

**Adult Care and Health Overview and Scrutiny Committee  
Wednesday, 13 September 2017**

**Children and Families Overview and Scrutiny Committee  
Tuesday, 26 September 2017**

<b>REPORT TITLE:</b>	<b>Feedback from member workshop on All Age Disability and Mental Health Transformation Project</b>
<b>REPORT OF:</b>	<b>The Chairs of the Adult Care and Health OSC (Cllr Julie McManus) and the Children and Families OSC (Cllr Tom Usher)</b>

**REPORT SUMMARY**

As part of their work programme, members have previously agreed to scrutinise proposals arising from the Council's Transformation Programme. This form of pre-decision scrutiny gives non-Cabinet members the opportunity to influence developing proposals. It was, therefore, agreed to hold a workshop to give members the opportunity to review the proposals being developed by the All Age Disability and Mental Health Service Transformation Project. As the project has implications for both children and adult services, it was agreed that members of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee should be invited to attend. This report summarises the findings of the workshop, which was held on Wednesday 2<sup>nd</sup> August 2017, and will be reported to both committees at their meetings in September 2017.

**RECOMMENDATION/S**

It is recommended that:

- 1) Committee notes the report;
- 2) Committee refers the report to a future meeting of Cabinet.
- 3) The Full Business Case is developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

To ensure that the views of scrutiny members relating to the outline business case for the All Age Disability and Mental Health Service Transformation Project are reflected to Cabinet, prior to further relevant decisions being taken.

### **2.0 OTHER OPTIONS CONSIDERED**

Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process.

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Scrutiny workshop – 2<sup>nd</sup> August 2017**

A workshop was held on 2<sup>nd</sup> August 2017 to review an outline business case which forms part of Wirral Council's Strategic Transformation Programme. The business case relates to the All Age Disability and Mental Health Service Transformation Project. As the scope of the project has potential implications for recipients of both children and adult services, all members of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee were invited to attend. Eleven committee members attended the session. The Director of Health and Care and the Assistant Director of Health and Care Outcomes led a presentation to explain the details of the outline business case. This was followed by a question and answer session to give members the opportunity to comment on the proposals.

It is intended that the comments provided by members at the session will be made available to Cabinet prior to further decisions being made regarding the future of the business case.

#### **3.2 Proposal for change**

Full details of the proposals for change are available in the outline business case for the All Age Disability and Mental Health Service Transformation Project. The Outline Business Case sets out a proposal to transform the Council's Mental Health Service and the Disability Teams across Children's and Adult Services by developing integrated pathways to work more closely with key partners to drive forward integration and service efficiencies. National policy for 'All Age Disability Integration' and 'Health and Social Care Integration' provides the national direction for change and is a key driver for local transformation across services.

The All Age Disability and Mental Health Service Transformation Project covers a number of areas of provision as detailed in the table below. It will impact upon approximately 145 staff members, across three service areas within the Delivery Division of the Council across Children and Adults Social Care:

	<b>Team</b>	<b>Office Location</b>	<b>Approx. Staff Numbers</b>	<b>Provision/Function</b>
1	Community Mental Health Service (Adults)	St Catherine's Health Centre, Birkenhead.	85 Staff	<ul style="list-style-type: none"> <li>Assessment, Care Co-ordination, Care Planning, Support Service, Discharge of Statutory duty under Mental Health Act and Mental Capacity Act Legislation.</li> </ul>
2	Integrated Disability Service (Adults)	Old Market House, Birkenhead Moving to Millennium Centre	27 Staff	<ul style="list-style-type: none"> <li>Assessment, Care Management, Care Planning, Care Coordination, Back Office/Team Support, Continuing Health Care Reviews.</li> </ul>
3	Children with Disability Services	Social Work Team based at Wallasey Locality Office, Wallasey - Moving to Millennium Centre	33 Staff	<ul style="list-style-type: none"> <li>Assessment, Care Management, Care Planning, Care Co-ordination, Support Service, Direct Payments, Back Office/Team Support.</li> </ul>

The service provision included within the scope of the project is:

- The All age disability social work service providing services to children, young people and adults with a disability, children in need, complex need or health problem;
- The mental health social work service providing services to adults with a range of mental health conditions.

It should be noted that the Child and Adolescent Mental Health Service (CAMHS) and the Special Educational Needs Disability (SEND) Services are not within the scope of the project.

