

HEALTH AND WELLBEING BOARD

5 July 2017

Title:	Future Integrated Arrangements for the Delivery of Mental Health Social Work in Barking & Dagenham
Report of the Strategic Director for Service Development and Integration	
Open Report	For Information
Wards Affected: None	Key Decision: No
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Sponsor: Cllr Maureen Worby, Cabinet Member, Social Care and Health Integration, LBBDD	
Summary <p>Alongside its wider transformation plans for care and support, the London Borough of Barking & Dagenham commissioned a review of its Mental Health Social Care Services. This followed correspondence from the Chief Social Worker for Adults, Lyn Romeo, seeking assurances from statutory Directors of Adult Social Services that the appropriate statutory duties around adult mental health services were being satisfactorily discharged. The review report was completed in February 2017 and was received by the Deputy Chief Executive in March 2017.</p> <p>The Report recognised a number of areas of good practice in place in Barking and Dagenham's mental health services. However, alongside this, it raised some immediate concerns around compliance with safeguarding procedures, the stability of the workforce (the AMHP Service in particular), and some limitations with the Care Act compliance of the service. In overall summary, it was indicated that the distinctive value of social work did not have the opportunity to have the impact that it might within the current integrated arrangements for delivery of mental health services overall. This becomes particularly relevant, considering the changing ways in which the NHS and local authority deliver and commission mental health and related support.</p> <p>It was also recognised that the way in which the Council and its health partners approached integrated services had changed, with a more comprehensive locality-based approach is being developed under the BHR Integrated Care Partnership. Alongside this, the Council has initiated its new Community Solutions service for initial access to social care services alongside welfare, employment and housing advice. Finally, work is underway to rethink the future of employment and vocational support for this service user group. It was recognised that this was an opportunity to re-evaluate the place of mental health social care services in this new landscape.</p> <p>In her role as statutory Director of Adult Social Services, therefore, the Deputy Chief Executive took the decision to reinstate a direct management relationship with Mental Health Social Care Services. A temporary six-month extension to the Section 75</p>	

arrangement with NELFT is being negotiated to maintain the service for the delivery of the integrated service. With a date effective from 1 October 2017, a refocussed Mental Health Social Care Service will be in place, continuing to deliver under Council management, and within a strong partnership with NELFT.

This report provides a summary of the Review, the process being undertaken to establish the new service arrangements, and progress on first joint steps.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- (i) Note the contents of this paper, the direction of travel and the rationale for the decisions taken;
- (ii) Propose any issues or steps that the relevant managers should consider when designing and implementing the new service model.

Reason(s)

It is the statutory Director's role to ensure that resources are in place to deliver on the Council's statutory duties under the Care Act, the Mental Health Act, and other related legislation. Following concerns about the robustness of compliance with some of this legislation, the decision has been taken to reinstate a Council management line for this service. This presents opportunities to rethink the role of mental health social work, given recent developments in the partnership delivery of health and social care services. This report is an opportunity for Board members to indicate areas that they would like to see brought into scope, for consideration by the officers implementing the review.

The Council has set a vision of 'no-one left behind' as it sets out ambitious plans to grow the borough. Improving mental health social care outcomes, and promoting more open access to early intervention and prevention for mental health support, are key to ensuring that those with mental health problems are not excluded from the Borough's future growth.

1. Introduction and background

- 1.1 The Review of the Mental Health Social Care offer in Barking and Dagenham was undertaken between October 2016 and January 2017, in order to support management in understanding the processes and quality of current services, with a particular focus on Social Care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.
- 1.2 The Review Report was an options paper specifically written for the Council's adult social care management, detailing strengths and weaknesses of the current arrangements of the service. It was recognised that there are some areas of good practice in Barking and Dagenham. However, it also raised a number of areas that needed improvement, particularly in relation to meeting the Local Authority's statutory duties under the Mental Health Act 1983 (as amended 2007) and the

Care Act 2014. Concerns around compliance with Safeguarding processes were also cited. The report also highlighted need for a greater focus on social care outcomes, supported by a strong and stable workforce.

