

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

27 JANUARY 2015

REVIEW OF PROGRESS IN RELATION TO THE MEDWAY MENTAL HEALTH SOCIAL WORK TEAM AND OBJECTIVES

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Summary

The purpose of this report is to provide an overview of the current context in which this service is commissioned. It then considers progress made during the last year and challenges faced. This report accompanies a brief film made with stakeholders to be shown to the Committee. Stakeholders are asked to describe the purpose of the service and to say, "What would good look like?"

This report was originally presented to the Committee on 11 December 2014 but, owing to technical difficulties, it was agreed to defer the item to ensure the brief film could be played.

1. Budget and Policy Framework

- 1.1. Medway Council must ensure that the social care needs of adults who are vulnerable because of their mental ill-health are met, effective safeguarding arrangements are in place, and that the Council's legal duties are discharged.
- 1.2. The Council Plan sets out a priority for adults to maintain their independence and live healthy lives.
- 1.3. One of the five strategic themes of the Joint Health and Wellbeing Strategy is to improve physical and mental health and wellbeing across Medway.
- 1.4. The 2014-2015 general fund budget for mental health social care held within Adult Social Care is around £4,400,000. This is composed of the direct operational budget for the Adult mental health social work service, residential care for eligible users, statutory duties and commissioning functions. It does not include the additional investment made by the Council through Public Health expenditure on mental health prevention, expenditure on social care for people with dementia, or commissioned services.
- 1.5. The Medway Mental Health Social Work Team is directly managed by Adult Social Care Division of the Children and Adults Directorate. Its management

objectives are consistent with Children and Adults Directorate Management Team (CADMT) values: to promote resilience; to ensure there is an open culture that encourages listening, learning and reflecting; to be positive role models for staff and to promote choice and control by service users.

2. Background

- 2.1 Mental illness is very common. Issues around it will directly affect between one in four and one in five adults. Amongst people under 65 years, nearly half of all ill health is mental illness. The most recent government strategy on mental health - *No Health without Mental Health (2)* - states that 60% of people who go on to develop a severe mental illness have experienced their first episode of mental illness by the age of 14 years. This strategy places particular emphasis on early intervention, particularly for children and young people. It also introduced the idea of *parity of esteem* - that mental health must have equal priority with physical health and that discrimination associated with mental health problems must end. This is the focus of a recent publication by NHS England, *Valuing Mental Health: A change of perspective in Kent, Surrey and Sussex (3)*.
- 2.2 The Medway Adult Mental Health Social Work service was established on 1 February 2012, following the transfer of social care staff from the mental health trust (Kent & Medway NHS and Social Care Partnership Trust: KMPT).
- 2.3 On 12 June 2012, Cabinet agreed to retain this service in Council management and to review this after twelve months, when it would consider the advantages and disadvantages of any options put forward for the future delivery of this service.
- 2.4 HASC O&S Committee on 20 August 2013 heard about a year of solid progress in relation to adult mental health social care. The transition from KMPT to Council management was achieved safely with no evidence of any adverse impact to users and carers across Medway in a challenging environment. The level of serious incidents recorded by the social work team concerning clients open to the team was low during this period. There is evidence to suggest that the safeguarding practices used by the mental health social work team was improved in comparison to previous arrangements, and risks had diminished to clients open to the team. There had been improvement in joint working with KMPT teams. HASC recommended to Cabinet that the service remain in direct Council management and that a further report on the service was made in 12 months.
- 2.5 The Report to HASC on 20 August 2013 noted that, looking forward, the team must be prepared to work in a tougher environment within financial constraints, by making more efficient use of Day Resources and Community Support and Outreach Team (C.S.O.T.) as well as developing stronger partnership working with the local voluntary sector. It was uncertain whether the pace of reform of the team would be sufficient to tackle rising demand, for example, in responding to accommodation needs, following acute in-patient psychiatric admission. The key tasks to be taken forward to keep pace with demand, to improve response and secure good social care outcomes included: effective transition from child and adolescent services to adult mental health services; better outcomes in relation to meeting housing need and preventing homelessness; and better outcomes in relation to supporting

people with dual diagnosis. The report also considered “what would good look like?” and incorporated key messages from service user and family carer consultations.

- 2.6 In preparing for this year’s review of progress and challenges, the Deputy Director of Children and Adults and the Principal Officer for mental health agreed to produce a brief film, containing an account of the views of stakeholders about the performance of the service over the last year and again address the same question of “what would good look like?” The film will be shown at HASC on 27 January 2015.

