Leeds CITY COUNCIL

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Report of the Director of Adult Social Services

Report to Executive Board

Date: 14 December 2011

Subject: Proposed changes to Partnership Arrangements between Leeds City Council Adult Social Care and Leeds Partnerships NHS Foundation Trust

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This proposal is strongly linked to the national strategy whose emphasis is on well-being; recovery, prevention and early intervention; choice and self-determination. As such its general direction is consistent with Government's new policy direction: No Health without Mental Health - *Delivering better mental health outcomes for people of all ages* DH 2011

2. The division of responsibility of health and social care services (health to NHS and social care to Local Authorities) can prove problematic for individuals with complex mental health problems who, typically, have simultaneous and linked needs to health and social care – requiring multiple assessments. Direction from national government increasingly emphasises the importance of partnership working and of more integrated health and social care provision.

3. This proposal is the forerunner of a number of local initiatives, across council services and Departments. It supports a direction of travel that service improvements and delivering better outcomes for citizens in a difficult financial climate can only be achieved in partnership and where appropriate integration with other key stakeholders. in Leeds.

4. People who use our services and their carers have been telling agencies for some time that whilst it is important to them that the care and treatment they receive is effective it is less important to them which organisation provides this service. At the

same time, individuals want to be viewed as a 'whole person' taking into account family, culture and the wider environment. Government policy has evolved to reflect this – driving forward an agenda of social inclusion, citizenship and community capacity in which health and social care partners play a vital role.

5. People have told us they do not like multiple assessments and having to repeat the same information to different professionals from different organisations. Integrated services can improve the service user experience and deliver better outcomes for people using health and social care services and make limited resources go further.

6. This proposal extends the current best practice of co-location and multi-disciplinary teams that is being developed across the city with other NHS orgainisations.and is at the forefront of how the Council and the NHS in Leeds is developing a closer working relationship based upon partnership and integration where this will deliver improved service user experience and outcomes .

7. The proposal being put forward is to delegate the specialist mental health social work function and second local authority staff from ASC to LPFT and to integrate management structures to ensure clear lines of accountability.

8. To enable a whole system approach to be taken to the delivery of health and social care an integrated health and social care service would be developed and LPFT would assume responsibility for the adult placement budget

9. A partnership agreement under Section 75 of the National health Services Act 2006 would be drafted to support the partnership, which would clearly define the roles and responsibilities of each partner.

Recommendations

1 Approve the proposal to integrate specialist mental health social care services with specialist secondary mental health service with LPFT acting as host organisation for the partnership.

2 Approve the development of a partnership agreement under Section 75 of the National Health Services Act 2006 detailing the governance of the partnership between ASC and LPFT

3 Agree the secondment of social care staff to LPFT from 1 April 2012

4 Note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership.

5 Note the review of roles and functions of social work within the partnership.

1 Purpose of this report

1.1 The strategic context for the development of integrated working is set out in a number of national strategy and guidance documents. The direction from national government increasingly emphasises the importance of partnership working and of more integrated health and social care provision. 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 should be working more effectively together.

1.2 National guidance increasingly talks of the need for local accountability, co-production and the importance of local democracy in planning services.

1.3 Significant policy changes for health services have recently been launched which have been laid out in the White Paper '**Equality and Excellence: Liberating the NHS'**. At its heart are three main principles:

- Patients at the centre of the NHS, emphasising shared decision making between patients and clinicians, with increased choice and information
- Improving health outcomes, introducing a new health outcomes framework, which will include mental health, new quality standards to support progress on outcomes and financial incentives for quality improvement.
- Empowering clinicians, especially GPs and their commissioning roles.

1.4 The mental health strategy, **'No health without mental health (DH 2011)'** is underpinned by two central aims:

- To improve the mental health and wellbeing of the population and keep people well
- To improve outcomes for people with mental health problems through high quality services that are equally accessible to all

1.5 This report puts forward a proposal to integrate the specialist mental health assessment and care management function delivered by Adult Social Care with secondary mental health services provided by the Leeds Partnerships NHS Foundation Trust

1.6 The paper describes a new model of partnership and considers the HR, financial, legal and governance issues associated with the proposal.