- 1.3 As a result of the report, the decision was made by the Council to end the integrate management arrangements governed by the Section 75 agreement and reinstate Council management of the service. As from 1 October 2017 the Social Work staff will be directly managed by the Council, with a new Head of Mental Health reporting to the Operational Director, Adults' Care & Support. This date provides a convenient point in time to align these new arrangements with the development of Community Solutions and a number of the other Council transformation developments, ensuring that the staff return to the Council and feel quickly part of the development of the new Council working arrangements.
- 1.4 This has required a considerable amount of planning work in a short space of time, which is currently underway. All parties – the Council, NELFT and the Clinical Commissioning Group as the commissioners of mental health clinical services – have asked that a joint risk assessment be drawn up in order to identify and manage the risks; this has been worked up in first draft by the Section 75 partners, and continues to develop.
- 1.5 Preliminary work has also commenced with regard to the development of a Joint Operational Policy between the Council and NELFT to govern the delivery of the service under the new arrangements.
- 1.6 A project team has been established to oversee the safe transition and to ensure close work between all partners to bring the new Mental Health Social Work Service into being.

2. Findings of the review of the Mental Health Social Care

- 2.1 The headline findings of the Review included the observation that in many areas Barking and Dagenham already has a version of what good looks like in mental health services. There is evidence of many areas of good practice, local initiative and strengths across Adult Mental Health Services. The challenge is to make this sustainable with clear care pathways that reflect the priorities and direction of travel for the Local Authority and keep pace with rising demand and complexity.
- 2.2 Social Care outcomes are not as clearly articulated as Health Care outcomes in the current integrated arrangements. These Social Care outcomes are not addressed as a priority in the current arrangements and a shortfall in the delivery of the Local Authority Statutory functions is dealt with reactively.
- 2.3 During the course of the Review identified concerns around safeguarding and AMHP provision and staffing had to be immediately addressed. The AMHP Service had been on the Trust risk register for several years and also went onto the Council's Corporate Risk Register.
- 2.4 To address these issues the following recommendations were made:

Overall strategy

- Implementation and development of the Joint Mental Health Strategy through effective channels and Senior Commissioning leadership.
- Stronger Council direct working relationship with users and carers of Mental Health Services and the voluntary sector to make progress on co-production and peer support and support a richer Voluntary Sector.
- A Strategy in place for addressing the mental health needs of the BME communities in Barking and Dagenham.
- An Implementation Delivery Plan to be drawn up that provides a framework for taking forward recommendations that are accepted by Senior Officers at LBBB from this Review.

Approved Mental Health Professional (AMHP)

- Ensure that the Local Authority's statutory duties under the Mental Health 1983 (as amended 2007) and the Care Act 2014 are fully and effectively discharged and that the organisation and delivery of the AMHP Service is strengthened.

Role and function of social work in mental health services, and greater preventive intervention

- Ensure that there is a stable critical mass of staff with sufficient experience and leadership and managerial input from LBBB within Mental Health Social Care. Further ensure that recruitment, retention and forward planning are given strategic consideration and embedded in operational practice.
- Mental Health Social Work identity, culture and practice to be reclaimed, rather than the Social Work staff undertaking the generic role of Care Management or the CPA role of Care Coordinator, as has been historically established in national care models, but not updated since the introduction of the Care Act.
- Agreement on reform of integration across statutory mental health services, to bring Social Work nearer to the front of the system and at the interface between primary and secondary care. This in part will require a clear pathway for Mental Health Social Care including involvement with Community Solutions and working to the 3 localities.
- Consideration of the Older Persons Mental Health Team being absorbed into the three Integrated Care locality teams.
- Focus on supporting people living with long-term conditions in the community.
- Further application of Enablement and Personalisation for improved prevention and recovery and promoting choice and control.
- Strong focus on prevention and earlier access to help for children and young people and protecting what is already working well for key vulnerable groups.

Safeguarding practice

- Provide assurance that all Safeguarding referrals are properly dealt with and recorded. Continue the audit on the Safeguarding function.

3. Developing a new model of mental health social care delivery

- 3.1 On 31 March 2017, the previously agreed Section 75 agreement lapsed, which had been authorised for signature by the Health & Wellbeing Board on 26 January 2016. The commissioning of the review was in response to the approaching endpoint of this agreement. In the absence of other decisions, therefore, the default position would have been to end the secondment of Council staff and return to Council management of the service.
- 3.2 However, in making the decision to restore Council management of mental health services, it was recognised that any such process needed to be managed carefully; therefore in confirming the end of the agreement a six-month extension to 30 September 2017 was proposed to allow the necessary planning work. The statutory Director of Adult Social Services is responsible for ensuring the Council's delivery against the statutory duties of the Care Act 2014 and the Mental Health 1983 (as amended), and having not been satisfied as to the level of compliance with that legislation, took the decision to reinstitute Council management in line with her delegation under Part 3, Chapter 1, Section 5.1(i) of the Council Constitution.

