

Cabinet – 27th July 2016

Section 75 Agreement between Walsall Council and Dudley and Walsall Mental Health Trust

Portfolio: Councillor Diane Coughlan, Adult Social Care

Service: Adult Social Care

Related portfolios:

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary of report

- 1.1 Walsall Metropolitan Borough Council (WMBC) Adult Social Care (ASC) directorate has a Section 75 (S75) Partnership Agreement with Dudley and Walsall Mental Health Trust (DWMHT) that has been in place since 30th January 2013 and was extended on 1st April 2016. This agreement is due to end on 31st March 2017.
- 1.2 The S75 Agreement sets out the arrangements for joint health and social care teams to deliver mental health services with a single line management structure, delegation of specific council duties and secondment of Council staff to DWMHT.
- 1.3 This report describes the review of the Partnership with DWMHT that has been undertaken and makes recommendations for future arrangements regarding the delivery of Adult Mental Health services in Walsall.

2. Recommendations

- 2.1 That Cabinet notes the outcomes of the review of the Section 75 partnership agreement.
- 2.2 That Cabinet approve the proposal to enter into a new Section 75 agreement with Dudley and Walsall Mental Health Trust for 12 months with the option to extend for a further 12 months' subject to the development of a Transformation Plan which will form the basis of the new agreement.
- 2.3 That Cabinet delegates to the Executive Director for Adult Social Care in consultation with the Portfolio Holder for Adult Social Care to enter into an agreement for the new Section 75 partnership agreement pursuant to Section 75 of the National Health Service Act 2006 from 1 April 2017, by using the most

appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such an agreement.

3. Background Information

3.1 The S75 Partnership Agreement between (WMBC) and Dudley and Walsall Mental Health Trust (DWMHT) was put in place to support joint working which provides a more holistic and seamless service to users of the Mental Health Service and their carers.

3.2 It provides the framework to underpin joint working in adult mental health services, that have been in place for many years, and provided the framework for adults' mental health services to become integrated.

3.3 The framework sets out the arrangements for joint health and social care teams to deliver mental health services with a single line management structure, delegation of specific council duties and secondment of Council staff to DWMHT.

3.4 The partnership agreement began on 30th January 2013 and was extended on 15th June 2015 until 31st March 2016 and for a second time from 1st April 2016 until 31st March 2017. It is not possible to extend this agreement further and therefore these arrangements have now been reviewed and this paper sets out the outcomes of that review and the recommendations for future arrangements with DWMHT.

3.5 The Review

It was important to understand how well the service was being delivered from the operational and strategic perspectives. The review took place between April and June 2016, culminating in a Joint Review meeting attended by Council, CCG and Trust representatives on 3rd June 2016. The review focussed on 7 key lines of enquiry:

1. Budgets
2. Performance
3. Operational Issues
4. Staff engagement
5. Best practice
6. Reviews
7. Mental Health Needs Assessment

3.6 Outcome of the Review

The findings of the review against the 7 key lines of enquiry were:

1. Budgets
Benchmarking suggests that we need to review commissioning budgets. Panel process is robust, however, challenge at panel is too late.
Financial accountability needs to be looked at with joint signatory consideration. There is a commitment to look at the commissioning budget and identify what looks out of kilter and what needs to be considered
Impact of high numbers of S117. Due to the high numbers of admissions on Section 3, high numbers of S117 aftercare is in place and is not reviewed in a timely manner. Costs of aftercare is often higher than non-aftercare and no financial contribution can be collected.

Impact of high numbers of residential/nursing placements on discharge from hospital - Admissions to Residential/Nursing Home Care has increased in 15/16 (across all client groups). Large proportion of these admissions are people with dementia.
Management costs - Management costs were set at start of S75 agreement and have not been reviewed since. Management costs are not equitable across Walsall/Dudley LA's and requests for a breakdown of spend against budget have not been satisfied.
2. Performance
Employment Opportunities – Performance against National Indicators for individuals with Mental Health needs in employment requires improvement. Collectively we would want to look to improve employment opportunities for people with Mental Health needs.
Number of residential/nursing home placements - High numbers of admissions to acute hospital beds results in high numbers of residential/nursing home admissions from hospital
Data sharing and performance monitoring – Performance information provided does not meet WMBC requirements and data sharing is often a challenge.
3. Operational Issues
Staffing Levels - Staffing levels have been reduced due to redundancy, the trust has tried to bring staff in to mitigate the issues. It becomes a risk for how effectively the trust can deliver the services with the staff numbers available.
Leadership – Leadership has been identified through the CQC inspection as an area that requires improvement and anecdotal evidence suggests that professional leadership of Social Care staff is not as robust as it should be. The changes required to shift the Operating Model required through the Walsall Together programme will require strong Leadership and Partnership working both within the Trust and WMBC and strong Partnership working,
Bureaucracy - It was agreed that bureaucracy through paperwork and procedures is an issue particularly in relation to supervision and training etc. –this needs to be integrated.
Care Act Compliance - With regards to the Care Act DWMHT advised that there is a detailed work plan that was presented to Partnership Operational Group (POG).
Approved Mental Health Practitioners (AMHP) – Staffing challenges have had a significant detriment to the capacity of AMHP's. This situation is now critical.
Boundary Issues - There are boundary issues which have not been resolved, WMBC has said previously that their staff should only work with people that are resident in their borough. This needs to be reviewed and formalised.
Partnership Operational Group (POG) Attendance - It was noted that WMBC have not regularly attended POG, where DWMHT feels many operational items could have been resolved.
4. Staff Engagement
Staff Survey - DWMHT to share survey responses of a staff survey conducted by DWMHT of the Social Care staff. Staff engagement will be vital in the development of new delivery models.
Attendance at LA Events –Social care staff in DWMHT have not always kept up to date with emerging SW practice. Staff should be encouraged to participate in social care training/development etc. that social care staff within the council access. This will ensure staff are abreast of social care practice and policy developments but will also provide necessary peer support.
5. Best Practice
Bringing physical and mental health closer together – Evidence suggests that bringing physical and mental health services closer together improves outcomes and experience for individuals. See below. DWMHT does not currently operate in this way.