1.7 The proposal describes a phased approach to implementation.

2 Background information

2.1 Discussions have been ongoing since May 2010 culminating in a proposal that current partnership arrangements between Adult Social Care (ASC) and Leeds

Partnerships NHS Foundation Trust (LPFT) be reviewed and a new model developed that would include a streamlined route into health and social care services for mental health service users.

2.2 Nationally the Government has made a clear commitment to the integration of health and social care services.

2.3 *"People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. The Government is clear that joint, integrated working is vital to developing a personalised health and care system that reflects people's health and care needs."* (Department of Health/Department of Communities and Local Government, 2010)

2.4 Integrated services can improve experience and outcomes of people using health and social care services and make limited resources go further.

2.5 Mental Health Social Workers have been co-located with health colleagues within LPFT buildings for over ten years. Whilst there is a service level agreement governing parts of the service there is no formal partnership agreement in place and different patterns of working have arisen in different teams.

2.6 LPFT are currently reviewing the way that they deliver services with an aim to move to a model of service delivery that is more closely built around individuals and their needs. The transformation of LPFT's service model (known within LPFT as the Transformation project) will impact on the way that mental health social workers work. Developing a new model of partnership working in parallel with this transformation work gives us an opportunity to work together to build an integrated service model which ensures the individual using the service can access the health and social care that they need in a timely way.

2.7 Time has been spent mapping service users' journeys through health and social care services now. These has served to highlight that people can be passed to different professionals and have several assessments before they get to the service they need. The new model will streamline services so that people have fewer assessments and are able to get the support they need quickly.

3. Main issues

The Proposed Model of Service.

3.1 The proposed model of service delivery is being developed in partnership with staff and service users through LPFT's Transformation project. Adult Social Care have officers involved in this process through representation on project boards, team and working groups. The project is currently developing a new integrated community service through which all mental health service users can access appropriate health and social support. Health and social care staff will work as part of a multi-disciplinary team. Each team will be managed by either a health or social care manager. The number of managers will be dependent on the structure of the teams – this is still being worked through in developing the service model. A ratio of two thirds health managers to one third social care managers is being proposed.

3.2 Piloting of the approach within LPFT began in the South of the City in November with rollout planned from April 2012. Social Care staff play an important role in the pilot in considering the most effective routes into social care within the new service and, if the proposal to develop the partnership is approved, would be part of the rollout arrangements.

3.3 The core elements of the service include a single point of access into secondary mental health where an initial assessment will be undertaken to determine the parts of the service the individual needs to access. Some support will be able to be delivered by the multi-disciplinary community teams, other support will be more specialist and will be delivered by staff in specialist teams.

Phasing of Implementation.

3.4 Within this proposal we are recommending phased full integration of the specialist mental health social work function with the specialist secondary mental health services delivered by LPFT. Under this proposal operational management of social care mental health services would transfer to LPFT. Statutory Accountability will be retained by Leeds City Council (LCC) with delegated responsibility delivered through a lead director at LPFT.

3.5 A three phase model is proposed, supported by a service level agreement (Section 75 Agreement, NHS Act 2006). Each phase would correlate with a financial year, with phase one starting in April 2012.

3.6 Each phase is predicated on full analysis and review of the previous phase, confirmation of benefits and agreement to proceed from both organisations. A further paper would be brought to Executive Board before proceeding to stage three.

3.7 Implementation and oversight would be linked to the timescales and project management structures of the LPFT Transformation Project. This would mean that social care staff would be integrating into something new – with an opportunity to develop a new organisational culture together – and that any changes to structures and processes are only required once.

