Leeds CITY COUNCIL

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Report of the Director of Social Services

Report to Scrutiny Committee

Date: 29 February 2012

Subject: Health and Social Service Care Integration: Supporting working age adults with enduring mental health issues

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. In 2009/2010 there was a scrutiny inquiry into the support available to working age adults with severe and enduring mental health problems. One of the areas the inquiry focused on was the partnership arrangements between Leeds Partnerships NHS Foundation Trust (LPFT) and Adult Social Care (ASC), with consideration given to how we could work more effectively together to improve experience and outcomes for service users.

2. Since the inquiry there has been a significant amount of work put into progressing this. A new model of partnership working was approved by Executive Board in December 2011 and the two organisations are working together to implement a new model of service delivery, built around the individual and their needs.

3. This approach is strongly linked to the national strategy whose emphasis is on wellbeing; 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.

4. 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.

5. 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.

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 organisations 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 approved by Executive Board is to delegate the specialist mental health social work function to LPFT, to second local authority staff from ASC to LPFT and to integrate management structures to ensure clear lines of accountability.

8. To facilitate 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

(a) Note the decision taken by Executive Board in December 2011 to integrate specialist mental health social care services with specialist secondary mental health service with LPFT acting as host organisation for the partnership.
(b) Note 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
(c) Note the secondment of social care staff to LPFT from 1 April 2012
(d) Note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership.
(e) Note the review of roles and functions of social work within the partnership.
(f) Note how potential risks around Governance ,Finance ,HR, and Performance will be managed in the phased approach to implementation described within this report .

1 Purpose of this report

1.1 The purpose of this report is to update on progress since the Scrutiny Inquiry of 2009/10 in developing a more integrated service for those people with severe and enduring mental health problems who require support from both health and social care.

1.2 In December 2011 Executive Board approved a proposal for a more integrated model of partnership working. This report describes the model of partnership, including details of the governance arrangements, implications for staff and benefits for service users. It goes on to describe the work that will be progressed to realise the benefits of an integrated service.

2 Background information

2.1 Discussions have been ongoing since May 2010 culminating in a proposal, approved by Executive Board in December 2011, 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 The background to this proposal and the current partnership arrangements in place between the two organisations is described in the Dec 2011 Executive Board report. The move to a more integrated service fits with the overarching strategic direction for health and social care services in the City – *Health and social care services will work together better to help people stay active and independent for as long as possible and provide care when needed in local communities (City Priority Plan 2011 to 2015)*

2.3 In developing a new model of partnership between the two organisations particular consideration has been given to management and governance arrangements, HR implications and finance.

2.4 LPFT have been 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 and Adult Social Care have been involved in this work. Developing a new model of partnership working in parallel with this transformation work gives ASC and LPFT 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 they need in a timely way.

3 Main issues

The Proposed Model of Service

3.1 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.

3.2 Piloting began in the South of the City in November with rollout planned from April 2012. What has been highlighted within the pilot is that significant work is needed to integrate social care processes. Work will need to be done within the initial phase of integration to develop and test tools to screen for social care needs alongside health needs. This will ensure that people who are eligible for social care support are consistently identified regardless of where they enter the service or who does the initial assessment of need.

3.3 To reduce the need for people to retell their story we will also be looking at how health and social care assessment processes and documentation can be more effectively joined. At the same time consideration will be given as to how people are allocated to professionals for assessment – if it can be identified at initial point of contact that someone appears to have a mix of health and social care needs it would be more appropriate for this service user to have an assessment with a professional who understood self directed support and could assess for social care needs at the same time as health needs.

3.4 The model of assessment and care planning adopted by social care through the introduction of self directed support – involving the service user much more in the identification of support needs, goals and outcomes and in the planning of support - sits well with the principles in health services around self management and recovery. There is the opportunity to build a joint service which embraces a culture with the service user at the centre and to reflect this in both process and in the approach of practitioners.

Phasing of Implementation.