Table 2 Ten priority areas for improvement

Prevention/public health	1. Incorporating mental health into public health programmes 2. Health promotion and prevention among people with severe mental illnesses
General practice	3. Improving management of 'medically unexplained symptoms' in primary care 4. Strengthening primary care for the physical health needs of people with severe mental illnesses
Chronic disease management	5. Supporting the mental health of people with long-term conditions 6. Supporting the mental health and wellbeing of carers
Hospital care	7. Mental health in acute general hospitals 8. Physical health in mental health inpatient facilities
Community/social care	9. Integrated support for perinatal mental health 10. Supporting the mental health needs of people in residential homes

Primary care response and access to early intervention - Current model focuses too much on acute and crisis response pathways. New models of delivery are required that focus on prevention, early intervention and the primary care response.

Carers – we need to review the carers service that DWMHT provides as part of the 'Resilient Communities' work stream that will review the wider prevention and early intervention community offer. There are some initiatives that DWMHT are looking at that may be helpful to bring to the table. This needs to be considered.

'Out of hours' accessibility – Opportunities to review and rationalise 'out of hours' accessibility across other service areas should be explored to create efficiencies and mitigate risks.

6. Reviews e.g. CQC, NDTi

CQC – Although there were a number of areas identified where DWMHT were inspected to have good practice the overall rating was 'Requires Improvement' with clear areas for improvement identified, these were Leadership and Record Keeping.

NDTi – Although there were a number of areas identified where DWMHT were considered to have good practice there are clear recommendations for improvement.

7. Mental Health Needs Assessment

Acute Beds - Consideration should be given to the amount of beds being utilised in Dudley to accommodate Walsall residents when there is not a bed for them in Walsall. It was noted that only a small percentage of these are due to environmental reasons.

Needs Assessment – a comprehensive assessment and set of recommendations have been developed.

3.7 The recommendations from the review are:

- I. That some work needs to be undertaken to update the Partnership Agreement to reflect new models of delivery that are being developed in partnership with Walsall CCG, Walsall Healthcare Trust and DWMHT through the Walsall Together programme.
- II. That a Joint Transformation Plan is developed and implemented in Partnership with DWMHT and Walsall CCG to make the improvements and transformation required highlighted through the review and the CCG contract monitoring arrangements.
- III. That on this basis that the Partnership Agreement is renewed for 12 months with an option to extend for a further 12 months.

4. Council Priorities

- 4.1 The partnership with DWMHT contributes to the Council priority for *Improving health and wellbeing, including independence for older people and the protection of vulnerable people*. The way it does this is through providing information, advice, assessment and support planning to adults with eligible mental health needs.

5. Risk Management

- 5.1 The risks relating to both the partnership and the delivery of the mental health service will be actively assessed and managed through the partnership governance arrangements.

6. Financial implications

- 6.1 The current gross budget for staff seconded to DWMHT is £1.317m, however the trust contributes £91k toward these staffing costs, therefore the current net staffing budget for seconded staff is £1.226m. It is the intention to review staffing levels throughout the course of the Transformation Programme. This may result in changes to the number of staff seconded.
- 6.2 The current budget for management costs and services (net of the rebate that has been agreed in the last 2 years) is £259k. This funding will be reviewed in advance of the new agreement to ensure that all charges are fully understood and delivering value for money. It is imperative that WMBC can be assured that all charges are appropriate before a new agreement is signed.
- 6.3 The current 'micro-commissioning' net budget (excluding the net budget in relation to the rethink contract, and internal budgets for central support costs) of £4.280m for people with mental health needs will continue to be managed through the Adult Social Care service.

7. Legal implications

- 7.1. All relevant pooled funding arrangements must be entered into in compliance with Section 75 of the National Health Service Act 2006 and the Council's Legal Services Team will assist with developing such an agreement.
- 7.2 Legal Services will work with officers to ensure that all necessary legal processes are in place to minimise the risk to the Council in relation to the Section 75 Agreement.

8. Property implications

- 8.1. There are no direct property implications for the Council.

9. Health and wellbeing implications

- 9.1. There will be no adverse implications from the continuation of the S75 agreement as DWMHT will continue to provide information, advice, assessment and support planning to adults with eligible mental health needs that contributes to the overall health and wellbeing of people with Mental Health needs.

10. Staffing implications

- 10.1 The transformation programme will inevitably lead to some changes in organisational arrangements and ways of working in mental health services and this may impact on staff. Consultation will take place with staff and their Trade Unions on any proposed changes as they arise.

11. Equality implications

- 11.1 There are no negative equality impacts arising from approval of the Section 75 agreement. Health and social care services provided through the S75 must be sensitive and ensure that they address the different needs of all of the community.
- 11.2 An Equality Impact Assessment will be completed as part of the Transformation Plan.

12. Consultation

- 12.1 Proposals have been shared and developed in Partnership with DWMHT and Walsall CCG.
- 12.2 The transformation programme will inevitably lead to some changes in organisational arrangements and ways of working in mental health services. Consultation will take place with services users, Walsall citizens, staff and wider stakeholders on any proposed changes as they arise.

Background papers

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