

Report to Executive Director for Adults and Health (Director of Adult Social Services)

December 2020

New model of delivery for the Adult Mental Health Social Work Service

Report by Head of Health & Social Care Commissioning

Electoral divisions: All

Summary

The Council has delivered working age mental health social work services in partnership with Sussex Partnership NHS Foundation Trust (SPFT) for nearly twenty years through a Section 75 (S.75) provider to provider agreement until April 2019 followed by a temporary heads of term arrangement until 31 March 2021.

It has been jointly agreed that the current arrangements require review and amendment to modernise them and ensure they are fit for purpose in light of local and national drivers, including the Care Act and the NHS long term plan. In June 2019 it was broadly agreed at the S.75 senior governance body that social workers would return to be managed by the Council, continuing to work in partnership with SPFT, but that the operating model for this arrangement required further work.

Following a comprehensive review and partnership work between the Council, SPFT and West Sussex Clinical Commissioning Group (CCG), a new operating model for adult mental health social work and been developed. The proposals include a Council managed point of access and a single functioning mental health unit within the Council together with the existing Older People's Mental Health service and the Approved Mental Health Professional service.

Recommendations

The Executive Director Adults and Health is asked to approve a new operating model for the Adult Mental Health Service, as set out in paragraph 2 of the report. The new model would be introduced in a phased approach from January 2021.

Proposal

1 Background and context

Section 75 and partnership arrangements

- 1.1 In common with many local authorities, the provision of mental health social work services in West Sussex has been delivered through a partnership arrangement. The Council has delivered services with Sussex Partnership NHS

Foundation Trust (SPFT) for nearly twenty years. These services were delivered through a Section 75 (S.75) provider to provider agreement until April 2019 when a temporary heads of term arrangement was agreed. This agreement expired on the 31 March 2020 and has, by mutual agreement been extended until 31 March 2021.

- 1.2 The S.75 agreement sets out the arrangements for the secondment of social workers employed by the Council to SPFT. There is also a Commissioning Section 75 between the Council and the West Sussex Clinical Commissioning Group (CCG) within which there is provision for a pooled budget for adult mental health provision. The budget for delivery of mental health social work outcomes currently sits within the SPFT contract (which is with the CCG) and is funded through the pooled budget. Actual staff costs are recouped by the Council from SPFT.
- 1.3 The Council S.75 staff are dispersed across SPFT Community Mental Health Teams and are directly line managed and supervised by SPFT team leads, with professional support offered by three Council Social Care Professional Leads (who are also within the s75).
- 1.4 Access to the mental health social work service is via referral to the SPFT teams. A service user must meet the criteria for secondary mental health services, before being able to access mental health social work provision.

Background to review

- 1.5 It has been jointly agreed that the current arrangements require review and amendment to modernise them and ensure they are fit for purpose in light of local and national drivers, including the Care Act and the NHS long term plan.
- 1.6 In June 2019 it was broadly agreed at the S.75 senior governance body that social workers would return to be managed by the Council, continuing to work in partnership with SPFT, but that the operating model for this arrangement required further work. The Council employed a dedicated Improvement Lead, who undertook a comprehensive review of services, including national best practice models and capacity and demand.

National best practice and drivers

- 1.7 The development of a new model of delivery for adult mental health social care should align with national best practice and drivers. This includes the national agenda for mental health which:
 - Promotes working towards earlier intervention,
 - Builds resilience at both a service user and community level,
 - Reduces and delays dependency and;
 - Ensures that people who use services have information and are enabled to better self-care.
- 1.8 The national agenda for mental health promotes health and social care agencies working together in partnership to enable ease of access to services. National guidelines dictate that it is for local areas to decide how best to achieve this. To support ongoing partnership and integrated working the Association of Directors of Adult Social Services (ADASS) have developed mental health specific key partnership enablers that should be taken into account as part of the overall transformation process.

- 1.9 The [Community Mental Health Framework for adults and older adults](#) identifies the current national difficulties people are experiencing in accessing personalised support, housing, advocacy, welfare advice and employment support across community mental health settings and sets out six key aims in delivering good mental health support, care and treatment in the community.

2 Proposal details

- 2.1 Based on the findings and recommendations provided by the Improvement Lead, following comprehensive review, the Council, SPFT and CCG have worked in partnership to design a new operating model for adult mental health social work.