3.8 The proposed phases of implementation are summarised below with further detail around HR, governance and finance considered in later sections of this report:

Phase	Staff position	Governance arrangements	Financial position
1	Secondment of front line social workers, Team Managers and Service Delivery Manager. These ASC staff will work within the LPFT operational structure.	ASC to provide part time Professional Lead for Social Care. This role will have a direct link to LPFT via Director of Care Services. ASC retains professional accountability for statutory services: Community Care Assessments Safeguarding and AMHPs[1].	The budgetary responsibilities transfer to LPFT, however risk and accountability remains with LCC (shadow management) Principle of non betterment agreed between the two parties. Costs and benefits of efficiencies to be shared equally between the

[1]Approved mental health professionals (AMHPs) are trained to implement coercive elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. AMHPs are responsible for organising and co-ordinating, as well as contributing to Mental Health Act assessments

	Management structures will support care pathways and revised team arrangements developed through the transformation project. First line management to reflect 1/3 social care to 2/3 health ratio of social work trained staff (with current competence and experience)	LPFT is responsible for the day to day management of services	two parties. LCC contribution required regarding ASC related management posts. In year incidental costs will be borne by respective organisations. Commissioning arrangements remain with LCC.
2	Secondment of front line staff continues as for phase one.	ASC continue to provide part time Professional Lead for Social Care Further development and integration of social model within LPFT services, including the development of skills and expertise in delivery of social care throughout the organisation, supporting the delivery of statutory functions.	Risk and benefit sharing model to be determined. Relative risk levels for each organisation to be identified and the proportionality of same to be established. Review placement budgets in year, in preparation for LPFT to take on full responsibility.
3	Review staffing arrangements, including the option to consider TUPE. ASC staff and management structure fully embedded within LPFT structure	Full development and integration of a social care model within LPFT services LPFT would ensure knowledge and skills are available at a senior level to discharge the statutory duties delegated by the DASS within the LPFT management structure. Social care leadership and professional supervision will be provided by LPFT.	LPFT to take financial control and responsibility of placement budgets. Clear definition of commissioner and provider split.

HR Considerations.

3.9 To ensure that there are clear lines of accountability and that these are as streamlined as possible we are proposing that the partnership is hosted by LPFT. There are 56 social care staff that make up the specialist mental health social work service who would second to LPFT under this proposal. This includes a Service Delivery Manager, 5 Team Managers (4.5 WTE) and 50 Social Workers (42.6 WTE).

3.10 The day to day operational management of ASC staff will be differentiated from that of professional support and supervision. Responsibility for managing the workload of team members, leave requests, absence management and other day to day operational management responsibilities will be provided by the individuals' direct line-manager (who may or may not be another social worker and AMHP). The NHS has operated this approach to management of professional staff for many years. It will be necessary to ensure the correct level of professional oversight in decision making. Social care staff will continue to receive professional supervision from a social care professional and all staff will be able to take advice from the professional

lead for social care. This is standard, accepted practice within the NHS and within LPFT, and will form part of the infrastructure of front line management.

3.11 Initially a Head of Service from ASC would work with the senior leadership team within LPFT to support them in fulfilling social care responsibilities. The Head of Service would also provide professional supervision (but not operational line management) to the Service Delivery Manager.

3.12 Under the proposed secondment arrangements managers working for LPFT (including seconded social care managers) would be responsible for managing all human resources issues relating to the seconded staff – this would include recruiting to vacant posts and disciplinary issues – staff would remain employees of Leeds City Council and retain LCC terms and conditions. LPFT managers would be able to draw on LCC HR support.

Financial Considerations.

3.13 The financial content of a partnership arrangement is critical to its success. Extensive discussion about the relative risk sharing elements of the partnership have resulted in recommending a phased transfer of financial accountability to LPFT with careful evaluation of impact and effective management.

3.14 It is proposed that initially the Adult Placement Budget for mental health (under 65s) is transferred to LPFT but that the transfer of responsibility is phased. In phase 1 LPFT would 'shadow manage' the budget. The operational management of the budget on a day to day basis would sit with LPFT but with oversight from ASC. The responsibility for the budget would remain with ASC. This would allow LPFT the time to become familiar with the budget and satisfy itself that it is reflective of need and demographic trends. The Adult placement budget for the current financial year is £5.2 million.

3.15 In phase 2 a risk sharing agreement would be put in place and ASC and LPFT would share responsibility for the budget. Any potential for efficiencies through review of packages and new ways of working would be progressed and the agreement would detail how efficiencies would be shared between the two organisations.

3.16 In phase 3 the budget would fully transfer to LPFT and a commissioner/provider relationship would operate with LPFT assuming full responsibility for the budget. In addition to the monitoring arrangements set up with ASC Commissioners, LPFT are subject to financial monitoring from Monitor – the financial regulator for NHS Foundation Trusts. Any budget transferred from LCC to LPFT would be monitored alongside NHS resources.