3. Overview

ACTIVITY	PROGRESS
<p>471 people current receive support and services from the team (↑) 48 referrals are received on average per month (↑) 70 people received services through Day Resources in last 6 months (↔) 88 people per week receive services and support through C.S.O.T. at an average of 2.8 hours of client contact/week (↔) 29 Carers' Assessments completed between 01/04/14 and 30/09/14 (↓) 95 people worked with specialist OT on employment issues 2013-14, 76% remained in employment (↔) 248 people eligible for self-directed support and direct payments from 1/4/14 to 30/9/14 (↑): 56 processes completed; 55 clients ongoing at 30/9/14 (↓) 65 people are currently placed in residential care - Council meets payment with/without client contribution: 35 = working age adults; 30 = 65+ yrs (↑) 444 Mental Health Act assessments completed 1Sept 2013- 31Aug 2014 (↑) of which 21.3% BME background 4 Serious Incidents of service users receiving services from the team 34 Adult Protection referrals were received 01/04/14 and 30/9/14 (↑) 4 social work training placements provided during 2013-14 (↓) KEY: (↑) = Increase; (↓) = Decrease; (↔) = No change when compared to previous activity report in August 2013</p>	<ul style="list-style-type: none"> • Use of reablement as means of delivering service by C.S.O.T • Developing Day Resources Programme with Voluntary Sector partners. • Improving working relationship with KMPT through Joint Operations Group, joint staff training and weekly Manager meetings. • Fully established Approved Mental Health Professional (AMHP) service. • Housing Link Worker across SW team, Housing and KMPT Community Mental Health Team. • Establishing Medway Mental Health Young Person's Transitions Forum. • Dual Diagnosis Champion and Local Champions Forum with KMPT and Turning Point (Substance Misuse provider). • Hosting Rethink BME Hope Project and Public Health social isolation/long-term conditions project. • Engaging service users as direct participants in 2014 World Mental Health Day Events. • Training across organisational and professional boundaries e.g. Safeguarding Board (Transition) Suicide Prevention Training (ASIST).
CHALLENGES	NEXT STEPS
<ul style="list-style-type: none"> • Establishing Medway DOLS Office + cost pressures responding to 16-fold increase in applications following Supreme Court Ruling between April-September 2014 compared to same period in 2013. • Embedding personalisation and self-directed support in routine team culture + practice. • Improving response to family and carers in routine team culture + practice. • Erosion of administrative support - impact on safety, legal duties, efficiency + timely communication. • Hospital bed pressures on admission of patients at risk, early discharge, operation of AMHP service. • Referral + assessment pathway still confusing to users, carers + professionals. 	<ul style="list-style-type: none"> • Safe move of Service to Gun Wharf 2015. • Induction of new Head of Service (staring January 2015) and hand over. • Closer work and secondment of mental health staff member to Early Help Service/Medway Action for Families. • Be ready for implementation of The Care Act. • Complete research on higher level of BME members detained using Mental Health Act in Medway. • Section 117 policy, procedure and discharge arrangements. • Accommodation and rehabilitation strategy. • Evidence of better response to Carers and better use of Personalisation. • Reaching parents experiencing mental health issues to reduce adverse impact on children and young people. • Strengthen work with Primary Mental Health Specialist Team.

4. Analysis and Advice

- 4.1. Further progress has been achieved since the last report to HASC on 20 August 2013 in moving towards a mature and rounded Adult Mental Health Social Work Team to ensure that the social care needs of adults who are vulnerable because of their mental ill-health are met, effective safeguarding arrangements are in place, and that the Council's legal duties are discharged.
- 4.2. This has been achieved in spite of another tough year that required further budget savings and where service pressures have increased. The most notable pressure is in the higher level of Mental Health Act Assessment required (17% increase on 2013) and the requirement to respond to a 16-fold increase in Deprivation of Liberty assessments and authorisations following the Supreme Court Ruling in April 2014.
- 4.3. It is encouraging to note an improvement in the communication and partnership working between the team and local voluntary sector mental health organisations, KMPT's Community Mental Health Team at Canada House, and corporately with other Adult Social Care Teams, most notably with the Disabilities Team. However, more progress is needed to ensure the purpose and role of the team is understood by health colleagues. The referral and assessment pathway must be clearer to users, carers to avoid that it being perceived as a bureaucratic barrier to reaching services.
- 4.4. The service struggles to change its practice and culture at a sufficient pace to respond effectively to family and carers, and to use personalisation as a means to bring about greater choice and control for mental health service users. This is in spite of good evidence of its transformative effect when this is achieved.
- 4.5. There were a number of missed opportunities for the team to work effectively with troubled families. This shortfall must be addressed quickly by seconding a staff member to the Medway Action for Families team. It is clear that parents experiencing mental health issues can have an adverse impact of the development of their children. The team are well-placed to make a better response to ensure support is available. The team's ideas and values in this area are right - but they must be turned into practical action and the evidence of outcomes.
- 4.6. The erosion of administrative support to the team is having an adverse impact on the capability of the team to discharge its statutory duties in relation to Safeguarding and the Mental Health Act 2007. At the beginning of 2014/15, there were 5 Whole Time Equivalent (WTE) administrative staff in the team. This was reduced to 3 WTE. With staff resignations, currently only one staff member is in place. Access to general administrative support at a distance, through a Hub arrangement has been proposed, but this does not adequately replace the specialist experience required for the safe operation of this team.

