

Item No.	Classification: Open	Date: 22 November 2016	Meeting Name: Healthy Communities Sub-Committee
Report title:		Southwark Mental Health Social Care Implementation Plan	
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Cabinet Member:		Councillor Richard Livingstone, Adult Social Care and Financial Inclusion	

1. Purpose of Report

The purpose of the report is to update members of the Scrutiny Committee on the implementation of changes to the delivery of Adult Mental Health Social Operations, following the review of Southwark Mental Health Social Care.

2. Summary

2.1 The implementation of the Mental Health Social Care Review has provided an opportunity to transform the delivery of Mental Health Social Care and ensure that the London Borough of Southwark is Care Act compliant. The transformed Service will commence on the 28 November 2016. There will be a period of transition and reflection as the Service evolves and develops to most effectively meet the needs of those people with long term mental health problems, at the same time providing a much wider universal preventative offer for the wellbeing of the residents of Southwark.

3. The Review

3.1 Southwark Council commissioned a Review of Mental Health Social Care in February 2015, which was completed in August 2015 making a series of recommendations.

3.2 The key priority areas to implement effective change in transforming Mental Health Social Care, as outlined in the *Southwark Mental Health Social Care Review* undertaken by Dick Frak (August 2015), are:

- Establish a comprehensive Joint Mental Health and Wellbeing Strategy and Integrated Commissioning
- Agreement on reform of integration to bring Social Care nearer to the front of the system
- Reduce the high number of social care managers in the Mental Health Service and have a balanced workforce going forward
- Support people with long-term conditions in the community. To improve support arrangements for this specific cohort in community settings, including crisis support. Parity of Esteem between physical and mental health promoted. A personalised and recovery focused approach
- Increase scope and use of Reablement as part of the Social Care Offer through

- increasing take up and enabling recovery and self-management
- Significantly increase the take up of personal health and social care budgets for improved prevention, early intervention and social inclusion
 - Committing to healthier, safer and fairer communities
 - Children's and Young Person's Transformation

4. Background

4.1 In line with implementing the Care Act 2014 and in strengthening the Social Care Offer, the transformation of Mental Health Social Care in the London Borough of Southwark, it is proposed that this implementation will take place in phases, with the first phase to commence on 28 November 2016.

4.2 There is a need to move on from the current position, where the integrated nature of operational delivery in secondary mental health care has been limited in meeting key Social Care outcomes and in meeting the Local Authority's legal duties and responsibilities under the Care Act 2014. To deliver on Social Care outcomes and to significantly improve on performance required, a shift from a narrow care co-ordination role within a diagnostic medical/Clinical Academic Group (CAG) model is required. The result would be to agree firm integration of the Service and Pathway with the CCG and South London and Maudsley Hospital (SLaM), at the front end of the system. This integration would focus on the working relationship of the Assessment and Reablement Team and particularly the Assessment and Liaison Service. Reform of integration would bring Social Care to the front of the system in the interface between primary and secondary care whilst developing a stronger wider commitment to people with long term mental health problems.

4.3 The Review is clear that Social Work and Social Care, to be most effective in integrated multi disciplinary settings, must retain its distinct professional identity and be located where there can be the greatest benefit at the front end rather than buried in secondary care. This is where Social Care would be more accessible. Greater emphasis will be given to reablement and personalisation. At the heart of the Care Act 2014 is the principle of promoting wellbeing through prevention, early intervention, reduction and delay in the need for greater levels of care and support and better mobilisation of individual, family and community capacity.

4.4 In order to strengthen the Social Care offer, the management of LB Southwark Social Care funded posts will no longer be delegated to the Mental Health Provider Trust (SLaM), with staff being managed directly by LB Southwark.

4.5 The intention is to strengthen integration and wider partnership at the front end of the service, at the interface between primary and secondary care. Integration of Health and Social Care would include a shared pathway into and out of secondary care services, with the Social Care offer situated at the front end, in colocation with SLaM, where it can be most effective in achieving social care outcomes and change. The rationale for the changes is set out in the Southwark Mental Health Social Care Implementation Plan.

4.6 Social Workers in the Start Homeless Outreach Team, Supported Living Team, Home Treatment Team, Forensic and National Services funded by NHS England or the CCG are **not** in scope and are not affected by this Implementation Plan.

4.7 Enhanced Voluntary Redundancy (EVR) was offered and taken up by 3 Team Managers, 4 Advanced Practitioners, 2 Social Workers, 1 Business Support Officer and

1 Senior Admin and Finance Officer. A Team Manager Post was deleted along with a Senior Admin and Finance Officer and Business Support Officer. The last working day for staff who opted for the EVR scheme was 30 September 2016.

4.8 SLaM offered 6 month interim contracts funded by the CCG to this group of staff. This offer was accepted by, the Team Managers and Advanced Practitioners and one of the Social Workers. These staff held key roles in the delivery of CAG Services.

