

**Proposals for Change  
Health Scrutiny Board**

<b>1</b>	<b>Title of service change proposal</b>
	Adult Social Care (ASC) and Leeds Partnerships NHS Foundation Trust (LPFT) <b>Mental Health Partnership Integration Project.</b>
<b>2</b>	<b>Details and purpose of proposed changes</b>
	<p>The scope of the project is to develop joint adult mental health services for the population of the City of Leeds, through the provision of services which are service user focused and exemplary in their delivery. In addition, the project scope, timetable and deliverables will parallel those of the LPFT Transformation Project.</p> <p>Whilst the model for future partnership working in Leeds will be determined through the project there are elements that must be included for the partnership to be a success:</p> <ul style="list-style-type: none"> <li>• Clean and clear lines of responsibility for statutory functions including monitoring arrangements and accountability.</li> <li>• A single management team hosted by one organisation to avoid duplication.</li> <li>• Streamlined processes and clear pathways, linking both services within ASC and LPFT.</li> </ul>
<b>3</b>	<b>Communications with Health Services Development Group to date</b>
	None.
<b>4</b>	<b>What are the benefits for patients / service users?</b>
	<p>Service users will benefit from a more holistic approach with the strengthening of social care values in the partnership and all staff working in an outcome focused way. We think the best way of doing this will be for Leeds City Council and Leeds Partnerships Foundation Trust to work more closely together in the services they provide. In particular we would expect the following outcomes:</p> <p><b>Services will be more 'seamless'</b> - With streamlined pathways the number of people that patients are referred to and the number of times they have to repeat information should be reduced. Services will be clearly 'signposted' and 'in ways that are clear and transparent to all service users.</p> <p><b>Making better use of resources</b> by knowing exactly what services are being delivered and having specific understanding of local people's needs.</p>

	<p><b>Using people's experiences</b> of using our services will help us make real changes for the future and remind us of what not to avoid. Ensuring we have regular feedback mechanisms and process to hear what people are saying will continually improve our services.</p> <p><b>Risk</b> will be reduced with shared recording and a clear single management structure</p>
<b>5</b>	<p><b>What work has been done to inform the development of the proposals? (for instance, information about assessment of local needs; local developments; demographic changes)</b></p>
	<p>Work has been undertaken to map the ways in which patients access social care services now and to capture issues within the health and social care partnership. This is now feeding into the work LPFT has commenced – The Transformation Project; in particular the care pathways workstream of the Transformation Project.</p> <p>Benchmarking exercises have been conducted with other comparative regions (Bradford, Lincoln and Nottingham) to look at good practice and lessons learnt in other parts of the country within their health and social care partnerships.</p> <p>A more in depth benchmarking exercise, involving comparisons of population data, demographic figures and nursing / residential costs has been undertaken with Sheffield City Council and Sheffield Health &amp; Social Care NHS Foundation Trust.</p>
<b>6</b>	<p><b>How does this proposal fit in line with changes to patient flow such as PBC, Choice etc?</b></p>
	<p>Formally evidencing that what we do, we do well, will be significantly strengthened through joined up <b>performance and accountability frameworks</b>.</p> <p>Changes to legislation and government policy have highlighted the need for organisations to work more closely and effectively in partnership. The rationale for developing closer partnership working is to improve the experience and outcomes of people receiving mental health services in Leeds.</p>

