the national eligibility criteria for social care for adults in need and carers. For local organisations such as the Local Authority, CCG and Mental Health Provider there are needs to achieve commissioning intentions, to be cost effective and to deliver against national & local policy, including the public health agenda and Care Act 2014, along with delivery of statutory duties. For staff there is a need to protect service outcomes, to build & protect best practice and to ensure skills are maintained.

The BEP incorporates a number of elements which have been developed from best practice and co-production including:

- **Balanced Teams** – driving specific re-tasking of social care practitioners to deliver more optimal care aligned with the BEP
- **Network Plus** – expanding the current Network service
- **BEP performance dashboard** – to capture and report against performance along the BEP
- **Enhanced Enablement Initiatives** – to drive specific improvements across Barnet mental health social care

The elements of the BEP model include:

- Set up of Local Enablement Hubs (or teams) which integrate existing separate functions and roles into a single multi-functional, multidisciplinary assessment process which will undertake comprehensive review of all service user & carer needs at initial stages, including housing and employment capability, with a focus on early prevention of mental health conditions with subsequent impact on health & social care resources.
- An assessment process which is based on eligibility for access to a range of enablement offerings with a 'pre-enablement' signposting service (supported by Eclipse)
- Holistic care planning model which generates a simple one page *Enablement Plan* with allocates service users to an tailored enablement programme ranging from an initial six week 'brief enablement' package through to standard social work packages and specialist health packages (provided by CMHTs) and family therapies work . This care planning model would be aligned with the requirements of the Care Act 2014 and include elements of public health such as healthy living

advice and primary prevention of disease. The planning model would be built on Recovery outcomes model with broad and meaningful outcome measures to provide baseline and interim evaluation scores for service users and carers

- The LEH would be sited in three locations across the authority footprint and be hosted and managed by an evolution of the current Network service. Locations may be driven by local deprivation scores and will be coproduced through the work with service users to develop the hubs.
- Relocation of part of the existing mental health social work team to the Local Enablement Hubs with other disciplines to ensure that overall needs of the service user & carer are met. This would include the creation of *Consultant Social Workers* (to focus on senior professional leadership and family work), *Social Work Outreach Teams* with a strong focus on residential care homes and other accommodation locations, *Navigator* roles (to drive support for service users in navigating the social system) and *Peer support worker* roles (to provide lived experience advice and support)
- Consultant Social Workers (CSWs) would be recruited from existing AMHPs and senior Social Workers, with CSWs also taking on the role of Principal Social Workers and social therapists (including supervising other social workers to take on family therapy and complex needs management roles).
- Safeguarding Adult Managers and Investigation Officers would be allocated in accordance with the Pan-London Safeguarding Procedures.
- Interface with housing and employment would be through locating specialist leads within the LEHs
- Interface with GPs would be through the LEHs for brief or standard enablement programmes
- The Care Act 2014 eligibility assessments would be performed through the LEHs by suitably qualified and trained staff, also utilising self-assessment tools developed through the council's social care case management system.

Specification - Background

Context

In autumn 2014, the London Borough of Barnet (LBB) set out its commissioning intentions for the future of social work and social care for adults with mental health problems. Through a process of co-production involving service users, officers from the council, social care professionals, experts from housing and employment and other stakeholders, a wide range of evidence was considered from research and case studies of best practice elsewhere in the UK. This then informed the development of a number of practical implementable concepts which applied best practice to the Barnet setting. In further co-production sessions, these concepts were refined and focussed.

There are two other important initiatives taking place that are directly relevant to the council vision: firstly, the Barnet Clinical Commissioning Group (CCG) has launched the “Re-Imagining Mental Health Project” and secondly, the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) has launched a programme on *Enablement*. Both these projects fit well with the council vision: they both focus on the individual as a citizen and resident rather than a patient; they both seek to emphasise the social needs of the person; they both emphasise self-management and building on strengths; they both recognise the need to address wider issues such as employment, housing and physical needs.