4.9 Transferring from the integrated secondary care CAGs into the new Service i.e. the enhanced Assessment and Reablement Team and the Long Term care Team and other established parts of the Service such as the AMHP Service will be 1 part-time Service Manager and 7.5 experienced practitioners, in addition to the envelope of money for those taking EVR. This is a move of 18 relatively senior and experienced Social Care funded staff posts out of integrated working within the CAGs.

4.10 Approval of the Southwark Mental Health Social Care Implementation Plan by the Strategic Director for Adults and Children, took place at the Children and Adults Board (CAB) on 14 September 2016. An action plan following CAB requested an Equality Impact Assessment, which has been finalised. CAB endorsed the way forward that included progressing involvement with the development of Local Care Networks; stronger working with the Voluntary Sector and coproduction with Users and Carers; Housing and Mental Health Social Care working much more closely as part of the Local Authority offer; partnership with SLaM being essential with integration and co-location at the front end of the system; providing in-reach to Guy's and St.Thomas' and King's College Hospital; and the imperative on being Care Act compliant.

5. Consultation

5.1 A key element of the approach has been the engagement of Social Care Staff, Team Managers and Senior Social Care Staff with input from the Principal Social Worker for Adults to own and develop the transformed Social Care model.

5.2 A Community Service User Group was established at the outset and facilitated through the Wellbeing Hub. This was a significant initial step to establish a user community group, particularly for those people who may have a social care need and not been able to access Services.

5.3 The involvement of Experts by Experience has been commissioned to ensure that the voice of people who use services is at the heart of service development and transformation. Experts by Experience have a successful track record locally in development and engagement work with people who use services.

5.4 Experts by Experience are core members of the Steering Group for implementing the Review and have run focus groups with users from the Wellbeing Hub, the CAGs, Black African Minority Ethnic Groups (BAME), Southwark Council Substance Misuse /Lifeline Users with dual diagnosis, Dragon Café, Carers and 2 SLaM User Groups.

5.5 Experts by Experience also ran a stakeholders event with Healthwatch, given an update to SLaM and Southwark Managers and have submitted a report that is going on the Experts by Experience website and provides challenge to mental health services and informs transformation of Mental Health Social Care.

5.6 A Steering Group for implementing the Southwark Mental Health Social Care

Review was also established at the outset meeting every six weeks since December 2015. It is a multiagency group working closely with partners including the CCG, SLAM, GPs, Experts by Experience, Healthwatch, the Voluntary Care Sector, Children and Families, Housing (and other Local Authority Departments for a much stronger Local Authority offer), to take forward the development and implementation of the model. Key partners, including Housing, Lifeline (Substance Misuse) and the Voluntary Sector have confirmed their commitment for stronger partnerships and closer working. The Steering Group will continue to meet to review progress and issues arising from implementation.

5.7 Constructive dialogue has been sought with SLAM and NHS Southwark CCG. For the last 3 months, weekly meetings have been taking place with Operational Managers for SLAM and the Local Authority as well as a Meeting with Service Managers to look at the details of case transfer, joint working, colocation and operational issues. A strong and detailed project and mobilisation plan is in place to achieve safe and meaningful transition in partnership and that provides assurance around risk. Discussions have also taken place with SLAM and the CCG at Director level.

5.8 Consultation events are currently taking place on the proposed changes. This has included a full day workshop with all Social Care staff. A session is to be run with SLAM for Health and Social Care staff re the proposed new model. A session for Council staff is taking place, particularly with the Housing Department, Adult Social Care, and Children and Families; and also a wider event for the Public, Users and Carers. A session is also being planned with local GPs.

5.9 There is a commitment to the Joint Wellbeing and Mental Health Strategy stakeholder events and process and a commitment to promoting the Mental Health Social Care Implementation Plan within this Strategy as part of the Social Care offer.

5.10 Full Trade Union consultation has taken place throughout with several meetings, and agreement is on the point of being finalised, with the provision of an issues log and assurances that the delivery of the Implementation Plan will be reviewed in a year's time.

6. Teams being established through Transformation

6.1 The '**Long Term Care Mental Health Team**' is to be established within the first phase of transformation, and is now scheduled for 28 November 2016. This team will work with people that have a Social Care need who are within secondary care. The team will ensure that people's Social Care needs are being met, and that individuals are supported to move out of secondary care, or prevented from returning to secondary care. The team will also provide some in-reach into the CAGs and GPs to maintain a Social Care perspective and to sustain partnership working. The **Carers Assessment Team** will join this Team.

6.2. The **Substance Misuse Team** will join the AMHP Service and Assessment and Reablement Service at Camberwell Road and provide a stronger focus on dual diagnosis.