5. Risk Management

5.1 Four key risks are identified that must be mitigated to bring about improvement in the key areas while ensuring that key changes are sustained over the longer term.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Support to Carers and families	Low levels of Carers Assessments are carried out by the team. The performance reporting mechanisms are confused.	<p>The service improves its performance significantly in this area, including working with Parents.</p> <p>The service works closely with Medway Action for Families by deploying a dedicated staff member.</p> <p>The team prepares for the impact of the Care Act 2014 on its role and function.</p>	High
Personalisation	Poor performance against realising the objective of giving more choice and control to mental health service users by means of Self Directed Support.	Embed a change of culture and practice around user choice and control.	High
DOLS	Supreme Court changes require Councils to carry out a greater number of assessments and authorisation. Medway has been identified as performing poorly in this area, because of the high number of breaches reported.	Medway Team established and performance improving. The capacity of team must be closely monitored and reviewed in the year ahead to ensure Medway Council is fully meeting its duties in relation to the Mental Capacity Act 2005.	High

Administrative Function	The direct administrative resources to this team are currently reduced to one staff member. This is inadequate to safely carry out legal duties under the Mental Health Act 2007 and ensure Safeguarding procedures are followed.	To be reviewed with consideration given to reinstating 2 WTE vacant/frozen posts and bringing administrative establishment to 3 WTE.	High
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6. Consultation

- 6.1 This update of progress has taken evidence from a broad range of stakeholders and organisations. This is reflected in the film shown to HASC.
- 6.2 Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act. It must advance equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, including taking steps to meet the needs of people from people who have a “protected characteristic” in the terms of this Act. It must encourage people from protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users, representative groups, staff and Trade Unions and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.
- 6.3 No substantial change is currently required to take forward the actions outlined within the report.

7. Financial Implications

- 7.1 There are no financial implications arising from this report.

8. Legal Implications

- 8.1. This report advises the Committee of a current status and performance of the Medway Adult Mental Health Social Work Team.
- 8.2. Medway Council must ensure that the social care needs of adults, who are vulnerable because of their mental health are met, that effective safeguarding arrangements are in place, and the Council’s legal duties are discharged. Adult social care refers to the responsibilities of local social services authorities towards adults who need extra support. The legal framework for provision is complex. The main obligations are set out in the NHS & Community Care Act (1990), the National Assistance Act (1948), the Mental Capacity Act (2005) and the Mental Health Act (2007).
- 8.3. The Mental Health Social Work Team carry out important statutory functions in relation to the Mental Health Act 2007 on behalf of the Council. The Medway Deprivation of Liberty Standards (DOLS) Team was established in

September 2014 and managed within the Mental Health Social Work service to ensure the Council's duties in relation to The Mental Capacity Act 2005 are met.

- 8.4. The Care Act 2014 places new duties and responsibilities on local authorities about care and support for adults around preventing care needs becoming more serious; providing information and advice to people who live in the local authority area; and ensuring that a range of providers are offering a choice of high quality appropriate services (see Background Paper 6).
- 8.5. The council has a duty under the Equality Act 2010 to be particularly mindful of how the inclusion and equitable treatment of all protected groups are incorporated, when it produces, monitor and report on how they have met their equality objectives.

9. Recommendation

- 9.1 The Committee is asked to note this update on the areas of progress highlighted in this report and the mitigation of risk required in four key areas.

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Background papers:

1. Community mental health profile of Medway Public Health England (2014)
<http://www.nepho.org.uk/pdfs/cmhp/E38000104.pdf>
2. No health without Mental Health (2011)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
3. Valuing Mental Health: A change of perspective in Kent, Surrey and Sussex
<http://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/07/ment-health-conf-rep.pdf>
4. Closing the Gap: priorities for Essential Change in Mental Health (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
5. Task Group Review of Mental Health Services in Medway
<http://www.medway.gov.uk/pdf/5%20FINAL%20MENTAL%20HEALTH%20TASK%20GROUP.pdf>
6. Care Act 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366080/Factsheet_1_-_General_responsibilities.pdf