During the course of the project, the number of options was refined to produce four potential Alternative Delivery Models (ADMs):

<b>Ranked</b>	<b>Shortlist of 4 ADM Options</b>
1 <sup>st</sup>	Formal partnership/contract with a local community public sector health trust/provider – full staff transfer to integrate health and social care colleagues within the All Age Disability and Mental Health Setting.
2 <sup>nd</sup>	Joint working with other Public Sector health provider/s – Exploring Joint Management arrangements, Joint Committees, Joint Ventures (less formal arrangements than option 1)
3 <sup>rd</sup>	Remain In-House and Restructure/Re-engineer Services.
4 <sup>th</sup>	Set up a community interest company/trust as a joint venture with a local health trust.

Following further analysis, the preferred option for the project is for the Council to agree a formal partnership / contract with a local community public sector health trust to integrate health and social care colleagues within the All Age Disability and Mental Health setting. It is the Council's intention to enter into an agreement with Cheshire and Wirral Partnership Trust, delegating the delivery function of assessments and care planning for children, young people and adults with a learning disability, mental health or complex need. This is likely to be via a Section 75 agreement.

Significant stakeholder engagement, including staff and service users is taking place regarding the proposal, with the intention of a Full Business Case being developed for presentation to Cabinet (and the CWP Board) later this year.

### **3.3 Elected member comments**

During the session the following comments were raised by members:

#### Overview:

Members were supportive of the principles of integration between health and social care and the drive towards more integrated services which span the life of service users across childhood and adulthood.

#### Service quality

Member Comment: A member asked how service provision could be improved from the perspective of the public.

Response: A number of consultation events, particularly during the development of the All Age Disability Strategy, informed officers that service users want joined up services and "want to tell their story once". This transformation project is aiming to build those comments into future service delivery.

#### Access to mental health services

Member Comment: A member expressed concern regarding the ease of access to mental health services, with a significant number of mental health patients being identified by the police, rather than being referred to appropriate services by GPs.

Response: Most referrals to the current mental health service are made by GPs. The proposal for the new service includes consideration of a single point of contact for any part of the integrated service. There will then be different pathways for different client requirements within an integrated service. The service would align to four Integrated Care Coordination Hubs (ICCHs), based in each of the four constituencies and will be responsible for providing a coordinated response to the client. The ICCHs are developing strong links with the GP surgeries within their locality. Officers agreed to ensure that

greater emphasis is placed upon GPs having the confidence to make referrals knowing that patients will be dealt with effectively.

### Service standards

Member Comment: Will partner organisations be in a position to deliver services to the same standard as the Council has achieved in the past?

Response: Members were reassured that CWP is a very good organisation, which works with a person-centred approach and focussing on people's wellbeing. However, there is also an opportunity to build robust accountability into the service specification. It was also noted that services must also match the requirements of the Care Act and relevant Children's legislation.

### Financial efficiencies

Member Comment: Members raised concerns about the ability to achieve long-term financial efficiencies and how the Council can influence that when the service is under NHS management.

Response: The proposal is for all related staff to be transferred to the new service provider, that is, there are no proposals for staffing reductions. Efficiencies will be achieved over a period of time from care provision. Savings will be achieved by working together more effectively, for example, by having more outcome focussed client assessments. In the case of a previous service transfer to Wirral NHS Community Trust, the Council retains the budget for commissioning with call-off against the budget. If at any point the budget is under pressure there will be very close liaison between the two organisations. A similar model is envisaged for the All Age Disability and Mental Health Service. There will be demanding performance management arrangements in place. Joint commissioning of services with Wirral CCG will result in some shared risk with the CCG. However, significant financial pressures remain on the NHS, particularly in the acute care sector.

### Staff conditions including pensions

Member Comment: Previous transfers of staff to alternative providers have led to concerns relating to potential erosion of working conditions, including pension entitlements.

Response: During the recent project to transfer social workers to Wirral NHS Community Trust, there were complex issues to resolve regarding staff conditions and, in particular, pensions. As that work has already been done, it is hoped to approach those issues in a similar way. Members were reassured that with the transfer of staff to Wirral NHS Community Trust those staff were supported to remain part of the Local Government Pension Scheme (LGPS). That approach has now been set as a way of working. Such issues should, therefore, be quicker and easier to work through.

### Adaptations to properties

Member Comment: Is the Adaptations Team involved as part of the project? Member concerns were expressed regarding the delivery of the adaptations scheme both currently and in the future. In particular, the ability of social landlords to effectively deliver adaptations on a consistent basis was raised.