3.17 The management of both Health and Social Care budgets together will encourage a whole system approach to planning and increase the awareness of the impact of decisions in each part of the system.

Governance.

3.18 With secondment of staff and, over time, the adult placement budget, ASC are proposing to delegate the full management of statutory social care responsibilities to LPFT. A partnership agreement will be developed which will underpin the relationship. It is proposed that a Section 75 agreement is developed that clearly lays out the responsibilities of each organisation, describes the partnership and the performance indicators. A reporting arrangement with ASC commissioning will also form part of this agreement.

3.19 Accountability of statutory social care responsibilities will always ultimately remain with the Local Authority with operational responsibility for carrying out these duties delegated to the LPFT Trust Board. Both partners would be answerable to the Health and Wellbeing Board and Scrutiny board for social care services provided within secondary mental health services.

3.20 LPFT would, through its management structures, assist and support the Local Authority (through their delegated officer) to carry out it's roles and responsibilities in relation to its mental health statutory responsibilities, in particular:

- Account directly to the Director of Adult Social Services
- Advise the Council and the management team in respect of mental health issues
- Provide professional leadership to social care staff seconded to LPFT.
- Take responsibility for the quality of social care services provided to local people, whether directly or through delegation, contracting or commissioning.
- Act as principle point of contact, below Chief Executive for the conduct of business
- Provide information as requested by Scrutiny and the Care Quality Commission.

3.21 Regular meetings will be established between LPFT and ASC for reporting and performance monitoring. This would be detailed within the partnership agreement. LPFT have robust internal governance structures through which they quality assure and manage the services they provide. Social Care service delivery would be incorporated within these structures.

3.22 The integration of the Professional Lead for Social Care will be based upon the same model as other heads of profession and within LPFT. Within LPFT, each respective Head of Profession for Nursing, Psychology and Allied Health Professionals, reports to the Director of Care Services (The Head of pharmacy services reports to the medical director). These Professional Heads collectively form the Professional Advisory Forum, a body that is independent of the Executive Team and reports directly to the Audit & Assurance Committee. This forum provides assurance to the Audit & Assurance Committee (and therefore to the Board of Directors) on professional matters, and is itself served by profession-based advisory forums in conjunction with the professional leadership structures within the clinical directorates.

3.23 In 2012 LPFT will be managing new health services. They will be responsible for the delivery of mental health services in York, Selby and Tadcaster. This service was previously delivered by York and North Yorkshire Primary Care Trust and included a partnership arrangement with York City Council and North Yorkshire County Council for the delivery of social care services. As part of this expansion LPFT may take on the management of social care services on behalf of City of York. We will work closely with York to ensure a consistent approach and good, streamlined systems.

Performance and Information Governance.

3.24 One of the benefits of an integrated service is integrated record keeping with all secondary mental health activity being recorded in one place and patient records that document all needs and support in one place. This encourages holistic support planning.

3.25 LPFT and LCC are co-signatories to the pan-Leeds multi-Organisational Information Sharing Protocol, with their respective information governance leads active participants in the Leeds Information Sharing Steering Group. The Protocol has been developed in collaboration by healthcare, social care, education, council, emergency service and 3rd sector stakeholders to promote best practice in information sharing. This protocol will serve for the basis of the proposals within the project scope.

3.26 It is not feasible to develop a single information system to account for health and social care performance without additional financial resource. However, alternative methods of collation of performance data have been developed. A final agreement concerning data requirements will be established.

4. Corporate Considerations

4.1 Consultation and Engagement

Service users

4.1.1 The drive behind developing a new service model and a new model of partnership working is to improve the experience and outcomes of accessing support for service users. The process started with a workshop for service users in July 2010 where participants described what made a good service and the things that they would like to change in the current system. 12 service users spent a day describing their experiences of the current system and what mental health services would ideally look like. This was fed into the staff workshops and into the work of the transformation project.

