

WIRRAL COUNCIL

CABINET

16 JANUARY 2014

SUBJECT:	<i>REVIEW OF MENTAL HEALTH SERVICES</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF ADULT SOCIAL SERVICES</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>COUNCILLOR CHRISTINE JONES</i>
KEY DECISION?	<i>YES</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This report provides context in relation to the review of Wirral Council's Community Mental Health Services commissioned and provided by Wirral Council in conjunction with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) as the lead statutory Health Provider organisation.
- 1.2 The review was instigated by the Director of Adult Social Services, supported by CWP and has focussed upon those areas of service involving local authority resource deployments. Inevitably the review is placed within the wider system of mental health determinants and Cost Improvement Programmes (CSIP) and transformation programmes adopted by CWP.
- 1.3 The report seeks agreement from Cabinet to consult upon plans to fully integrate DASS Mental Health service provision with CWP in order to provide an all age mental health service model across the borough which provides 24/7 response through an out of hours pathway service.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The internal review has adopted a project approach to provide governance and accountabilities in relation to the progression of the review objectives which were:
 - Options appraisal to increase understanding in relation to the integration of community mental health services, this was specific to the current adult social care mental health resource deployments, and the implications associated with specific options.
 - Evidenced service model to ensure the social model of mental health, is embedded and is comprehensive and complementary in nature across the health and social care spectrum. The importance of a holistic/whole systems approach would be critical to an integrated organisational approach to mental health service provision.

- To make best use of available resources and demonstrate value for money recognising the financial context currently confronting Wirral Council.
- A governance structure that is fit for purpose and provides assurance to Statutory Commissioners.
- To consider the current accountabilities specifically in relation to the Older Peoples Community Mental Health Team.
- To consider the form and function of Beaconsfield Day Services and the relationship to mainstream community mental health services infrastructures.

2.2 Whilst outside of the original review objectives a number of emergent themed areas have arisen which are also referenced and addressed within this report, notably Adult Safeguarding, the profile of Approved Mental Health Practitioners (AMPH's) and the differential conditions of service between health and social care staff working within community mental health services.

2.3 It is important to note that the current mental health services environment is complex and challenging and outcomes from the review reflect the financial imperatives confronting health and social care, which we acknowledge is no different to the overall health and social care landscapes. The review of community mental health services has also been a collaborative approach involving CWP officers and has spanned the period September to December 2013.

2.4 Integration of Health and Social Care has to be seen within the context of creating more coherent, comprehensive and comprehensible services for those who use those services and their carers – indeed those who may use services in the future.

2.5 The advantages of integration are:

- Management and service delivery can be more cohesive and congruent.
- The organisation is easier for service users and carers and potential referrers to understand.
- Specialist expertise is created – knowing the business.
- A coordinated approach to staff development, skill mix and skills sharing.
- Economies of scale.
- Health and Social Care engaging in the culture of evidenced based learning so as to inform both practice and service developments.

2.6 In relation to Integration, officers have considered four options:

- **Co-location** – the current position, relatively long in duration, this option would seek to formalise and enhance the current position and recover a stepping back following the Cost Improvement Programmes implemented by Health. We now have a spectrum of service and team positions reflecting integration and single line management to separate team's line managed on

an organisational basis. Equally we continue with middle/senior management based upon organisations creating a duality of responsibilities and lines of accountability and reporting.

- **Secondment of Local Authority Staff** – this would involve the Agreement to second all adult social care staff to Cheshire and Wirral Partnership NHS Foundation Trust to establish clear lines of accountability and single line management of all resources with a Senior Social Care Lead Officer. This would establish clarity of purpose and the deployment of resources efficiently and effectively. The secondment arrangements would be supported by a formal agreement to assure governance and due diligence.
- **TUPE of Local Authority Staff** – this would create one organisational entity providing statutory mental health services and the Local Authority adopting a Commissioning Function similar to the Wirral Clinical Commissioning Group(s). This entity would deliver a health and social care mental health service and would encompass a coming together of commissioning functions.
- **To withdraw from the current arrangements** – nationally local authorities have reviewed the deployment of resources into partnerships with health and 25% have now withdrawn and provide adult social care mental health services that work in conjunction with secondary health mental health services.

2.7 The Council is fully committed to integration of mental health services but recognise a number of key **enablers** to support both co-location and secondment which are part of a building process to achieve the end of integrated mental health services. The enablers are:

Single Line Management – This could involve appointment of joint senior operational manager
Roles and responsibilities – single job description
Defined spheres of responsibility – realistic and manageable
Recourse to professional/clinical supervision for all professional staff groups
Efficient and Effective Administrative Support
Agreed service model commissioned by health and social care - social model embedded
Parity of caseloads/workloads
Conditions of service, in particular allied to operational managers but also Approved Mental Health Practitioners and Support Workers
Due Diligence, Cheshire and Wirral Partnership would need to agree to assume responsibility for Local Authority Purchasing activities

3.0 RELEVANT RISKS

The Council will need to establish a formal agreement with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to provide assurance and clarity in relation to the current operating arrangements. The absence of any formal agreement leaves a service operating very much based upon the goodwill of staff and a long standing commitment on the part of staff to make matters work. However there is now emerging evidence, especially within Community Mental Health Teams and amongst Approved Mental Health Practitioners that morale is diminishing and splits arising in relation to CWP colleagues, compromising the sustainability of working positions and practices.

