Somerset County Council

County Council
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Adult Social Care Mental Health Scrutiny Update

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Division and Local Member: N/A
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1.   Summary

1.1.   Following the transition of services back to the local authority from Somerset Partnership Trust. The ASC services that supports people with Mental Health is continuing to develop in line with our promoting independence strategy. We are beginning the second phase of the transformation of these services.

1.2.   As in all ASC services our vision is to 'Promote Independence in Mental Health this is often translated into the Recovery Model. A strengths-based approach that focuses on the strengths of individuals, families, social networks and communities. Also, central to our approach, is what matters to individuals and their families. We continue to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as independent as possible, for as long as possible

2.   Operation Service

2.1.   The service is led by the Strategic Manager Mental Health and Safeguarding who reports to the Assistant Director for Adults There are two locality service managers covering the East and West of the county, a service manager for the AMHP service and out of hours service, and an AMHP professional lead.

2.2.   The Approved Mental Health Professional is authorised by the local authority and practice for them, although they are fundamentally an autonomous practitioner. They provide a broad range of tasks under the Mental Health Act. Their work involves nearest relatives and carers, making sure service users are properly interviewed in an appropriate manner and ensuring they know what their rights are if they are detained under the Mental Health Act 1983. The Approved Mental Health Professional has the responsibility to co-ordinate an assessment under the Mental Health Act ensuring the least restrictive principle is applied. They need to ensure the person is appropriately interviewed and if admitted to hospital that they are conveyed there in the most humane and dignified manner.

2.3   The increasing focus on mental health care and greater awareness of the mental ill health initiated with the publication of the Crisis Care Concordat in 2014 is creating a drive towards the parity of esteem and reducing the stigma that is still associated with mental illness. Following the Policing and Crime Act

2018, police cells are no longer used for the detention of individuals held under section 136 of the Mental Health Act. In addition, the length of time an individual can be held prior to assessment under Section 136 has reduced from 72hrs to 24hrs.

2.4   Each locality team is staffed by mental health social workers and ASC workers, who work with people in their communities to promote independence and recovery and also undertake reviews. Out of hours, ASC workers provide an emergency adult social care, homelessness and safeguarding service by telephone. In addition, they work with the AMHPs who are on duty. Each locality team including the AMHP service has a small business support team.

2.5   Following the return to the Council, the service remained co-located with Somerset Partnership mental health teams in Somerset Partnership accommodation. In addition, the Locality Teams and AMHP Hub staff continued to utilise Somerset Partnership infrastructure including the use of IT hardware and a continued reliance on the use of RIO (Somerset Partnerships Record system) as a data entry point.

3.   Service Provision

3.1.   The service is provided for people with social care needs arising from or linked to their mental health and who require the knowledge and skills of a specialist mental health service. A formal psychiatric diagnosis is not required for access to the service. It is open to adults age 18 and over and young people transitioning to the service. There is no upper age limit. The AMHP Hub provides Mental Health Act assessments for people of all ages including young people.

3.2   The nature of mental health social work means that social workers are required to support and manage some of the most challenging and complex people, they are required to make decisions with and on behalf of people with complex needs, work within complicated legal frameworks, to balance the needs and rights of individuals.

3.3   In order to be eligibility for mental health social care, the Care Act requires that the individuals need for care and support arises from or are related to significant and complex mental health problems. Further that as a result of the identified needs, that they are unable to achieve identified and specified activities of daily living;
*   Without assistance
*   Where achieving the outcome causes pain, distress or anxiety
*   Where achieving the outcome endangers or is likely to endanger the health and safety of the person or others, or where achieving the outcome takes significantly longer than would normally be expected and this has a significant impact on the person achieving other outcomes,
And as a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact * on the person's wellbeing.

3.4   The nature and complexity of illness provides significant challenge for the mental health social work teams, many of the individuals who are supported have substantial and enduring needs. Many have suffered from significant trauma throughout their lives and therefore require the support of a unique

workforce who are dedicated to making a positive difference and to helping th individuals remain as independent as possible.

3.5 After accounting for changes in Mental Health reporting this year to align spend with the case management team, there has been an in-year increase of £1.0m against MH Residential and Nursing placements and a rise of £0.5m against MH Community packages this year. Compared to the start of this year, across both MH Residential and Nursing placement numbers have risen by 21 to 237 (an increase of 10% on 216). During the first six months of he current financial year we averaged 218 referrals into the mental health service. Within the last five months of the calendar year this has risen to 231.

4. Implications

4.1. The transition of services back to the Local Authority has enabled the ASC Mental Health teams to focus on its vision of Promoting Independence and Recovery, the significant change management processes required have been complex and multi-faceted. Since that return to SCC our Mental Health Social Care service has been able to work earlier and more holistically with people, with more flexible and varied support. The service is now in a position where this change process can be escalated to develop the provision of Mental Health Social Care to further meet the needs of the people of Somerset and focus on prevention as well as direct care.