As this project evolves, there will need to be clear strategic and operational alignment working in partnership with BEHMHT and with the CCG. A service user commented: *“mental health service users, require the support of both social care workers **and** medical health staff i.e. GP, psychiatrists, care-coordinators, other clinical staff etc.”*

This paper now takes those concepts that are best led by the council and turns them into a set of specifications to be further developed through co-production into a full business case and implementation plan.

Scope of service

The services cover adult mental health services which include: social work and SCP (including occupational therapy where relevant) assessment and interventions, safeguarding vulnerable adults, transition from CAMHS to adult services, public health early intervention and prevention services. The scope also includes work with partners on employment and accommodation, to enable recovery and mental health improvement. The service excludes dementia and frail elderly services.

Specification - Vision

The Enablement Offering

Currently in Barnet, as within many other localities across the country, care for residents is being delivered by a range of agencies that assess and deliver care often using separate assessment and management frameworks. This can lead at best to duplication and inefficient use of resources, and at worst gaps in identification of need which can lead to short and long term negative consequences for service users and the services themselves. The new Enablement Offering for Barnet residents will focus on providing a new integrated *Enablement Pathway* which will draw together services to assess and deliver enablement support to service users and carers. At the heart of this vision is the Enablement Offering which will:

- Support service users & carers in realising their full potential in terms of relationships, occupation and social achievement
- Align with the requirements of the Care Act 2014
- Build on current best practice in Barnet in assessing and delivering enablement
- Address wider social care needs as core driver, with health needs seen as a part of these wider social care needs
- Offer a single integrated social care assessment

The ultimate measure of success of the new model will be based on delivering these elements.

Proposed Model - Barnet Enablement Pathway (BEP)

The BEP is the framework for the new model of care in Barnet. The BEP builds on the principles identified through the co-production process and incorporates current local best practice initiatives and pilots. The principles of the BEP are:

- That all referrals for mental health social care should be through a 'single point of referral' which brings together mental health social work teams into three locality based *Local Enablement Hubs*
- That this initial referral should have an integrated care assessment which incorporates eligibility criteria, early screening and identification of need, and early evaluation of requirements for housing and employment. This assessment would also trigger safeguarding, Mental Health Act 1983, and Mental Capacity Act 2005 assessments where required.
- That assessment should be based on a robust assessment of need and outcomes emphasising self-directed outcomes
- That the assessment will then define different enablement offerings or 'levels of care' required depending on threshold criteria including eligibility, mental health, and complexity of need
- That staff teams should be reconfigured to support the BEP, including redefining roles and competencies where relevant (this will include the creation of a Consultant Social Worker role)
- That access and delivery of the enablement offering should include a multi-disciplinary and multi-agency approach which offers preventative care, crisis intervention, as well as comprehensive needs assessments.
- That the potential for integration of other existing key services such as IAPT (Improved Access to Psychological Therapies), Future Path, Health champions and other agencies will be explored.