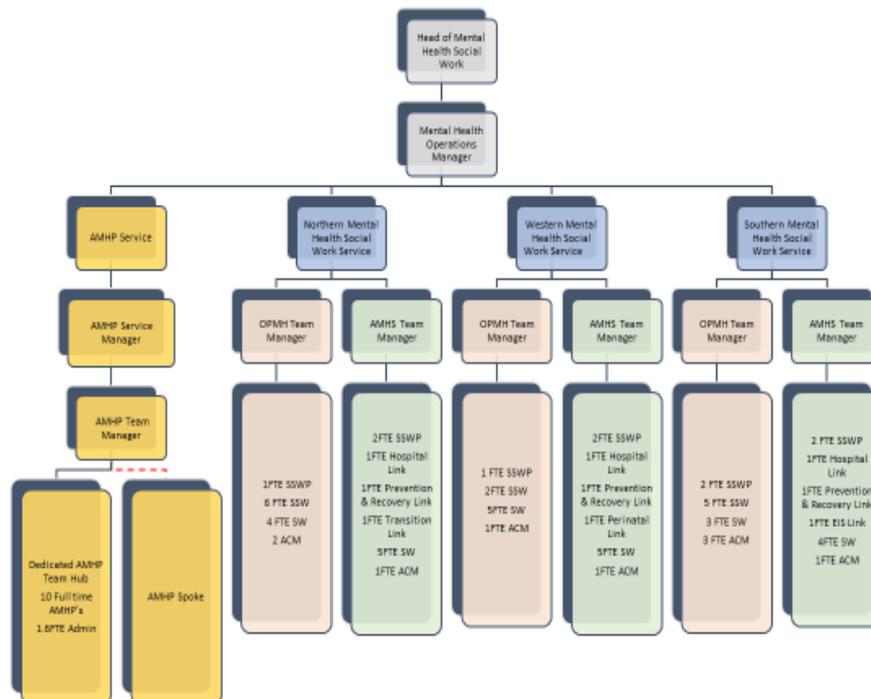
Operating Model

- 2.2 Adult mental health social work services for adults (over 18 years old and up to 65), will be accessed through a Council managed, point of access. Referrals to community mental health SPFT teams will be managed directly by the Trust according to their defined pathways.
- 2.3 Individuals could be referred to the mental health social work service by the Children and Adults Mental Health Service (CAMHS), children's social care, GPs, other professionals, individuals themselves, concerned relatives or friends and SPFT.
- 2.4 Where an individual requires both health and social care support, the allocated social care worker will liaise with the relevant worker in secondary mental health services to construct a joint care plan with clearly identified roles and responsibilities. SPFT will continue to allocate a lead practitioner with the allocated social care professional working in partnership with them to deliver integrated care to the individual concerned.
- 2.5 Close partnership working will be required to ensure that both the Council and SPFT teams review electronic record systems and determine where joint working is appropriate.
- 2.6 This model is very similar to that currently utilised by the SPFT Living Well with Dementia teams and the Council's Older People's Mental Health (OPMH) teams. The intention is to align these services across the county.

Workforce structure

- 2.7 The Council's Older People's Mental Health (OPMH) teams are organised in 3 geographically based teams (North, South and West). The current section 75 staff delivering the Working Age Mental Health Service (WAMHS) social work staff are currently dispersed within SPFT teams. The proposal is for these staff to be organised into geographical teams similar to OPMH and both services will be brought together into a single functional unit, along with the Approved Mental Health Professional (AMHP) Service, as illustrated below. A separate decision to approve a new operating model for the AMHP Service was [published in September 2020](#).
- AMHP service – yellow
 - Older Person's Mental Health Service (will contain some workers on the AMHP rota) – pink

- Adult Mental Health Services (will contain some workers on the AMHP rota) - green