4.1.2 There have been several follow up events – a Building your Trust Event in December that focused on partnership working between health and social care and two Building your Trust events on the new model of service delivery as part of Transformation – these events were attended by an average of 25 people. The project has taken account of previous consultations that have taken place with service users. The work has also been informed by consultation with existing

service user groups and questionnaire feedback. Where possible the project has tried to link with existing activity rather than duplicate and ask the same questions to the same group of people.

4.1.3 People who took part in the consultation told us that the relationship they had with the worker providing support was more important to them than the professional background of the worker. People also wanted consistency in support rather than multiple referrals to different teams.

4.1.4 One of the key issues highlighted by service users was the number of different assessments – one individual had experienced 8 in 24 hours. There was a general view that there was too much screening for different parts of the service rather than an assessment followed by a direct referral to appropriate support.

ASC are working with LPFT to develop a model of service delivery which streamlines process so that people get the support they need quickly with fewer handovers between teams and services.

Staff

4.1.5 A questionnaire was sent to all affected health and social care staff at the start of the project looking at how integrated the existing partnership was. The response rate was very high with an 85% return rate. Feedback from staff indicated that whilst there was good local practice people did not feel that they had shared values and vision.

4.1.6 Further work was undertaken to explore the cultural differences between health and social care staff. An external facilitator spoke to a range of health and social care frontline staff and managers. All social care teams were visited and most community teams in LPFT. In total about 300 staff were engaged in the process. This work highlighted that whilst values were broadly the same there were perceived differences in the ways that health and social care staff worked. Clear social care leadership within the partnership is seen as important in building a service that recognises the strengths of both health and social care professionals.

4.1.7 Staff have been kept informed of progress on the project through a series of drop ins, newsletters, staff meetings and letters from programme board leads. Operational managers have been part of the workstreams progressing the project and are involved in the Transformation project.

4.1.8 Staff engaged in a series of workshops to map current services and explore what a strong partnership would look like. Attendance at workshops varied with more social care than health staff engaging. In total around 60 people contributed to this process.

4.1.9 Staff described a partnership that had a single assessment process with health and social care incorporated within the Care Programme Approach (CPA) of case management. There would be a single management structure, clear governance arrangements, shared procedures and shared key performance indicators. Service user empowerment was also seen as important with service users having ownership of their care plan.

4.1.10 A single line of reporting for operational management was identified as an important requirement for an integrated partnership. All members of the multi-disciplinary team will receive work through the same management structure. The number of managers that will be required is still being worked through in designing the new model of service delivery but we are proposing that within first line management all posts are put at risk and health and social care staff interview into posts within the new structure. To ensure that social care staff have effective professional supervisory structures we are proposing a ratio of one third social care managers to two thirds health managers at this level. Within the social work team this proposal will put 4.5 WTE Team Managers at risk, all of these managers would be able to apply for the social care manager posts within the integrated service. If any ASC managers were to be displaced as a result of this restructure they would enter Managing Workforce Change, they would also have the same opportunities to consider Early Leavers Initiative as other LCC staff.

4.1.11 Once work has been completed on defining new ways of working it is possible that changes to the ways in which staff work may be required with resultant amendments to job descriptions. Staff and unions have been engaged in this work and formal consultation will take place in the event of a required change.

4.1.12 **Trade Unions**. Regular dialogue has been maintained with trade unions whilst developing the new model of partnership. The Chief Officer has provided updates to the trade unions throughout the lifetime of the project. No issues have been raised. Union representatives have also been invited to the full staff meetings.

4.1.12 **Staff.** The proposed model of partnership has been shared with staff. A full staff meeting was held on 30th September 2011 with affected mental health unit social work staff to outline the proposed model to staff members and to take any initial concerns and questions. A further three smaller meetings were held in October to allow staff more opportunity to discuss proposals in detail and to again raise any questions or concerns.

4.1.13 There were three main concerns expressed by staff. Each of these are considered below together with detail of how we propose to address these concerns:

- **A need to retain the current administrative support to the AMHP service** – there was a very strongly held view which was voiced repeatedly that the administrative support provided by the LPFT admin team that work within the mental health unit was excellent and that the specialist knowledge they had contributed greatly to the smooth running of the service. ASC recognise the valuable role the administration team play in the AMHP service and would support the continued input of this experienced staff team. LPFT have said that they would not wish to replace something that works with something that is less effective.