4.0 OTHER OPTIONS CONSIDERED

In relation to the above four options the Project Team discounted the options of **TUPE** and **Withdrawing** for the following reasons –

- **Withdrawing** was deemed to be counter productive and contrary to the principles and values underpinning mental health services and in many ways contrary to national policy intentions to integrate across health and social care. Equally it was felt that the fragmentation of mental health services and retreating back into organisational silos would not assist outcomes for people but add duplication and complexity to access systems and processes. The Project Team's view is that this would be a retrograde step and not the best use of finite resources.
- **TUPE** was viewed as not a viable option at this point in time but an inevitable aspiration given the drive to achieve integration of pathways for service users and their carers and ultimately a single integrated entity for mental health service provisions. Equally the work required to progress the formal transfer of local authority staff would distract from a number of key enablers that can be progressed within an approach based upon either enhanced co-location or formal secondment.

5.0 CONSULTATION

A full consultation with staff and Trade Unions from WMBC and CWP will be required should members agree to the recommendations of this report. This will run from 27 January 2014 to 14 March 2014. In addition consultation with Senior Managers, the Executive and Board of CWP will be undertaken.

Discussions with staff have been ongoing and the Director of Adult Social Services has met with a variety of staff and mental health professionals. These meetings have explored the variety of options available in relation to fuller integration.

In addition consultation with trade unions has been ongoing and a copy of this report shared with them.

It is proposed that a period of 12 weeks consultation will be held with people directly impacted by any proposed changes, specifically in relation to proposals to incorporate the functions of Beaconsfield Centre, subject to Cabinet agreement. This will run from 27 January to 18 April 2014.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 None identified

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 7.1 Recognising the need for efficiency and effectiveness in relation to Mental Health Services and the unfolding context for Health and Local Government in relation to available resource allocations. There is a need to achieve efficiencies across mental health services.
- 7.2 However, unlike other parts of health and social care economies, the co-location and close proximity of working together magnifies the service impacts of cost reductions by health or adult social care.
- 7.3 Cheshire and Wirral Partnership NHS Foundation Trust have implemented across the trust a 4% Cost Improvement Programme for 2012/13 and will implement a further 4% improvement for 2013/14 and a further 4% improvement for 2014/15. The current impact has been significant with an associated 30% reduction to workforce and an allied restructuring of Community Mental Health Teams to create four Recovery and Review Teams to covered resident and registered populations of Wirral.
- 7.4 Allied to the above Adult Social Care have implemented an in year efficiency of £53,000 and will seek further efficiencies for future years. Whilst recognising this real challenge, officers have identified possible service efficiencies which should be set within a coordinated approach across Health and Adult Social Care Commissioning.
- 7.5 There are currently a number of pay differentials that will impact upon a fully integrated model. Discussions with staff have been ongoing and the Director of Adult Social Services has met with a variety of staff and mental health professionals. These meetings have explored the variety of options available in relation to fuller integration. In addition consultation with trade unions has been ongoing and a copy of this report shared with them.
- 7.6 There are potential financial implications to this, but due to the reconfiguration of the workforce it is foreseen that the impact of this will be cost neutral to the council. This is because there are several areas where efficiencies can be realised and also dialogue with key strategic partners to ensure other public sector partners are funding appropriate services at the right level.

8.0 LEGAL IMPLICATIONS

- 8.1 The Council will need to establish a formal partnership agreement with CWP in order to provide assurance and clarity in relation to the current operating arrangements. The absence of any formal agreement leaves a service operating very much based upon the goodwill of staff and a long standing commitment on the part of staff to make matters work. However there is now emerging evidence, especially within Community Mental Health Teams and amongst Approved Mental Health Practitioners that morale is diminishing and splits arising in relation to CWP colleagues, compromising the sustainability of working positions and practices.

9.0 EQUALITIES IMPLICATIONS

- 9.1 A full EIA will be completed as part of the consultation.

10.0 CARBON REDUCTION IMPLICATIONS

- 10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 11.1 N/A

12.0 RECOMMENDATION/S

- 12.1 Recognising the challenges, that Cabinet agree to officers consulting with staff, TU's and people directly impacted by the proposed changes and plans to achieving full integration on the following proposals
- Proposal that the current staffing structure is reconfigured in order to realign into a more cohesive format that will provide an easier transition into a fully integrated service. This will include a review of terms and conditions to consider alignment and equity with CWP staff.
 - That the council adopt a stepped process to firstly enhance the current co-location of local authority staff leading to a formal secondment agreement to be completed by May 2014
 - It is proposed that staff within the Neighbourhoods Older Peoples Mental Health Teams are re-located and placed within the CMHT's in order to provide an all age Mental Health Service
 - It is proposed that the functions of Beaconsfield Day Centre be subsumed into the Community Mental Health Teams in order to provide a more cohesive outreach service and to consolidate current support for people within community settings.

13.0 REASON/S FOR RECOMMENDATION/S

- 13.1 The co-location and eventual secondment of local authority staff would be based upon a comprehensive and complementary service model affording an integrated care pathway. This vital in order to provide services which promote recovery and provide a holistic approach to health and social care needs of people with mental health needs.
- 13.2 A formal secondment arrangement would be required in partnership with CWP and will be underpinned by a Partnership Agreement ratified by all strategic partners and monitored regularly, to involve commissioners from health and social care. This would provide a robust governance and quality assurance structure for mental health services.
- 13.3 This report reflects the identified enablers to enhance working together and the current context of a rolling cost improvement programme by CWP. It is the view of the officers that the two main impediments are pay differentials for Operational Managers and single line management structures.
- 13.4 It is important to note that any planned reconfiguration of services prior to fuller integration may result in a reduction in posts as services are aligned. It is foreseen that the reduction of posts will achieve efficiencies and that this will contribute to the unification of pay grades and salaries, making this option cost neutral in workforce terms.
- 13.5 The proposed consolidation of services in relation to Beaconsfield would realise some the efficiencies established earlier in this report. This is due to the fact that review has highlighted some key areas where there is duplication and overlap of services provided, specifically in relation to Community Based Outreach Services.

Consultation Timeline

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date