- 2.8 The teams will have specific and defined parameters to their work and be managed within parallel and linked teams. The teams will be geographical, mirroring the SPFT locality teams as closely as possible.
- 2.9 The social work teams will be line managed through a Council management structure and clearly linked to their partners in both SPFT and other organisations supporting individuals with mental health needs, such as Time to Talk, community providers, primary care and so on.
- 2.10 The teams will be primarily based in Council buildings to enable them to develop a sense of “team”, but will have access to hot desks within SPFT bases and be able to work with individuals in the most appropriate setting, to include an SPFT building, the individual’s homes, a Council building and so on.
- 2.11 There will be formal and regular, joint management team meetings across SPFT and the Council and a clearly defined overall strategic and operational governance structure set out.
- 2.12 Within the social work teams there will be identified leads for specific specialisms, such as perinatal mental health and early interventions in psychosis and workers linked to other partners, such as primary care hosted by different geographical teams. These are new roles and are not currently covered under the s75 arrangement. Staff will not need to apply for speciality posts, as the proposal is for a rotation arrangement to offer staff a range of Continuing Professional Development (CPD) opportunities.
- 2.13 Forensic teams will remain within a S.75 arrangement (or similar) outside this model, due to the nature of the work. The detail of the model for the forensic service is being worked up. The service will be funded through both the pooled

budget and external funding has been attracted which will enable an increase its capacity to meet demand

- 2.14 The current arrangement for the Crisis Teams will cease and the affected individuals in posts in the team will return to become part of the overall West Sussex County Council workforce.

New governance framework

- 2.15 In order to ensure effective governance of the new model the current Mental Health Transformation Programme Board will become from 1 April 2021 the Management Board for the service. This will include representatives from the Council, SPFT and CCG and include commissioning and HR professionals. The Group will ensure that the service operates under clear operating procedures, be a point of escalation and of learning and sharing of good practice. The Terms of Reference will be agreed as the current programme board ends and the new model is in place. It is anticipated that the Management Board will meet monthly for the first 3 months and less often thereafter. The Management Board will be jointly chaired by WSCC and SPFT.
- 2.16 To support operational delivery there will also be joint management meetings within the localities both within the mental health social work service i.e. across OPMH and Adult Services and with SPFT. Any issues arising from these groups can, as needed, be escalated to the Oversight Group.
- 2.17 In addition, given the Forensics Service will remain under a formal agreement there will be a separate Forensics Oversight Group with appropriate terms of reference.
- 2.18 The Joint Commissioning Strategy Group will retain authority and accountability for the joint commissioning arrangements and mental health pooled budget with the CCG acting as lead commissioners.
- 2.19 The Council will monitor the performance of the social work service, the CCG will monitor the performance of the clinical services delivered by SPFT and any pertinent issues can be escalated according to the governance in those respective organisations and brought to the attention of the Oversight Group as needed.
- 2.20 The Management Board will ensure effective links with the Mental Health Collaborative particularly the West place-based oversight group.

Benefits

- 2.21 The proposals are designed to:
- Increase the focus on statutory social care functions and performance, such as Care Act compliance, safeguarding, Mental Capacity Act work, after care in the community (s117).
 - Strengthen the identity of the adult mental health social work team as a skilled and specialist team.
 - Strengthen the sense for workers of being in a defined social care team.
 - Remove barriers. For example, if an individual is discharged from SPFT services but continues to need social care input, no onward referral is needed.