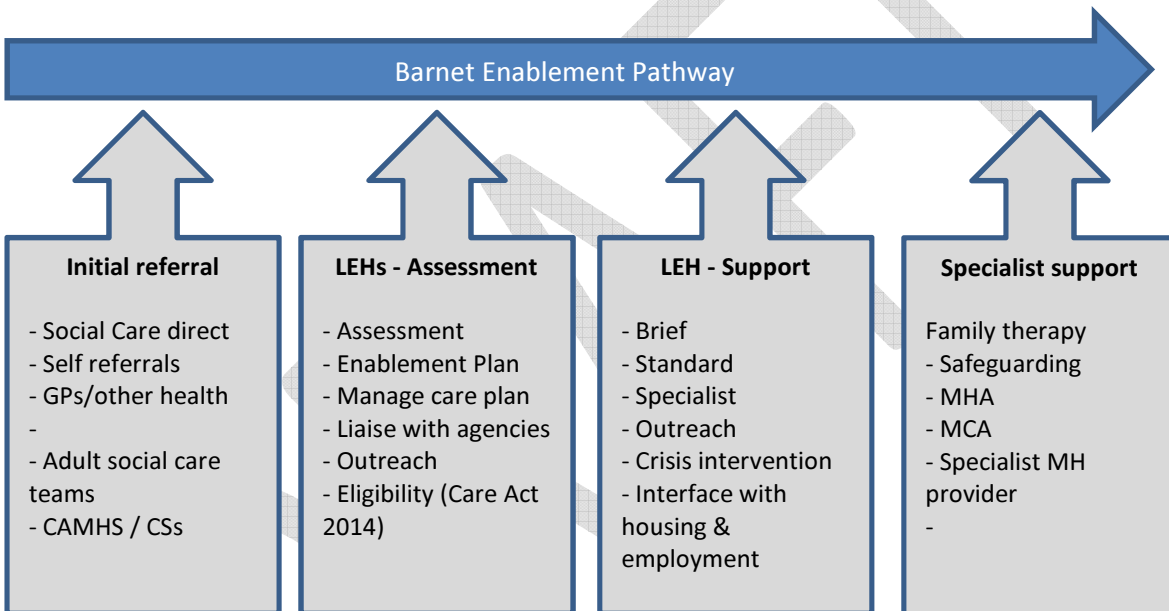
- That the delivery of the BEP should be underpinned by clear leadership roles and competence at strategic and operational levels, which includes alignment of core agencies and stakeholders including the Council, CCG and Mental Health Provider.
- That the performance of the BEP should ultimately be based on the success in realising enablement outcomes of the service user and carer

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Specification

Local Enablement Hubs (LEH)

Description - proposed to be in three locations across the borough providing a ‘single point of referral’ for ALL mental health social care referrals from agreed referrals points. These LEHs would provide an initial full assessment incorporating integrated care approach (of mental health and social care needs), primary prevention evaluations, early accommodation and employment requirements, and statutory evaluations (including eligibility assessment, Safeguarding, Mental Health Act 1983 and Mental Capacity Act 2005). The output from the LEHs will be *Enablement Plans* (presented on a single page) for each service user which will define the level of care and support required for that person, developed as part of a co-production process. The LEHs will also provide outreach support for residential placements, inpatients (mental health and acute sector) and primary care, as well as employers, schools and the Police. Additional functions for the LEH will include crisis management, support for service users in the use of personal budgets, and intensive enablement support (in a community setting to support ‘step down’ from secondary care hospital settings). The basic model would include:



Location – three LEHs would be sited across the borough potentially within high deprivation areas. The infrastructure for the LEHs would be provided by an expanded Network model incorporating the current Network service with additional capacity and functionality with the following suggested locations:

- West
- North
- South

Assessment – This would include a single new multi-functional assessment process which undertakes a comprehensive review of all service user & carer needs at first contact. This assessment form would be designed to incorporate existing assessment requirements. At the heart of the BEP assessment process would be the Recovery outcomes model (using this for baseline and follow up scoring). The assessment process can also be extended to residential settings & acute inpatient services. This assessment model would bring together social care and mental health triaging (through incorporation of specialist mental

health assessment function into the LEHs) following formats explored in the Barnet GP pilots and the evolving work to create hubs. These would include elements of the MASH model (Multi Agency Safeguarding Hub)¹. The different types of assessment would be combined into a single Enablement Assessment including eligibility, statutory elements, accommodation requirements, and employment requirements. The output from the Enablement Assessment would be an Enablement Plan. More specifically assessment and enablement services would include:

- Hub based assessment
- Community assessment
- Focus on those placed in Residential care and Accommodation schemes

Referral sources - Self-referral by the service user or their carer will be an agreed method. These are also by any agreed organisation or individual who are able to refer directly into the LEHs. For some referrals (such as GP and other council services) basic minimum referral information will be required.