Developing a model

- 3.3 As from the 1 October 2017 the Social Care staff will be managed directly by the Council, with the emphasis on practising as social workers rather than focusing on the care coordinator role under the Care Programme Approach. There will be a need to address the current range and level of staffing and management.
- 3.4 A model is being developed to transform Mental Health Social Care. This will include a number of key elements, including:
- an Enablement function in keeping people out of hospital and supporting their successful discharge;
 - an Assessment function will be established with Community Solutions and working closely with the Trust's Access and Assessment Team;
 - an enhanced AMHP Service will be established; and
 - a Long Term Care Team will focus on support for those people in supported living and similar placements to support review and move-on.
- 3.5 In order to have this transition managed safely, a number of policies and procedures need to be in place including:
- an Implementation Plan has been drawn up in outline, to take the service through to the date of new management arrangements of 1 October 2017;
 - a longer-term Project Plan will include, and then pick up from the initial implementation plan, and establish a longer-term transformational journey for the service;
 - a Joint Operational Policy, or set of policies, will be developed together with NELFT and cover the ways in which the new service will deliver integrated care for service users and enhanced outcomes and the practicalities of how the new arrangements will work day-to-day;
 - the Joint Operational Policy will need to fit closely with a set of more detailed shared pathways, eligibility criteria (more closely fitted to the Care

Act vision of prevention, assessment and provision), and caseload management, which will deal with the different responsibilities of the partners in place of a more generic approach to care management across disciplines;

- these products, the implementation plan in particular, will be informed by a Joint Risk Assessment, which will be a joint product of NELFT and the Council, and to which the CCG has been invited to contribute, with the intention of ensuring that system risks are managed jointly across partners;
- a new Service Specific Information Sharing Agreement may need to pick up from the current draft in the Section 75 to reflect the new organisational arrangements;
- the structure will need to be described in a new set of organisational charts, which can then evolve as the service adapts to meet a longer-term vision;
- a Communications plan will support the initial transition of the service, with a deeper engagement plan then picking up the shaping and development of the longer-term vision for the service.

3.6 These need to be worked through systematically and cooperatively with our health partners and other stakeholders including users. The focus of user consultation will be on the longer-term vision, once the initial restabilisation of the service under Council management has been achieved. Together with the implementation of the new mental health strategy, the early establishment of Community Solutions, and the new proposals for vocational and peer support being pursued by both the Council and the CCG, there will be a rich opportunity to discuss with service users how the mental health system evolves to support them and others in the future.

3.7 Immediate work will take place to strengthen the management and leadership and development of the workforce, resolve IT issues, enhance the AMHP Service and have assurance around safeguarding and address duties under the Care Act and give some focus to improving Social Care outcomes.

3.8 Whilst the longer-term vision is to ensure that the localities are the base for delivery of these services, and that integrated working with NELFT is maintained, it will be necessary in the immediate weeks after the transition to emphasise the new local authority base that will be provided for staff. Whilst staff will have the flexibility to work alongside health colleagues, and this will be very much supported by the Council's core policies on flexible working arrangements, they will increasingly be encouraged to see their physical 'home' alongside other social care teams. Both partners to the change have committed to proactive management of the risk that this arrangement leads to poorer communication, silo-working and increased risk to complex service users. The assessment of the risk, and mitigations, is the subject of active dialogue between both provider organisations.

3.9 There will be a strong social care training and workforce development package in place for the social care staff, together with initial orientation into the 'new' Council and its working processes.

4. Progress to date, scoping and managing risks

4.1 Weekly meetings with NELFT are being established to work closely in partnership for current and future operational delivery, comprising the Mental Health

Transformation Lead for the Council and Assistant Integrated Care Director for NELFT, and other colleagues as required.

4.2 In summary:

- Steering group meetings are being scheduled;
- Local authority task and finish meetings are scheduled;
- Development of a Joint Operational Policy between the Health and Social Care Partners has started;
- Development of a joint risk register has started and is subject to ongoing review;
- Actions to address areas of safeguarding and the support and structure of the AMHP service are being worked on;
- The AMHP incentive scheme is being taken forward;
- A staff development programme is being developed;
- Staff HR and IT issues are being jointly resolved.