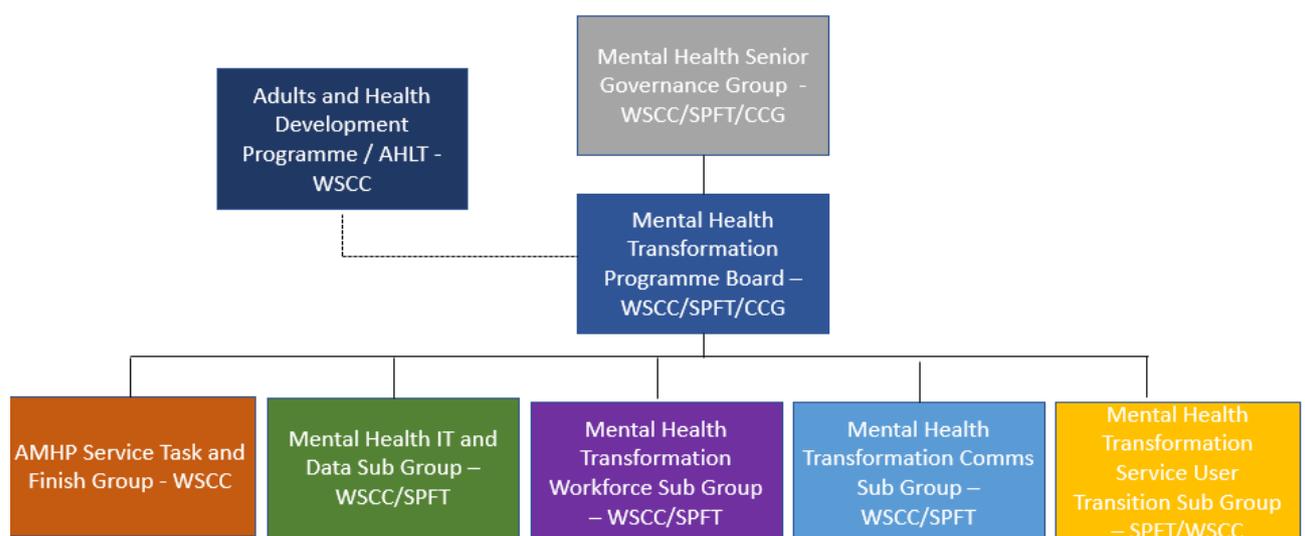
- Ensure access to mental health social work services, are compliant with Care Act eligibility criteria.
- Offer a continuum of support across the continuum of mental health need.
- Increase focus on early intervention and prevention of emerging social care needs.
- Provide potential for improved budget management for the pooled community care budget, due to increased focus on strength-based approach, prevention, review and improved knowledge of social care provision.
- Improve access to social care input for customers, which will lead to higher quality service provision and improved outcomes.
- Reduce the risk of Judicial Review/legal challenge/claims for financial compensation due to breach of statutory duties.

3 Other options considered (and reasons for not proposing)

- 3.1 The option to do nothing and retain existing pathways and structures was excluded as there was a shared agreement between SPFT and WSCC that the current situation was unsustainable and not achieving best outcomes.
- 3.2 The option to transfer social care staff to direct employment of SPFT was excluded due to risks associated with removal of social workers from the Council, which continues to hold the statutory responsibility for delivery of the Care Act and associated duties.
- 3.3 There were variations within the overall principle of the new model considered and refined during the process resulting in the model as recommended.

4 Consultation, engagement and advice

- 4.1 The Council, SPFT and the CCG have worked in partnership to develop the new model of delivery of the mental health social work service. Following the review in 2019, in 2020 a joint mental health transformation plan was established accompanied by a joint governance structure as set out below:



- 4.2 The proposed service delivery model, workforce structure and budget detailed in this report have been developed and recommended jointly by the Council, SPFT and the CCG. A number of principles were agreed jointly between the organisations to guide this development, which included:

- That working in partnership is most likely to achieve best outcomes for the end user of services.
- That the current S.75 is not the right vehicle for the partnership.
- That it is critical to ensure the safe delivery of statutory social care responsibilities.
- That the social workers in the mental health service need clarity about their roles and to feel appropriately connected to the Council and accountable for, their social care responsibilities.
- That financial arrangements need to be simplified.
- That there should be an increased focus on early intervention and prevention in line with the NHS long term plan and Council priorities.
- That consideration needs to be given to ensuring the social care needs of people across the full continuum of emotional wellbeing and mental health needs are effectively assessed and met, regardless of whether they access a secondary mental health service.

4.3 Following the approval of the new model of delivery, the Council, SPFT and the CCG will continue to work together through the programme structure to plan and implement the transformation.

4.4 The formal consultation process with UNISON began on 19 October 2020 and will last until 23 November 2020. Individual one to one consultation meetings with the five individuals directly impacted by the changes have taken place. Further engagement sessions have been set up throughout the consultation process to ensure all staff are aware of the proposals and have had an opportunity to share their views.

5 Finance

Revenue consequences

5.1 There is currently £2.4m within the mental health pooled budget allocated to funding adult mental health services, including social work, across working age and forensics. This will continue to be the case. All that will change as a result of the recommendation is that the full costs of the new Council model will be reimbursed by the CCG, as the lead partner for the pooled budget, rather than by SPFT. There will be an element of the £2.4m paid to SPFT to reduce the impact of the change in the model on the delivery of the clinical services and to deliver the forensic service. There are no financial implications otherwise.