Enablement resources – in order to provide service users and carers with enablement support with the enablement pathway, a set of resources will be required which are available to build into a tailored enablement plan for each person. These resources will include:

- Access to information and advice (from members of the enablement team including housing and employment; and through the social care connect portal and app)
- Navigator support to help access community services & resources
- Social therapy (individual and family, delivered by consultant social workers and social workers)
- Enablement support (as currently provided by the Network) including key worker sessions, short enablement groups (Wellness, Recovery Action Planning (WRAP), New skills, Skills for living, short term community support) plus additional capability programmes including Activities of Daily Living and Skills with Employers)
- Peer support from LEH Peer Support workers
- Outreach services (to residential and onsite assessments such as inpatients)
- Support for housing (through housing specialist)
- Physical health care (through access to/pathways to health care services)
- Support for employment (through employment specialist)
- Safeguarding (through designated SAM)
- CMHT assessment & management (through agreed pathway/joint assessment)
- IAPT referral

Enablement Plans - these will form the basis of delivering care to the service user/carer and incorporate a number of modular elements which will be allocated into the enablement plan agreed by the enablement lead with the service user and carer depending on level of need. As a general rule plans could fall into a number of types depending on level and type of need for people who meet eligibility criteria (see specification below for details). These plans would be developed from a set of enablement resources (which would be collated into a single enablement care package. Enablement Plans will be presented in a single 'Plan on a Page' format. This will include all data fields relevant to agreeing the plan with the service user & carer. This Enablement Plan will also include Recovery outcome ratings and eligibility criteria. There would also be 'pre-enablement' involving sign posting in conjunction with Social Care Direct, Eclipse, and

¹ <http://www.communitycare.co.uk/2011/06/03/multi-agency-safeguarding-centre-for-childrens-referrals/>

local information and advice services. The enablement plan would be developed through co-production with the service user using the principles of self-directed support and those developed during Barnet's previous work as Right to Control trailblazer.

- *Brief* – six weeks of enablement support focusing on providing prevention and early intervention to reduce future mental health and complex needs. This would also provide an opportunity to further assess people for need to be support planned using the WRAP² approach, as currently used by the Network. The Brief Plan would include:
 - Brief needs intervention (by Network)
 - Targeted capability programme
 - Referral to community support resources
 - Ongoing enablement assessment
 - Housing support
 - Employment support
 - Crisis support
- *Enhanced* – requiring referral to the Network for longer term programme
 - Longer term support programme (by Network)
 - Allocated peer support worker
 - Family therapy support
 - Intensive recovery support
 - Step down support
- *Specialist* – requiring referral for more complex needs including mental health CMHTs, family therapy (CSWs), other complex needs services

Teams – the reconfiguration of staff across the BEP is based on a recalibration of the social care practitioner role to achieve the “Balanced Team” through a revival of the unique contribution of social care as a partner to health care, while at the same time maintaining sufficient integration with the mental health provider services. The Balanced Team's overall value is through:

- Refreshing the specialist roles of social care practitioners as distinct from health workers
- Optimising the tasks performed within each location of the service, including new roles of the CMHT social workers
- Transferring part of the existing social work establishment from CMHTs into the new Local Enablement Hubs (LEHs) which will be scoped through the development of the business case

Each LEH would consist of an enablement team comprising of a team leader (proposed Consultant Social Worker) with members including social workers, Housing and Employment Specialists and Peer Support Workers. This team would also include a designated Safeguarding Adults Manager (SAM). The principles of social work practice within the LEHs would build on the co-production destination themes of ‘social therapist’, ‘system navigator’ and ‘care manager’. Co-working with health professionals will be a key feature of the LEH to ensure seamless access to specialist care.