4.3 For the Board's information, the risks identified for mitigation thus far through the transition process are included in headline form below. These are a mixture of risks in the current arrangements that the transition will seek to resolve, risks of the transition process itself, and risks that may be increased, and therefore need to be mitigated, in any new twin-management arrangement.

Accommodation

An early decision as to the location of the social care staff is required to enable either co-location/suitable office accommodation to be provided on an ongoing basis post S75 disaggregation.

Service user care management during transition

The maintenance of partnership working between health and social care to ensure that service users, especially the most vulnerable, do not fall between gaps. Both organisations have plans in development to ensure that this is managed effectively.

Information systems

The need to ensure all LBBB Mental Health Social Care Staff have the equipment to ensure access to both Trust and LBBB information systems to resolve existing data collation and reporting issues within LBBB.

Approved Mental Health Professional Service

Replacement arrangements fail to provide sufficiency of AMHPs to deliver statutory functions as required under Mental Health Act.

Lack of joint planning of service provision

Avoiding a situation where unilateral service planning results in gaps in services that present risks to service users, carers and the community.

Service changes lead to extended waiting lists/unsustainable workloads in care coordination

The disaggregation of health and social care staff will require a joint workforce plan. NELFT currently has 19 social care staff working as care coordinators. Re

designating social care staff will impact on the delivery of care coordination and risk management.

Compliance with Care Act and other mental health and social care requirements

The Council remains non-compliant in relation to the Care Act requirements and social care service provision and key deliverables

Agreement between partners

Agreement to S75 disaggregation project plan and actions/timescale.

HR information

Managing the transition of HR data of staff (leave, sickness, appraisal) to the Council's Oracle system effectively.

Reliance on locum social workers

The social care service is currently highly dependent on temporary and expensive locum staffing to deliver the service, which will need managing through the transition process, and long-term resolution.

Staff and Management Morale

Risk of repatriation to LA premises depleting morale of staff and managers, which could exacerbate staff shortages and poor recruitment and retention, for both parties.

5. Consultation

Staff consultation

- 5.1 Consultation has happened with staff on several occasions. Concerns and issues arising are being facilitated through the Communications Plan. Staff will continue to be engaged in shaping the issues to be addressed, in problem-solving and in developing solutions to the issues and risk mitigations identified.

Service users and carers

- 5.2 A Steering Group has been set up and various stakeholder events are being planned including consultation with users and carers. Consultation with users needs to reflect the wider offer and stakeholders who may not have been engaged previously.
- 5.3 However, it is important to note that the stabilisation of the service is proceeding at pace, and the focus of service user and carer consultation and engagement will be on the longer term from 1 October 2017 onwards, when a stable management framework has been established for the new service.

Partners, including commissioning partners

- 5.4 The Clinical Commissioning Group was given informal notice of the development shortly before the final decision was communicated to NELFT. They were formally notified at the same time as the formal correspondence to NELFT. In both instances, and then throughout, they have been invited to consider issues from

their perspective to feed into implementation planning. They continue to be part of the planning group to inform the transition.

- 5.5 The Council has agreed with the CCG to undertake a commissioning-specific review of the long-term direction of the joint service shortly, in order to identify wider system impacts and opportunities. This will be a development of the already on-going discussion between the CCG and the Council on mental health commissioning. In more general terms, a formal review point is proposed take place after 3 months and 6 months with partners following the establishing of the transformed service, and these conversations will again be informed by user and carer input.

6. Mandatory implications

Joint Strategic Needs Assessment

- 6.1 Barking and Dagenham has a population of almost 206,000 which is comparatively young, mobile and ethnically diverse. The population has grown 13.4% since 2001 and is expected to rise to 275,000 by 2037. Barking and Dagenham is densely populated and also has a deprived population in relation to other London Boroughs and English authorities. It is a disadvantaged population with poor outcomes. In the 2015 Indices of Multi Deprivation, LB Barking and Dagenham is the 9th most deprived Borough nationally and the 2nd most deprived Borough in London.
- 6.2 The population of Barking and Dagenham is diverse. Since 2001 the proportion of the population from a minority ethnic background has increased from 15% to 50%. This is predicted to increase to 62% over the next 25 years.
- 6.3 The population is young. There is the highest proportion of under 16's of anywhere in the UK (54,912). 10% of the population is aged 0-4 and that is a 50% increase since 2001.
- 6.4 The Strategy and Programme Team (LBBD) has just undertaken a Borough Equality and Diversity Strategy. The Strategy is aligned to the wider ambitions of the Local Authority.
- 6.5 In 2014/15 according to the JSNA, between 1097 and 1542 Adult Barking and Dagenham residents who were registered with GPs were on the severe mental illness (SMI) register. This is considered to be an underestimate and the Borough sees high levels of severe and enduring mental illness. Numbers in contact with Mental Health Services appears relatively low compared to other Boroughs.