	<p>More integrated working is intended to provide flexibility and innovation in planning and delivering services on holistic themes affecting whole communities – promoting health and well-being, prevention, personalisation of services and increased choice and control, whilst avoiding the need for service users to repeat their story avoiding duplication of services and providing value for money.</p>
<b>7</b>	<p><b>What is the clinical evidence on which the proposals are based?</b>  (abide by or not meet any Royal Colleges / professional group guidance; will any group of patients benefit more; will it improve treatments in particular; will it contribute to an improvement in clinical outcomes?)</p>
	<p>Changes in legislation (Mental Health Act, 2007, Mental Capacity Act, 2005, 2009), in policy (NHS Next Stage Review, Putting People First, World Class Commissioning and New Horizons) and in expectations of the people who use services, have highlighted that we could be working more effectively together.</p> <p>A recent review of health and social care partnerships in the UK<sup>1</sup> concluded that integration can become an end in itself with organisations having a much greater understanding of how they work together than of the outcomes resulting from the partnership. Successful partnerships have resulted in improved efficiency and better use of resources as well as improving service user experiences and outcomes.</p>
<b>8</b>	<p><b>How will the proposals improve and contribute to joint working?</b></p>
	<p>Social care staff have been co-located with health staff for a number of years now but without formal arrangements different patterns of working have arisen in different areas of the City. The partnership has not kept pace with changes in legislation and frontline staff report challenges in balancing competing demands, working to two sets of reporting requirements and two sets of policies and procedures.</p> <p>This proposal will improve joint working by clarifying the expectations of partner organisations, identifying a new way of providing health and social care services in a joint pathway which ensures all service users benefit from an approach based on the common principles of recovery, social inclusion and increased choice and control.</p>

<sup>1</sup> Integrating Health and Social Care: a Rapid Review of Lessons from Evidence and Experience

9a	Patient and public engagement / consultation – to date
	<p>Service users were invited to participate in a workshop in July to capture their experiences of health and social care services and to share what is important to them when accessing services. The feedback from the event has helped shape the discussions with the staff teams on how the model of service delivery should look.</p> <p>We held a `Building Your Trust` event on December 7<sup>th</sup> 2010. This was an event open to all service users and the aim of the event was to focus on the partnership. The event was well attended and generated much discussion.</p> <p>Staff within both LPFT and ASC have received communication within the following mediums:</p> <ul style="list-style-type: none"> <li>• Staff have participated in a number of workshops mapping how patients access social care services now and commenting on what works well and where there are tensions in the current system.</li> <li>• Staff have the opportunity to attend a monthly drop in hosted by the project team and have a regular newsletter updating them on progress.</li> <li>• Project sponsors send a letter to all directly affected staff after each Programme Board meeting to update them on progress.</li> <li>• Project staff have visited staff teams and used these opportunities and the workshops to build a picture of what a health and social care partnership might look like.</li> <li>• There are a number of work streams in place to progress the project and all have health and social care membership.</li> <li>• An external facilitator has been commissioned by the Project sponsors to undertake work with staff in both health and social care to identify areas of cultural difference and concerns for future joint working.</li> </ul> <p>In addition the Project team have attended further meetings to ensure wider coverage of the project scope and aims are achieved; these have included:</p> <ul style="list-style-type: none"> <li>• Update given to the LPFT Board of Governors.</li> <li>• Update given to LPFT Staff side committee</li> <li>• Update given to the DP/OP Programme Board</li> <li>• Update to Leeds Involving People forum.</li> </ul>

<b>9b</b>	<b>Proposals for future engagement / consultation</b>
	<p>The culture change report highlighted a number of areas which need addressing as change is implemented; these will be addressed by the project team.</p> <p>The development of the health and social care pathway will now be progressed as part of the Transformation Project, with full adult social care representation and involvement; this will extend the timescales and we are now looking for implementation for summer 2011.</p> <p>Specific timescales include:</p> <p><b>February 2011</b></p> <ul style="list-style-type: none"> <li>• Draft S.75 agreement to be completed.</li> <li>• Update given to health scrutiny board</li> <li>• Progress report to LPFT Exec Board and ASC DMT</li> <li>• Action plan developed in relation to Cultural change report</li> </ul> <p><b>March 2011</b></p> <ul style="list-style-type: none"> <li>• Final financial report (including risk sharing agreement)</li> <li>• HR plan, including staff consultation and redeployment plan.</li> </ul> <p><b>April 2011</b></p> <ul style="list-style-type: none"> <li>• IT / performance paper confirming working arrangements</li> <li>• Completion of full business case</li> </ul> <p>The consultation methods detailed in (9a) will continue for the duration of the project; noting that these communication methodologies will now be linked to the Transformation Project.</p>
	<p><b>Proposed level of change (to be agreed)</b>  Based on reconfiguration status/stages of engagement/consultation doc</p>
	To be confirmed
<b>11</b>	<b>Any additional supporting information</b>
	None