3.5 The proposal agreed by Executive Board recommended phased integration of the specialist mental health social work function with the specialist secondary mental health services delivered by LPFT. To ensure there are clear lines of responsibility which are as streamlined as possible, the model agreed was of a single management team with a ratio of two thirds health managers to one third social care managers in front line management posts.

3.6 Phased integration was proposed in recognition that the intention is not to bolt on an existing social care service to an existing health service but to create something new jointly for the benefit of the people who use our services. As outlined in 3.2 – 3.4 there is still a significant amount of work to do to develop a fully integrated service model.

3.7 The phases of integration are described in detail in the Executive Board report and are summarised in the table below. This report focuses on the work to be done in the first phase of integration.

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. 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)	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]. LPFT is responsible for the day to day management of services	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 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.

[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

3.8 Within phase one operational management of social care mental health services would transfer to LPFT. Social workers would be seconded to the Trust and an integrated management structure would be developed. Statutory Accountability will be retained by Leeds City Council (LCC) with delegated responsibility delivered through the Chief Operating Officer at LPFT. Financial Placement budgets would remain with Adult Social Care but a shadow management arrangement will be developed for this budget to allow staff seconded to LPFT to authorise spending on support packages and placements.

HR Considerations.

3.9 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) Of the 50 staff LPFT fund 14 (12.4 WTE) posts.

3.10 Within phase 1:

- Health and social care staff will work as part of a multidisciplinary team.
- A single management structure will be developed with a mix of health and social care managers
- 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 within an LPFT management structure
- 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.
- 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.

Financial Considerations.

3.11 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.

3.12 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 and would allow the development and testing of new governance and reporting arrangements.

3.13 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

3.14 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.

3.15 In Phase One:

- A Section 75 agreement will be developed that clearly lays out the responsibilities of each organisation, describes the partnership and the performance indicators.
- A service level agreement and reporting arrangement with ASC will also form part of this agreement and new governance and reporting structures will be put in place.
- 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.

3.16 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 the principle point of contact, below Chief Executive for the conduct of business
- Provide information as requested by Scrutiny and the Care Quality
- Commission.

4. Corporate Considerations

4.1 Consultation and Engagement

4.1.1 There has been ongoing consultation and engagement throughout the process of developing the partnership model. This was documented in the Executive Board report in December 2011.

4.1.2 We are now planning a formal consultation process to discuss proposals around secondment arrangements with staff and trade unions with the aim of seconding staff to LPFT at the beginning of April 2012.

4.1.3 Whilst staff would transfer in their current roles they would be involved in the service transformation work and there may be a requirement to review job descriptions going forwards when building a new holistic service model. In addition, and as described earlier in the report ,the intention is to streamline management structures and implement a single integrated management team. Any changes would be subject to further consultation with staff and trades unions.

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 practices, 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 change to the service model and partnership arrangement 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 new pathways will remove duplication in management and in service delivery and 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. There is evidence emerging that 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

4.6 Risk Management

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

4.7 Governance

4.7.1 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.

4.7.2 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.

4.7.3 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.

4.8 Human Resources

4.8.1 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.

4.9 Finance

4.9.1 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 Fair Access to Care Services (FACS) eligibility.

4.9.2 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.

4.10 Performance

4.10.1 The main risk identified around performance was not about quality of performance but that operating two IT systems would result in Key Performance data (KPI) 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.

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

5. Conclusions

5.1 Adult Social Care are planning 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

6.1 The Scrutiny Board is asked to:

(g) Note the decision taken by Executive Board in December 2011 to integrate specialist mental health social care services with specialist secondary mental health service with LPFT acting as host organisation for the partnership.
(h) Note 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
(i) Note the secondment of social care staff to LPFT from 1 April 2012
(j) Note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership.
(k) Note the review of roles and functions of social work within the partnership
(l) Note how potential risks around Governance ,Finance ,HR, and Performance will be managed in the phased approach to implementation described within this report

7 Background documents

National health Services Act 2006

Report to Executive Board, December 2011, Partnership arrangements between LPFT and ASC
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
City Priority Plan 2011 to 2015