Health and Wellbeing Strategy

- 6.6 This Health and Wellbeing Strategy supports the following priorities in the Joint Health & Wellbeing Strategy:
- Increase the life expectancy of people living in Barking and Dagenham.
 - Close the gap between the life expectancy in Barking and Dagenham with the London average.
 - Improve Health and Social Care outcomes through integrated service.

6.7 In addition, there is a more detailed Mental Health Strategy that sets out how the partnership will meet the relevant aims of the Health & Wellbeing Strategy.

Barking and Dagenham Mental Health Strategy 2016 - 2018

- 6.8 The Mental Health Strategy supports and aligns with the Council vision of 'One Borough; one Community; London's growth opportunity'. There are 3 corporate priorities: Encouraging Civic Pride; Enabling Social Responsibility; Growing the Borough. It provides a specific Barking and Dagenham perspective on the wider planning processes that are underway across North East London, as part of the development of the Sustainability and Transformation Plan for the area.
- 6.9 The vision for the Mental Health Strategy 2016 – 2018 is for people to be active citizens, to live a meaningful life and make positive contributions to the community that they are part of. Services and support must focus on promoting wellbeing and enabling people who have experienced a mental health problem to be independent, with more people choosing the support they want and a greater range of services to choose from; to support people to achieve their aspirations such as returning to work, living well in suitable accommodation and keeping active.
- 6.10 The Strategy is predominately focused on adults, but highlights the significance of promoting and protecting the emotional health and wellbeing of children and young people to prevent mental health problems in adulthood. Actions to do this are being taken forward through the Barking and Dagenham Children and Young People's Mental Health Transformation Plan, which includes consideration of improved transitions to adult services.
- 6.11 The Barking and Dagenham Mental Health Strategy promotes Community Solutions, which will be an early resolution and problem-solving service to help residents to become more self-sufficient and resilient. It is intended that Community Solutions will tackle the multiple needs of households in a joined-up way and at an early stage. It will comprise multi-disciplinary and multiagency teams that will collaborate closely with partners in the voluntary and statutory sectors to deliver early intervention and preventative support based in 3 localities.
- 6.12 The key theme of prevention runs throughout the Mental Health Strategy and the Borough's Prevention Approach is an inherent aspect of LBBD overall future ambition. The growing prevention agenda promotes the development of a more resilient community, where individuals are empowered and supported to take positive steps towards managing their own wellbeing.
- 6.13 The four priorities are:
- Priority 1: Preventing ill-health and promoting wellbeing;
 - Priority 2: Housing and living well;
 - Priority 3: Working well and accessing meaningful activities;
 - Priority 4: Developing a new model of social support.
- 6.14 This fourth priority provides a focus on more creative, innovative ways to co-produce a new system of mental health care and support, including maximising

the benefits of creating a digital front door to advice and support. The role of Social Work and Social Care in this new model needs to be developed, to allow the particular skills and unique contribution of Social Workers to be used to their full benefit in creating a sustainable and responsive approach in the Borough.

- 6.15 The proposed next steps for the Mental Health Strategy 2016 - 2018 are as follows:
- Deliver upon the action plan, monitored and supported through the Mental Health Subgroup.
 - Establish and enhance links with other strategies to support the principle of parity of esteem for mental health.
 - Continue to develop the Mental Health Strategy 2016 - 2018 to align with and support the implementation of the Growth Commission and Ambition 2020 along with the NHS Five Year Forward View for Mental Health.
 - Completion of a suicide audit and the development of a local suicide prevention plan in line with Public Health England's on-going programme of work to support the government's suicide prevention strategy. The local plan will link with the Mental Health Strategy 2016 – 2018.
- 6.16 Integrated commissioning and provision within Barking and Dagenham and across the wider Health and Social Care system is at the heart of the Mental Health Strategy 2016 – 2018. The Strategy further confirms integration priorities that have been identified as part of the BHR system wide approach to Mental Health and developed through the work on devolution. It also reflects the mental health priorities identified as priorities within the work to develop the North East London Sustainability and Transformation Plan. These priorities have been developed to reflect the national Five Year Forward View for Mental Health, ensuring that there is a link through from nationally identified priorities through to borough and locality level delivery. The development of the Strategy has been supported through the Mental Health Subgroup of the Health and Wellbeing Board whose membership consists of a wide range of partner organisations from across the local Health and Social Care economy including Service Users representatives.
- 6.17 The content of the Better Care Fund revised plans for 2016/7 for the Borough takes into account the development of revised locality delivery networks based on population needs, which is at the heart of the transformation programmes. One of the work streams from the BCF Plan is to clarify the locality model based vision of the Mental Health Strategy and utilisation. Re-tendering is taking place for services to support people into employment and education in order to build resilience and wellbeing.