- **A concern that social care values would not be upheld within a health organisation.** Integrating social care into the existing structures and processes of a health organisation would certainly present some barriers around changing an existing health culture to a new culture of integrated health and social care service. However, the radical changes to the service model being proposed through transformation give a real opportunity to build

something new together and embed social care within the core business of the trust, to the benefit of service users who would experience a more joined up service.

- Concerns from some staff about having a health manager as a line manager. Within the proposal some social care staff would have a health manager as a line manager and some health staff would have a social care manager. However, all professional groups would continue to have professional supervision and guidance from someone within their own profession. This is similar to the way that many of the social workers co-located to the adults community mental health teams work now – many work as part of the multi-disciplinary team with a health manager managing the day to day operational requirements of the team. The difference within the integrated partnership is that the social care functions will be a part of the whole team's responsibility for delivery. We would look at the training and development requirements of all staff but have already identified the importance for first line managers of increasing their knowledge of others remits (i.e. health staff will need to understand statutory social care responsibilities in greater detail and social care staff will need to develop their understanding of health responsibilities).

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Work was undertaken to understand the way that services are delivered now - to capture the differences between teams working practice, to identify what works well and where there are potential areas of inefficiency or duplication. This work revealed that access to social care services varied dependent on:

- referral route into social care (whether someone was referred directly to Adult Social Care or was a referral to mental health services)
- age of the service user (over 65s operate a different service model to under 65s)
- social care knowledge of individual care co-ordinators (or other key personnel)

4.2.2 An Equality Impact Assessment has been conducted. Access to social care services was most inconsistent within the population of working age adults with severe and enduring mental health problems. Uptake of self directed support is also much lower in this group than in any other service user group across Adult Social Care. Service users in this group are more likely to be referred into an open access service than offered a community care assessment.

4.2.3 Self Directed Support has the potential to significantly improve outcomes for mental health service users when incorporated as part of a holistic care plan. Personal budgets can be an effective way of accessing support tailored to individual goals and recovery in a more responsive way than open access services are able to provide.

4.2.4 The development of an integrated service will embed social care within the core business of LPFT and ensure consistent consideration of social care support

service users as part of the holistic assessment for people accessing secondary mental health support.

4.3 Council Policies and City Priorities

4.3.1 This proposal is about working more effectively in partnership with other organisations to improve outcomes for the citizens of Leeds.

4.4 Resources and Value for Money

4.4.1 The integrated care pathways model aims to develop efficient streamlined services. The pathways will remove duplication in management and in service delivery. This will improve the experience for service users in accessing a single service that can meet a range of support needs whilst maximising use of resources.

4.4.2 SDS being applied within the recovery model offers an opportunity to empower service users to move through the system and need less or no support in the future. Whilst the uptake of personal budgets in working age adults with severe and enduring mental health problems has been low the impact for those individuals who have accessed support in this way has been positive. We are starting to see individuals who have had complex support packages leave mental health service and take up employment and education opportunities following a year of intensive, recovery focused support through SDS. Integrating social care with secondary mental health services will support the process of identifying people who could benefit from SDS in a more systematic way.

4.4.3 The management of both Health and Social Care budgets together will encourage a whole system approach to planning and increase the awareness of the impact of decisions in each part of the system. Phased transfer of financial accountability to LPFT will allow time for skills and breadth of expertise to be developed within the Trust with continued oversight from LCC.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The model includes a proposal to delegate operational responsibilities for Statutory Social care to LPFT. This will be underpinned by a Section 75 agreement that will clearly describe the roles and responsibilities of both ASC and LPFT.

4.5.2 NHS Foundation Trusts are set up as public benefit corporations with a legal duty to provide NHS services to NHS patients. They are membership organisations with local people, patients and staff able to join, having more say in how the organisation is run and how NHS services are provided. Councillor Yeadon is a Governor of LPFT.

4.5.4 Foundation Trusts are assessed, authorised and regulated by the independent regulator Monitor. Any resources that ASC transferred to LPFT would also be subject to this regulation.