Response: Many clients of the all age disability service need specialist equipment, hoists and adaptations. Social workers will assess the needs of the client; the relevant housing provider will arrange for any work to be carried out. Members were informed that the Disabled Facilities Grant (DFG) is not within the scope of the project. (Note: The DFG is a means-tested financial grant to help meet the cost of adapting a property where a person with disabilities lives). The DFG is passported from the Better Care Fund to the Council, which is responsible for delivering the service.

### Staff concerns

Member Comment: During staff consultation, what concerns have been raised to date?

Response: The issues raised by staff have been similar to those raised during the previous staff transfer (to Wirral NHS Community Trust). These are:

- A desire to maintain a social work ethos;
- The need to maintain a culture of social care within a health organisation;
- The danger of the service being diluted within a large organisation;
- Concerns relating to how the NHS manages change;
- Terms and conditions / pensions.

In the case of the Wirral NHS Community Trust transfer, that organisation has responded positively by introducing new positions to focus on the importance of professional standards for social care.

### Mental health services for children

Member Comment: It is noted that the commissioning of CAMHS services is not within the scope of the project. However, a recent Ofsted monitoring letter was critical of the CAMHS waiting times.

Response: The lead commissioner for the CAMHS service is Wirral CCG (rather than Wirral Council) and, as it is a commissioned service, this is why it is outside the scope of the project. At present, the CCG and Wirral Council are drafting for the first time an integrated specification where resource will be combined and outcomes and outputs are focused around Future in Mind priorities such as improving waiting times, access to effective support and a focus to support vulnerable groups.

### Child protection

Member Comment: Concerns were raised regarding the most appropriate place for child protection (of children with disabilities) within the reorganised structure.

Response: The most appropriate place for the important function of child protection within the new service is part of the detailed service modelling which needs to be agreed. Further discussion needs to take place internally and also with health partners. It is possible that the proposal may be that child protection cases should be referred back to a child protection team which is retained within the Council.

### Agile working and computer systems

Member Comment: How will the computer systems of the two organisations be joined up?

Response: It is proposed that Liquid Logic will continue to be used as it is already used by children and adult social workers. This was the model used for the Wirral NHS Community Trust transfer. In terms of agile working, Members were informed that many social workers prefer to enter data into software following meetings with clients (rather than during the meeting).

### Community assets

Member Comment: To what extent will community assets be used to support the project?

Response: It is intended that these services will be part of a broader community offer, which enables people to better engage with their communities.

### Performance monitoring

Member Comment: How will success be measured?

Response: A range of Key Performance Indicators (KPIs) will be used to measure service provision based on both national and local reporting requirements. The performance measures will include such indicators as response times and experience of the client. Some data is easily collectable from systems; other data is more qualitative.

### Summary

Members drew particular attention to the issues relating to:

- the implementation of adaptations to properties for people with disabilities (including the relationship between occupational therapists and the social landlords)
- The process for the referral by GPs of patients with mental health issues to the relevant service.

#### **4.0 FINANCIAL IMPLICATIONS**

Although there are financial implications arising from the business cases, there are no financial implications arising from this scrutiny process.

#### **5.0 LEGAL IMPLICATIONS**

There are no legal implications arising from this report

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Although there are resource implications arising from the business cases, there are no resource implications arising from this scrutiny process.

#### **7.0 RELEVANT RISKS**

Not Applicable

#### **8.0 ENGAGEMENT/CONSULTATION**

This scrutiny process is part of the consultation process for the transformation project.

#### **9.0 EQUALITY IMPLICATIONS**

There are no direct equality implications of this report.

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#### **APPENDICES**

**Appendix 1:** Workshop attendees

#### **REFERENCE MATERIAL**

#### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



## **Appendix 1: Workshop Attendees**

### **Members:**

Tom Usher  
Julie McManus  
Moirá McLaughlin  
Brian Kenny  
Alan Brighthouse  
Paul Stuart  
Phil Gilchrist  
Chris Meaden  
Christina Muspratt  
Adrian Jones  
Irene Williams

### **Officers:**

Graham Hodkinson  
Jason Oxley  
Michael Murphy  
Elaina Quesada  
Ursula Bell  
Mike Callon  
Alan Veitch

### **Apologies:**

Leslie Rennie  
Tony Jones  
Tom Anderson  
Wendy Clements  
Jean Stapleton  
Gerry Ellis  
Cherry Povall  
Bruce Berry  
Tracey Pilgrim  
Gillian Wood  
Treena Johnson