Integration

- 6.18 The Chief Social Worker for Adults met with the Senior Managers and Adult Social Work staff at LBBDD in December 2016. She gave clear unequivocal messages. She promoted Social Workers as lead Professionals in ensuring personalised and integrated care and support for individuals, families and their communities. She

stressed the importance and discussed ways at looking at the recruitment and retention of staff and the need for leadership.

- 6.19 The duties under the Care Act were reiterated around assessment, eligibility, application of legislation, care planning etc. It was a positive visit, enabling reflection and dialogue around practice and providing context for the operation of the profession. Themes developed in recent Department of Health, the former Social Work College and Parliamentary Working Group Mental Health Guidance etc. (see References) were further articulated by the Chief Social Worker around the necessity to have strong Social Work identity and professional practice.
- 6.20 At face value, the ending of the Section 75 agreement integrated working between health and social care in Barking and Dagenham seems retrograde. However given the risks and shortcomings identified and the necessity of meeting statutory duties under the Care Act etc. there was a fundamental need to get back-to-basics and re-establish a strong social care offer with strong social care outcomes and transform to provide a more universal delivery.
- 6.21 However, the Council is firm in its intent to ensure that a strong partnership is maintained going forward. The landscape for the management of integrated activity has changed substantially in recent years. Through 2016 Barking & Dagenham, Havering and Redbridge set out to shape a proposal for an Accountable Care Organisation to take on all of health and social care activity. That case not being proven to partners' satisfaction at this point, increasingly the focus is on an alternative 'Accountable Care System', with deepened provider collaboration and outcomes-based contracts and incentives to drive joint activity across the system. This is a reduced focus on organisational integration, but sets a vision which is no less ambitious for joining up services across multiple organisations. For mental health, we want to re-establish the unique strength of mental health social work, but would nonetheless see it playing more strongly into these new joint working opportunities.

Financial Implications (completed by Katherine Heffernan, Group Finance Manager)

- 6.22 The impact of the review of the Mental Health Services has resulted in a requirement to invest in the service and ensure that the service is compliant in meeting its statutory duties under the Mental Health Act 1983 and the Care Act 2014.
- 6.23 The investment would include funding the project team established to oversee the transition, creating a new Head of Mental Health, additional staffing costs arising from the redesign of the new service, training and developing staff and various IT related costs. At present, these costs are being collated and the full cost is yet to be confirmed but is likely to be significant.
- 6.24 Based on the re-design required, these costs cannot currently be contained within the MH service's existing budget. Additional funding would be required to fund this investment from within other Social Care resources. It is assumed that a proposal would be put forward to utilise an element of the £4.385m additional social care funding allocated to the Council in the spring budget 2017 announcement, via the

integration and Better Care fund (BCF). Proposals for the use of this additional funding are also yet to be agreed.

- 6.25 This additional funding is not permanent and will be phased out over time. However it will be largely replaced by the Improved Better Care Fund and/or the ASC precept. Planning for future years' expenditure will need to include sufficient provision for the permanent increase in costs of the new MH service.

Legal Implications (completed by Dr Paul Feild, Senior Corporate Governance Lawyer, LBBD)

- 6.26 The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The evidence cited in this report supports the view that there is a need for change in working between providers and practice to ensure the statutory responsibilities for mental health are the best they can reasonably be. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated matter. These strategy proposals are in keeping with this committee's function.