More specifically roles would include:

² <http://www3.hants.gov.uk/wrap.htm>

- **Consultant Social Worker (CSW)**³ – the role of the CSW would include professional leadership of the enablement team with the LEH, Principal Social Worker function, AMHP capability, and social therapist (with focus on family therapy and complex need management). The CSW would also supervise other social workers in family work and care management
- **Social workers** - would have more defined roles including undertaking enablement assessments (including eligibility), outreach services, family therapy, employment preparation and statutory duties. Social workers can supervise non-qualified staff in assessment and enablement support. Selected social workers would also be nominated for SAM and Investigating Officer roles
- **Enablement teams, built on the skill mix of the current Network model** – this staff group includes AEOs and occupational therapists and will continue to offer enablement programmes, with expanded capacity.
- **AMHP role** – some AMHP roles may be integrated into the CSW role, with others continuing to be primarily AMHPs.
- **Peer support workers**⁴ - this will be based on a trained group of service users offering peer advice and support.

Interface with other agencies

The LEHs will have a clear structured interface with other relevant agencies. The need for these agencies will be defined within the Enablement Plan. More specifically these will include:

Housing – the accommodation requirements of the service user & carer will be evaluated in the initial assessment with a view taken as to whether to include referral to housing as part of the Enablement Plan. This would build on current initiatives such as the private rental sector project. There is potential within the LEHs to provide a specialist housing officer mirroring the approach used in learning disability. This would link to current community agencies such as Broadway who support single homeless people.

Employment - the employment requirements of the service user will be evaluated in the initial assessment with a view taken as to whether to include referral to employment as part of the Enablement Plan. Part of the initial assessment will determine the level of preparedness of the service user for work and the type of capability development programmes that the service user would benefit from. Referral will include optimising the occupational potential of service users. Social workers will also have a role in promoting employment outcomes. A number of themes need to be developed including training for social workers in supporting employment outcomes, positive risk taking, barrier identification and removal of barriers, along with a general overview of income and benefits. More specifically there will be a specialist employment team member who will work with existing projects including FuturePath and IPS. There will also be an educational & communication initiative around awareness of employment as a protective factor in mental

³ <http://www.thefrontline.org.uk/local-authority-partners/consultant-social-workers-0>

⁴ <http://www.imroc.org/wp-content/uploads/5ImROC-Peer-Support-Workers-Theory-and-Practice.pdf>

health relapse and hospitalisation, along with 'mental health first aid' training to front line local agencies including the NHS & police. Regarding the enablement assessment there will be early employment assessment, with information being shared with job centre, and aligned with employers.

In more general terms the Barnet Enablement Pathway need to focus on reduction of stigma, with the LEH working with employers to support the development of positive perceptions of mental health service users as employees, and to support wider stakeholders in working with mental health issues including Job Centre Plus personnel. The LEHs will also work with the Council's growth and development team to drive closer relationships with employers and greater choice of employment and work placement.

Mental health provider – Work will be undertaken to scope the nature of integrated care with BEHMHT, the shape of community services and the alignment of Health and Social Care Enablement initiatives.

CAMHS & Family Services – Work with BEHMT and Family Services to ensure a smooth transition from CAMHS to Adult Services and access to Barnet Enablement Pathway.

Public health - The LEH will focus on public health through a range of initiatives including prevention as part of the assessment process, and delivery of the borough wide employment strategy related to wellness, including work on a local health champions model⁵, with local people acting as a bridge between community and service. The LEH and BEP will focus on delivering key elements of the public health strategy including raising awareness (through making every contact count with more consistency across services), improved information, and initiatives with consistent messages promoting positive mental health.

BEP performance system

Description –In order to ensure that the BEP model is being delivered effectively there needs to be a clear set of KPIs and datasets developed to measure performance of the key elements defined above. This includes activity and outcomes monitoring of the Local Enablement Hubs. Data sets will include:

- Enablement outcomes
 - Service user satisfaction rating
 - Carer satisfaction rating
 - Employment rates
 - Suitable secure accommodation rate and emergency housing rates
 - Recovery Star as a mechanism to measure social care effectiveness
- Activity and resource
 - Readmission rates
 - Referral rates, including appropriate referrals
 - Case load ratios, by individual or by team
 - Cases closed per month
 - Cost
- Quality assurance
 - Number of compliments, number of complaints
 - Serious incidents
 - Staff appraisals, staff survey, staff sickness rates, staff turnover
 - Feedback from partner agencies

⁵ <http://www.altogetherbetter.org.uk/SharedFiles/Download.aspx?pageid=4&mid=112&fileid=90>

This would need to be delivered through existing information data collection & reporting systems, or evolved as part of a BEP performance system

Enhanced Enablement Initiatives

These initiatives will build on current projects with Barnet to support the effectiveness of the BEP and the LEHS.