4.5.5 This report is eligible for call in.

4.6 Risk Management

A full risk analysis has been carried out in formulating this proposal. Potential risks fall broadly into four categories – Governance, HR, Finance and Performance

Governance.

4.6.1 The main risk around governance is in transferring the operational responsibility for delivering statutory social care responsibilities to an external organisation. Robust governance structures need to be put in place with clarity around roles and responsibilities and clear monitoring arrangements. The phased approach we are proposing to changes in governance allows time for LPFT to develop skills and expertise in social care and fully embed social care responsibilities within its governance and quality assurance framework.

4.6.2 During the project a number of integrated partnerships nationally were visited to help inform the development of the model. All partners talked about the importance of having a robust partnership agreement in place which clearly sets out the roles and responsibilities of each partner ensuring clarity over financial, and performance activity reporting and staffing related issues and which is supplemented with detailed operational schedules. The Project Team have looked at a number of partnership agreements which provide a basis for drafting a section 75 partnership agreement for Leeds and have adopted a best practice model most suited to the Leeds context.

4.6.3 Any identified risks around safeguarding will be reduced and further mitigated with the adoption within the new model of clear lines of accountability and clear recording procedures.

Human Resources

4.6.4 Consultation and the work on culture identified that there are a number of concerns held by some staff members regarding the different cultures and priorities of health and social care. If left unaddressed this could lead to dissatisfaction in the workforce, active change resistance and potentially could impact on the quality of service that individuals receive. The timing of the proposed integration with the development of a new service model that is built around the individual provides an opportunity for health and social care staff to build something new together for the benefit of the people who use our services. The continued input of a senior manager from social care through phases 1 and 2 further facilitates the development of the partnership and helps to embed social care perspective and values across the organisation.

Finance.

4.6.5 There is a risk if the social care budget is not effectively managed or is subject to in year variation in demand leading to overspend. This presents a financial risk to both organisations across the phases. Initially the individuals with operational management responsibility for this budget will be social care staff seconding from ASC who are familiar with the budget and with FACS eligibility.

4.6.6 The development needs of staff in the partnership including the levels of knowledge of social care that different staff groups require will be analysed and appropriate

support will be arranged. Social care will become embedded within core trust business. Risk will be further mitigated by arrangements described in section 3 above where a phased approach is taken to transferring budgets from ASC to LPFT and of having a continued reporting mechanism to ASC through the Head of Service at the start of the partnership.

Performance.

4.6.7 The main risk identified around performance was not about quality of performance but that operating two IT systems would result in KPI data not being fully captured and therefore not fully evidencing performance detail. If this proposal is approved a robust Information Governance agreement will be developed which will detail roles, responsibilities, systems and processes to capture and record health and social care activity.

4.6.8 Regular monitoring meetings will be held to monitor and meet finance, quality and performance requirements.

5. Conclusions

5.1 Adult Social Care are proposing a number of changes to current partnership arrangements with LPFT which both ASC and LPFT believe will result in better outcomes for the people using their services who will enjoy simpler pathways into health and social care service with fewer assessments and avoiding the duplication of professional support. This proposal includes:

- Seconding social care staff to LPFT
- Developing integrated care pathways together that are built around the health and social care needs of individuals.
- A phased transfer of the adult placement budget for mental health to LPFT
- Delegating statutory social care functions to LPFT which will enable the trust to take a whole system approach to service provision
- Development of a robust partnership agreement to underpin these new arrangements

6 Recommendations

Executive Board are asked to:

6.1 Approve the proposal to integrate specialist mental health social care services with specialist secondary mental health service with LPFT acting as host organisation for the partnership.

6.2 Approve the development of a Section 75 agreement detailing the governance of the partnership between ASC and LPFT

6.3 Agree the secondment of social care staff to LPFT from 1 April 2012

6.4 Note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership.

6.5 Note the review of roles and functions of social work within the partnership.

7 Background documents

Report to Cabinet, May 2010, Adult Social Care and Leeds Partnerships NHS Foundation Trust Mental Health Partnership Proposal

Equality Impact Assessment

Draft Section 75 Partnership Agreement

Report on Consultation with Staff and Service Users

No Health without Mental Health - Delivering better mental health outcomes for people of all ages DH 2011