	Year 1 2021/22 £m	Year 2 2022/23 £m	Year 3 2023/24 £m
Current overall service cost	£2.4m	£2.4m	£2.4m
Future overall service cost	£2.4m	£2.4m	£2.4m
Remaining budget	Nil	Nil	Nil

5.2 The effect of the proposal:

(a) How the cost represents good value

The total service costs for the new model are within the current financial envelope.

(b) Future savings/efficiencies being delivered

The service has been resourced to meet demand. Should demand reduce the costs of the funded services could be reviewed. At this stage it is anticipated that demand is likely to remain at least steady. There may be opportunities for skill mix as the model is tested but this is not an appropriate consideration at the point of transition.

(c) Human Resources, IT and Assets Impact

The Social Care Professional Leads role that is currently within the s.75 model will change from being responsible and accountable for the management oversight, professional supervision and dual management of social workers within a secondment model, to having the direct line management responsibility for the teams. There are three employees impacted by this change and they will be slotted into the Adult Mental Health Service Team Manager role.

Proposals also include the introduction of a new method of payment for the unsociable hours, Out of Hours arrangements and the creation of 3 central administration bases, North, West and South to enable teams to have a central place of work.

6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Ensuring a seamless offer to the end user of services	Well planned and phased transition process, including refresher training and a tapered hand over of functions.
Duplication of work	Shared care planning
Use of two different recording systems – Mosaic for social care and carenotes for SPFT.	Clarity of IT process and protocols and effective information sharing
Financial risk for the system if costs for WSCC and SPFT are above the financial envelope identified within the current arrangements	Closely aligned system leadership and service oversight
Risk to SPFT capacity when social care workforce moves from within the current integrated structure	SPFT will require funding from the CCG, in order to recruit to additional posts Phased implementation
Risk of WSCC of having inadequate capacity in the social care teams at the point of implementation should a number of workers seek alternative employment within SPFT or beyond	Pro-active recruitment and consideration of retention payments Phased implementation

Practice risks for WSCC due to the drift in knowledge and skills of some social workers whilst they have been undertaking broader roles within the integrated teams	Well planned transition process, including refresher training and a tapered hand over of functions
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7 Policy alignment and compliance

Equality and Human Rights Assessment

- 7.1 The Council has a public sector equality duty, under the Equality Act 2010, to ensure customers with a protected characteristic are not discriminated against. Disability, which includes a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities, is a protected characteristic.
- 7.2 The proposals will provide a simple and accessible route for individuals referred to the adult mental health service and to access secondary mental health services if appropriate, therefore advancing equality of opportunity between people who share a protected characteristic and those who do not. Individuals can be referred to the mental health social work service by the Children and Adults Mental Health Service (CAMHS), children's social care, GPs, other professionals, individuals themselves, concerned relatives or friends and SPFT.
- 7.3 The individual will be seen by the right professional at the right time, ensuring there is little, if any, duplication of process and parity for all people referred. There will be a higher quality of service provision and improved outcomes. Individuals will be supported to maximise their strengths to develop and maintain skills that will support independence, control and connections with others.
- 7.4 Alongside the AMHP Service, the adult mental health service will be responsive when individuals are in crisis and develop plans to enable them to regain independence
- 7.5 The majority of individuals in the care of the social work service will not experience any change as a result of the proposals, as they will continue to be under the care of their current social worker. However, there may be a new email address and phone number to contact them on and they might meet in a different location.
- 7.6 For any individual that will experience change, the Council or SPFT will contact them individually, having considered who the best person is to contact them, at what time and in which format (for example, on a scheduled face to face visit or via a phone call).
- 7.7 The impact of the proposals will be managed through robust performance management and monitoring, measures for which will be set out in a new Quality Assurance Framework designed specifically for mental health social work. Joint management oversight will be provided by the new Management Board for the service. This will include representatives from the Council, SPFT and CCG and include commissioning and HR professionals.

Social Value and Sustainability Assessment

- 7.8 The current service arrangements are not sustainable and there is a need to make changes to the model to ensure that Council is able to deliver on its statutory duties. There is the opportunity to add significant social value by getting the support right for people who experience mental health issues at an early stage and an improved focus on prevention, recovery and well-being.

Crime and Disorder Reduction Assessment

- 7.9 The proposals will have no impact on crime and disorder.

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Appendices - none

Background papers - none