Safeguarding

- 6.27 A number of safeguarding issues arose during the course of the Review. As a result the NELFT safeguarding audit was undertaken from the beginning of December 2016 and led by the Quality Assurance and Safeguarding Adult Board Manager in Commissioning, Adults' Care & Support. He scrutinised a sample of cases together with the social care lead for mental health. The case audit process gave an overall positive view of safeguarding as proactive, after sustained work to improve recording and approach to safeguarding.
- 6.28 However, one of the main problems, as apparent from the outset, was that the actual enquiry information was recorded on the Health system RiO and not on the Local Authority system AIS. This had been raised as a concern repeatedly, and progress in addressing it in the integrated service had been limited. It is raised as an issue in the report in January 2016 which sought Board authorisation for the agreement of the Section 75. The Lead Social Worker needed to retrospectively retrieve information from RiO recorded for instance on CPA Reviews and Progress Notes, to put onto AIS. This was flagged as an issue of concern when the Section 75 arrangement was agreed by the Board in January 2016.
- 6.29 Nine cases looked at, as part of the audit, were not particularly Making Safeguarding Compliant (MSP) thereby raising a training issue around how people record or understanding the Procedures. No Mental Health cases were going beyond Strategy Meetings.
- 6.30 Recording was not explicit in following the multi-agency procedure (London Multi Agency Adult Safeguarding Policy & Procedures, 2015) that has been signed up to by both organisations. Examples of shortfall were recording who the SAM was, who the Enquiry Officer was, what outcomes from the process the adult wanted and whether these were achieved, did the person have capacity, how was risk recorded, the Safeguarding Conference and Plan based on the Adult's desired

outcomes, and Review and Closure giving details of how any ongoing risks will be managed etc. In the progress notes on RiO there was evidence from the audit sample of reasonable recording, within timescale with no outstanding alerts.

- 6.31 The Quality Assurance and Safeguarding Adult Board Manager has worked closely with the Social Work Lead and NELFT Managers in rolling out the audit tool and training up the Seniors and cascading to front line staff with a focus on making safeguarding personal.

Risk Management

- 6.32 A number of risks are identified in the Mental Health Social Care Review. NELFT and LBBD are working closely together to provide a joint risk assessment and how to address these risks during a period of transition. NELFT and the CCG have asked for assurance about this being undertaken and the Local Authority are firmly committed to this.

Service User Impact

- 6.33 Mental health Users in Barking and Dagenham made returns to the most recent Mental Health Adult Social Care Survey (2015/16). There were 45 respondents who were people with mental health issues, made up of 23 males and 22 females of whom 13 are black and 4 are Asian. 38 of the sample were aged 18-64 and the remaining 7 over 64. It is a comparatively small representation of the number of adults living with serious mental health problems in Barking and Dagenham and caution should be exercised about interpretation, but the information should still be given weight:

- Quality of life as a whole: 42% said it was satisfactory or poor
- Control over life: 86% reported some control,
- Care and support: 64% were very satisfied with their support. 2% were extremely dissatisfied.
- Clean and presentable in appearance: 14% of the mental health group reported a less than adequate view on their being clean and presentable
- Home: 9% were not comfortable or clean enough or not comfortable or clean at all.
- Safety: 7% of the sample did not feel safe.
- Advice and support: 26% found it not easy or difficult to get information about advice, support and benefits.

- 6.34 These are a reflection of what needs to be done in assuring that social care outcomes improve to achieve social inclusion and quality of life in a deprived borough like Barking and Dagenham.

7. Non-Mandatory Implications

Crime and Disorder and Social Cohesion

- 7.1 LBBD is seeking to be a pilot site for the Thrive London initiative. The Mental Health Foundation are leading on the community resilience work-stream for Thrive London, which is a Mayor of London's initiative due to be launched 4th July 2017. Thrive is a pilot programme designed for a whole community life-course approach

to improving mental health and preventing illness, addressing young people offending and promoting community cohesion. Evidence for the effectiveness of interventions can be seen from the Mental Health Foundation's work, such as Young Mums Together, peer work with children and young people, and tackling isolation of older people.