5. Operational Development

5.1 The Mental Health Work Plan 2019 has been developed alongside the six key areas contained within the Promoting Independence & Person-Centred Approaches in Adult Social Care, 2018/19 Strategy:

1. Prevention and early intervention
2. Managing demand and capacity
3. Short term interventions
4. Long-term care and support
5. Workforce
6. Governance and management

6. Wider Influences and Service Drivers

6.1 **Promoting Independence** is one of three core principles contained within the 2018/19 Adult Social Care Strategy. In this context mental health care provision provides opportunities to expand on this and to ensure that we work to improve the identification and utilisation of appropriate community services.

6.2 **Workforce considerations** are fundamental to any service and system development. The recruitment and retention of mental health staff and Approved mental Health professionals in particular remains a significant concern nationally. Given this, how can we create an environment that encourages staff to see mental health as a place they would like to work and how we support and encourage them to develop from within the ASC workforce.

6.3 **Digital developments** are fundamental to improving working practices and of ensuring that staff are able to make informed decisions based on the

availability of up to date information shared across the health and social care system.

6.4 **Increased utilisation of data** to drive service improvement and shape the community offering. Only by understanding the demand, where it comes from, how its managed and what outcomes are generated, can we seek to move the service forward.

6.5 **Stretch existing commissioned services**, should be a fundamental principle. The creation of bespoke services as a starting point for care provision, creates multiple commissioning and financial challenges. It also generates the potential to lose best practice and the generated experience of long-standing partners. By stretching and challenging current providers to adapt care provision if required, we maintain a core providing platform able to meet the individual needs of all clients irrespective of whether they have additional metal health considerations. Examples Include:

Accommodation support
New provider Second Step will begin in April supporting those with complex needs (joint with Public Health). Scrutiny and Cabinet have already been advised of the positive difference that this make to people's lives

Reducing 1:1 models of care
A new model for challenging needs without utilising 1:1 is being trialled at Frith House – A "family model" of support which reduces dependence and intrusion of 1:1 and promotes choice, whilst ensuring enhanced levels of support are in place.

6.8 **Work with providers to deliver care differently**, irrespective of need, we must work with partners to consider how care is delivered, so that it meets the need to promote independence and delivers care in a way that meets the needs of the client whilst maximising efficiencies in service delivery. Whilst we have introduced new housing support and wellbeing services, some of the traditional models of care remain and the focus needs to be recovery, flexibility of support and transitioning away from long term residential care. Examples include:

Dementia reconfiguration transition
The immediate priority of ensuring that previous Somerset Partnership day service users had suitable alternatives has been achieved on time and at a much-reduced cost. This has allowed reinvestment in grant funding for 2018/19 new provision which is already showing results in terms of new provision which is being shaped by communities not by buildings or providers. This approach will continue in 2019/20 to provide more support.

More work is required on best practice and evidence of good outcomes – this is a national focus across health and social care.

7. Priorities & Key Tasks

7.1 Currently the Approved Mental Health Professional Hub is effectively meeting the demand placed on it. However, the current operational reliance on RIO creates a barrier to the Councils ability to generate the fundamental

intelligence that is required in order to review demand, appreciate fully how this is currently created and resourced and how that demand may influence further system redesign.

7.2   There are additional opportunities to improve the AMHP Hub engagement with Mental Health Social Work colleagues to review opportunities to avoid in patient management and the potential to utilise alternatives to placement within a residential setting.

7.3   Key tasks being undertaken include:

- Review the provision of Data
- Analyse the demand profile
- Scope any workforce implications
- Review structure options
- Develop AMHP workforce sustainability
- Consider the Digital strategy
- Increase opportunities to consider alternatives to maintain independence

7.4   Due to the transition of service and the need to create a stable service, the Mental Health Social Work teams have not been in a position to fully benefit from the wider developments and transformational work within Adult Social Care. Advancements in care provision within the community and associated reductions in residential placements have not therefore been optimised.

7.5   The teams by necessity though the transitional period have been externally focused, building service provision as a response to that external relationship. The opportunity now exists to develop and enhance internal links with Adult Social Care Locality Teams and Sourcing and Commissioning colleagues.

7.6   There is further potential to improve the provision of care, by conducting process review, developing the data potential and by creating and expanding the links with internal partners and community providers.

7.7   Key tasks being undertaken include:

- Review the provision of Data
- Analyse the demand profile
- Scope workforce implications
- Review structure options
- Formulate the digital strategy
- Enhance collaboration with Sourcing care
- Enhance collaboration and intelligence sharing with Commissioning
- Develop community services, community agents
- Best practice development in conjunction with ASC Locality teams

7.8   The significant numbers of Deprivation of Liberty Safeguard applications are managed utilising a prioritisation matrix which is in line with both national recommendations and national practice. addition, the introduction of Liberty Protection Safeguards which will replace the current Deprivation of Liberty Safeguards and Community Deprivation of Liberty scheme. The impact of the legislation will be reviewed, and comprehensive plans developed to respond to

any process change requirements.

8. Recommendations

8.1 Progress against the transformation programme will be monitored through the Adults Transformation Board.

8.2 Scrutiny are asked to note the content of this report.