South London and Maudsley NHS
NHS Foundation Trust

Southwark Council Mental Health Social Care Review Implementation

Overview and Scrutiny Committee

Response from South London and Maudsley NHS Foundation Trust

Firstly, I would like to thank the Overview and Scrutiny Committee for offering this opportunity for the South London and Maudsley NHS Foundation Trust to comment on the implementation of the Southwark Council Mental Health Social Care Review. As you are aware, the Trust works across Southwark and three other London boroughs (Lambeth, Lewisham and Croydon) where we have strong, positive and deepening integrated partnerships with social care. As an organisation we are committed to close partnership working and our organisational strategy is very clearly focused on the development of local community partnerships and on the social determinants of mental distress and ill health alongside the provision of high quality services for those who need them.

South London and Maudsley and Southwark Council have had integrated partnership arrangements in place for many years now, with council social workers working as valued colleagues alongside Trust staff within community multi-disciplinary teams (MDT). Under a Section 75 agreement, South London and Maudsley has managed social workers and delivered statutory duties in relation to community care legislation (now the Care Act 2014) on behalf of the Council. It is therefore, of real regret to me and the Trust Board that these historical partnership arrangements are now being dissolved. It remains our view that local residents are best served though integrated services as we believe these offer the best outcomes and safest care for our service users, carers and local people.

The key recommendations of the original review were that the social care offer and professional social work in mental health teams should be more closely aligned with the emerging local care networks and focussed on early

intervention and prevention to meet the requirements of the Care Act 2014. We fully supported the aspiration of the review to work towards a transformation of social care and were keen to work collaboratively with Southwark Council partners to this end. The South London and Maudsley Trust Board were fully sighted on our delegated duties in relation to the Care Act and had tasked our jointly appointed (between the Trust and the four core boroughs with whom we work) Director of Social Care to manage the implementation of the Care Act within the Trust and to develop a social care performance dashboard in order to make necessary improvements in the delivery of social care outcomes. It has been a disappointment, therefore, that in the move towards implementation the review recommendations have been translated into the withdrawal of all Local Authority employed social workers from the integrated partnership arrangements in secondary care. Indeed Roger Paffard, the Chair of our Trust, wrote formally to the Leader of the Council earlier this year to express concerns about the way in which the implementation of the review was being conducted and the distress of Southwark social work staff that he and other non-executive directors had witnessed first-hand. Nevertheless, we are where we are and our main concerns now relate to how, together, we support this transition in a manner that minimises the risks entailed and that maximises potential benefits to local people.

Over the last few months, the implementation has progressed and South London and Maudsley Trust managers have been engaged in a steering group to work through the disaggregation of the integrated teams and functions to form separate health and social care teams. We remain concerned, however, about a number of potential unintended consequences that I will set out below and are keen to work with the Council on how best these might be mitigated.

The disaggregation of mental health and social care teams in Southwark will impact directly upon the assessment and liaison, treatment, promoting recovery and the 'STEP' early intervention teams. This will result in a significantly higher number of transfers of care and changes of care co-ordinators with the likelihood of an increased clinical risk and dissatisfaction or disengagement of service users and carers who may have had long-standing relationships with individual social workers. Regrettably, there has already been a significant impact on the morale of staff in both health and social care. This is of particular concern as the link between staff engagement and morale and the quality of practice is well-evidenced in, for example, the Frances report into practice at the Mid Staffordshire NHS Trust.

The pace of dis-integration has, we believe, progressed in advance of shared implementation planning around agreed models to manage these potential risks. Consequently, there remains a significant amount of detailed work to separate out what are currently shared functions, before the full implementation date of the 28th November 2016.

In separating out health and social care functions that have been integrated for many years, it is certain that there will be grey areas between health and social care responsibilities. Together, we need to ensure that this does not impact upon entry criteria to the respective teams with the attendant risk of service users falling between the two services. We have a particular concern about the new model having two entry points: one via the Trust community teams and another via the single point of access to social care. If unmanaged this is likely to introduce inefficiency, unnecessary bureaucracy and delays in response times as one service transfers to the other for their input, as opposed to a holistic, integrated approach at the first point of contact. It is obviously important that service users are not subjected to unnecessary duplication of assessments and we will need to plan together in detail to mitigate against the risk of increasingly fragmented services and poorer quality experience for service users and carers.

Together, we share responsibility for supporting the health of local people. This includes both those within the community with perhaps lower levels of mental health need, but also that smaller number who are unfortunate enough to suffer from more severe and enduring mental health difficulties. One of the challenges we face is to balance our resource to meet the needs of both. I believe that what we should be seeking to achieve here is a proper rebalancing of the system to that effect. We need to be wary of replacing one imbalance with another; that is of a focus on prevention and early intervention being to the significant detriment of service users with more established mental health difficulties.

Together, we also need to pay very close attention to the risks in relation to effective communication. When health and social care professionals are located in separate buildings, communication between the MDTs may become impaired with a consequent increase in clinical risk. Communication will also be affected by the move to two separate recording systems, with health and social care staff having 'read only' access to each other's clinical and information systems but each recording separately. It is important, therefore, that proper and detailed plans are in place to ensure that poorer

communication over time, consequent on disaggregation of the MDT, does not lead to an increased risk of serious incidents and/or safeguarding concerns.

Social workers are also highly valuable partners within MDTs and bring a social perspective to balance and complement health models and provide expertise and advice to the clinical team on a range of issues: mental health law, safeguarding adults and children, recovery and social inclusion, for example. The doctors in the Medical Advisory Committee in Southwark have expressed their regret in writing on the removal of social workers from their teams with the consequent loss of this important contribution.

We also need to be mindful of examples of other services which have disaggregated in this manner (e.g. Bristol mental health services) where rates of delayed transfers have risen to as high as 12% in acute and crisis in-patient care, attributed at least in part to the separation of social care from health care. Again, a significant risk that we need to mitigate through detailed shared planning and implementation.

In conclusion, I and the South London and Maudsley NHS Foundation Trust Board fully support the findings of the Social Care Review in Southwark, recommending as it did a shift in emphasis and focus towards prevention and primary care. In partnership, however, we believe this could have been achieved without the now planned dis-integration of health and social care, protecting the benefits to local people in holistic, seamless care and support. While our disappointment is evident in the direction of travel that has now been set in train we remain absolutely committed to working collaboratively and in partnership with our Southwark partners to mitigate and minimise the above risks to the benefit of our service users and carers and to local people. We believe, however, that this work needs to be reflected in detailed shared planning and protocols to ensure that we achieve maximum value for local people whilst minimising the not insignificant risks still associated with the current level of planning.

Dr Matthew Patrick

Chief Executive

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