Social Care Connect Plus Portal and App

To build on the current web portal to provide all relevant information for the Local Enablement Hubs including:

- Overview of location and access information
- Information on the enablement teams and services
- Policy and technical information for service users and carers on eligibility and statutory duties including Safeguarding
- 'Help Point' to find the right help quickly
- Staff access page (password protected) for care workers to request social worker support & input
- Booking and scheduling information on Enablement programmes and modules (including workshops)
- Enablement e-learning modules
- Service user and carer co-production surveys and feedback

An option here is the development of a Social Care Connection app to run on smart phones to support service users in easier access to these services

Barnet Employers (with growth and development team)

To actively engage employers to drive the Enablement Pathway including:

- Registry of employment opportunities for mental health service users (including 'enablement internships' or 'apprenticeships')
- Mental Health educational programmes for employers
- 'Work protection' schemes with support by employment specialists to maintain service users in work
- Collaborative approach to early assessment of occupational needs and links to both LEH-run skills programmes and employer placements

Reconfiguration plan

Barnet Enablement Pathway (BEP) - Programme management

Specification: To set up a strategic planning process to oversee piloting and implementation of the BEP and ensure operational integration across the local care economy.. The working group should include representation from core local organisations and stakeholders including the Local authority, CCG, mental health provider, primary care network (federation), users and carers, education, children's services and police.

Implementation plan – a proposed timeline is to implement the BEP in phases, working alongside the existing S75 arrangements for mental health to ensure a safe transition. Project work will commence in June 2015 with phased implementation of the new model from May 2016.

Initial working group set up with terms of reference (by early June 15)

- Finalise specification for BEP (by early July 15)
- Develop full business case and implementation plan (Sept 15)
- Undertake consultation period for change (Oct - Dec 15)
- Implement initial reconfiguration with pilot phase (by May16)
- Begin implementation of BEP (by May 16)

Enablers – to drive successful implementation of the BEP a number of enablers will be required including alignment of the BEP project with the CCG 'Re-imagining Mental Health' and the local BEH 'Enablement programme'. There will be commonalities between these which should be identified early in order to allow a seamless overall service for the Barnet population.

From this core staffing a number of functional teams & roles will be derived:

- Hub assessment service (including CSW, AMHP, Social Workers, Specialist Health Assessor)
- Enablement Team (including Social Workers, OTs, Peer Support worker)
- Enablement support (including Housing and Employment specialists, CSWs & Social Workers as social therapists)

Appendix 1: Consultant Social Worker Role Summary

London Borough of Barnet

Job Title: Consultant Social Worker

Delivery Unit: Adult Social Care

Overall Job Purpose:

The Consultant Social Worker's (CSW) role is to work with the new Barnet Enablement Pathway in the Local Enablement Hubs and CMHTS to provide senior professional leadership, statutory duty implementation and Social therapy roles to these services.

Job Description:

1. Professional leadership of Enablement Teams within the Local Enablement Hubs
2. Functional role as Principal Social Worker in agreed positions
3. Continued AMHP role where this has been a previous function
4. Social therapist focusing on family therapy of complex needs cases
5. Supervision of social workers taking on family therapy roles
6. Supervision of social worker occupational therapy teams taking on outreach and residential assessment roles
7. Support in driving data quality through relevant individual role collection of data as well as overall leadership around quality assurance and reporting
8. Provide input into Safeguarding of vulnerable adults where relevant
9. To provide support to nominated SAMS and Investigating Officers where relevant
10. To support the overall performance management of the Enablement Teams and service