- 7.2 The Mental Health Foundation has produced a heat map of risk that shows the most disadvantaged boroughs of London. This includes Southwark and Lambeth where pilots are being established and potentially Barking and Dagenham- though we may be in phase 2 of the project in terms of longer-term involvement. Thames View was identified as a potential local estate to undertake a pilot project developing community cohesion. Evaluation of the work is through Warwick University and East London University.
- 7.3 In the coming months it is intended that the following actions are taken:
- The Mental Health Foundation will offer a training session to Members and officers on mental health prevention and provide a Borough wide development session on mental health, bringing together stakeholders.
 - The Mental Health Foundation will put forward a plan for carrying out an initial consultation session with the residents of Thames View and have an initial walkabout of the estate. The Mental Health Foundation will seek out longer term funding for potential work in LBBB.
 - It is hoped to form an empowered peer led group at the heart of developments and promote community cohesion in Thames View.
- 7.4 This section should also be read in conjunction with the 'Customer Impact' section, below.

Property/Assets

- 7.5 The intention is to jointly review locations of work to achieve the best solutions for strong partnership working and social care identity. However, the change of model and the closer alignment with the Council will require Council accommodation to be found for this service as its principal base, from which it will work out in localities. This will also pick up on working with Community Solutions and the 3 localities model.

Customer Impact

- 7.6 By improving access routes to social care for mental health, the Local Authority will ensure that it meets its duty to assess under the Care Act 2014. The absence of focus on social care outcomes within adult mental health services has put the delivery of a social care offer at a disadvantage, relative to medical and health interventions.
- 7.7 For the London Borough of Barking and Dagenham's vision of 'no-one left behind' in a growing borough, this lack of assurance on the delivery of the social care functions has raised the prospect of mental health service users being disadvantaged in their ability to play an active part in society. Addressing this will

be core to the development of the new service focus, strategy and management arrangements. Service users will have the opportunity through consultation and engagement to inform the longer-term development of this thinking.

Contractual Issues

- 7.8 The non-renewal of the Section 75 Agreement between NELFT and LBBB will take effect from 1st October 2017. A Memorandum of Understanding relating to partnership working will be drawn up with NELFT and also there is the opportunity afforded to develop an interim arrangement to smooth the change to new working approaches.

Staffing issues

- 7.9 Staff have been met with regularly, before and after the Review. Their views have been taken into consideration and they are an important element in taking forward the planning and implementation of transformation of Mental Health Social Care. Regular meetings have also taken place with the AMHP workforce.
- 7.10 We have committed to being part of the Social Work for Better Mental Health Improvement Programme promoted by the Chief Social Worker for Adults. The initiative provides a framework for continuous improvement and practice excellence and includes several workshops for all Social Care staff. NELFT Managers will be invited to the 2nd session to look at supporting successful partnership working. It is also intended to invite the facilitator leads for the national programme to return and review the Service one year on.
- 7.11 A number of unresolved HR issues are being addresses along with improving access to the LBBB IT system and provision of laptops.
- 7.12 There has been an over reliance on use of locum Social Workers and locum AMHP's with recruitment and retention issues. This is being addressed through a package to make it more attractive for staff to come and remain in Barking and Dagenham and a strong induction and training and development programme being planned with HR. An AMHP incentive scheme for hard to fill posts has been agreed through the Workforce Board.
- 7.13 There is agreement to have a Head of Mental Health Social Work in place from 1st October 2017 along with Team Managers and more diverse roles such as Support Workers and Occupational Therapists, particularly for the Enablement and Move on Support functions. Social Care leadership and ownership is required to deliver a strong Social Care offer in Barking and Dagenham.

Public Background Papers Used in the Preparation of the Report:

- The Role of the Social Worker in Adult Mental Health Services. The College of Social Work. Author: Ruth Allen, April 2014
- The NHS Five Year Forward View
- Distinctive, Valued, Personal: Why Social Care Matters, the Next Five Years, ADASS, March 2015
- All-Party Parliamentary Group on Social Work-Report of the Inquiry into Adult

Mental Health Services in England Sept 2016

- Social Work for Better Mental Health-A Strategic Statement January 2016
- Common Core Principles to Support Good Mental Health and Wellbeing in Adult Social -Care Skills for Care 2014
- How are we doing? A self-assessment and improvement resource to help Social Care and Health organisations develop the role and practice of Social Workers in Mental Health. DOH January 2016
- Letter from Lynn Romeo, Chief Social Worker for Adults, to Directors of Social Services re the Improvement Programme April 2017
- NELFT/LBBD v2 2016 Section 75 Agreement
- Better Care Fund Plans 2016-17 LBBD and Barking and Dagenham Clinical Commissioning Group
- Making the Difference Together, Allen/Carr/Linde/Sewell 2017

List of Appendices:

- Appendix A** Review report
Appendix B Communications Plan