6.3 The Reablement Team will be enhanced to become the '**Assessment and Reablement Team**' and will work closely with the Wellbeing Hub and SLAM in particular and be the point of entry of the new Service. The intention would be to collocate with SLAM and to establish integrated working with SLAM. The effective reablement programme will be built on.

6.4 The **Approved Mental Health Professional Service (AMHP)** will be strengthened

with an experienced AMHP/Best Interest Assessor to help manage the scale of AMHP referrals, in addition to other service pressures including the potential location of a centralised Place of Safety within the Maudsley Hospital site and the loss of some experienced AMHPs through the EVR Scheme. The **Safeguarding** Lead will work closely with the AMHP and Assessment and Reablement Service.

6.5 The Move on Support Team (MOST) are working with people with complex mental health needs who have required residential care or supported living; a reablement focused approach and peer support are enabling more people to live independently, reducing reliance on residential and nursing care.

6.6 The Wellbeing Hub has become firmly established in the Voluntary Sector in providing a universal offer and accessible community support and signposting/advice, peer support, education and 1-1 interventions.

7. Risks and Mitigation

7.1 Non compliance within the Care Act e.g. around non-assessment, when there is eligibility to be assessed, exposes the Local Authority to significant risk of legal challenge for failure to assess and failure to address the requirements to meet unmet needs and to deliver strong social care outcomes early intervention and prevention and wellbeing for Southwark citizens.

7.2 Any Service change must be carefully planned and managed to mitigate risk to Service Users and Carers. It must also take full account of the views of affected staff and other key stakeholders, including the Mental Health Trust, CCG as well as Council Directorates.

7.3 Concerns have been raised formally by the CCG Director of Integrated Commissioning and by the Mental Health Trust about system disruption, the knock on effect of staff change and loss, and requesting assurance that there is sufficient mitigation in relation to safety. In addition, SLaM has concerns that there is a requirement to change their systems and the CCG are concerned of extra costs to be met.

7.4 After initial delay in engagement, these operational matters have been and are currently being actively addressed through careful detailed work between Southwark Council and SLaM Managers. Meetings take place twice a week and with additional working groups, working to a strong project and mobilisation plan. This looks at issues of information sharing, caseload and transfers, joint allocation, colocation and collaboration, eligibility and point of access and shared processes, building works etc. to achieve assurance around a safe transition. Shared bases will be at Camberwell Road and Lordship Lane with a central partnership base at Castlemead planned to replace both buildings.

8. Issues & Analysis

8.1 The Implementation Plan presents a challenge in seeking to reconfigure the Social Care provision currently delivered in secondary care Clinical Academic Groups (CAGs), and secure integration with SLaM at the front end of the system.

8.2 The Wellbeing Hub has developed the essential role in engaging BAME Users and young people. BAME users have been significantly over-represented in secondary Services. Young people and BAME and minority groups, as the Equality Impact highlights, have not been successfully engaged by Adult Mental Health Social Care.

This needs to be addressed in the new Service. The Hub is providing a personalised first access point to mental health services.

8.3 Transformation of Mental Health Social Care will take place within the same financial envelope and be within budget. The savings target for 2016/17 and 2017/18 will be met.

8.4 The All Party Parliamentary Group on Social Work 2016 confirms that there needs to be *“the re-emergence of a strong social model of mental health to drive effective personalised assessment and support”*. This can build on the preventive, early intervention and community focus of The Care Act 2014 and be based on personalised assessments.” The NHS *“Five Year Forward View”* provides the same vital opportunity as The Care Act 2014, such as promoting prevention, early intervention, wellbeing, and personalization.

9. Next Steps

9.1 Moving forward, there would also be scope in developing **A&E Liaison and Inreach** with the two local Acute Trusts (Guy’s and St Thomas’ and King’s College Hospital).

9.2 In the second phase, in order to progress transformation, it is proposed that a **Multi-Agency Intake Service** is established at the front end of primary care, with representation from key partners such as SLAM, Housing, Income Maximisation, Substance Misuse Services and the Voluntary Sector would work closely with the Wellbeing Hub and CASC and would look to further develop the role of Local Care Networks, enhance working with GPs and strengthen working with SLAM.

9.3 In the third phase, a **Complex Care Team**, which will be a multi-agency team, is proposed when the Long Term Care Team is fully established. This is a potential assertive out-reach team for those Users of Service who are difficult to engage and have complex needs around dual diagnosis and offending.

9.4 These further phases of Service Development will be given consideration as part of the Joint Mental Health and Wellbeing Strategy, which is now fully underway.

10. Background Documents

Background Papers	Held At	Contact
Southwark Mental Health Social Care Implementation Plan 2016	Adult Social Care Southwark Council	Richard Adkin Project Implementation Lead
Southwark Council-Mental Health and Substance Misuse Service (Southwark Adult Social Care) 2016	Adult Social Care Southwark Council	Simon Rayner Assistant Director Adult Social Care