

## Report for: **Cabinet**

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<b>Date of Meeting:</b>	13 October 2022
<b>Subject:</b>	Adult Social Care Mental Health Services
<b>Key Decision:</b>	Yes - effects communities living or working in an area of two or more wards of the Borough and has a revenue value of over £500k.
<b>Responsible Officer:</b>	Senel Arkut, Corporate Director People Services
<b>Portfolio Holder:</b>	Councillor Pritesh Patel, Portfolio Holder for Adult Services and Public Health
<b>Exempt:</b>	No
<b>Decision subject to Call-in:</b>	Yes
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Annexe A: Provision of Adult Social Care Community Mental Health Services

## Section 1 – Summary and Recommendations

This report presents Cabinet with the proposals to transfer adult social care mental health services from Central North West London (CNWL) NHS Foundation Trust to the Council and design and deliver a new service model.

### Recommendations:

Cabinet is requested to:

1. Agree to implement the preferred option to transfer the adult social care mental health services from Central North West London (CNWL) NHS Foundation Trust to the Council.
2. Delegate authority to the Corporate Director People Services, following consultation with the Portfolio Holder for Adult Services and Public Health to agree final details of the transfer and the new operating model for adults' social care mental health services.

**Reason: (for recommendations)** To fulfil the local authority's statutory responsibility for adult social care mental health services.

## Section 2 – Report

### Introductory paragraph

1. This report provides information for Cabinet on the recommended service delivery model for adult social care mental health services to fulfil the Local Authority's statutory duties under s117 of the Mental Health Act 1983 and the Care Act 2014.
2. Harrow Council commissions CNWL under a s75 Agreement to provide a single integrated mental health and social care service. Through this arrangement the Council has delegated its statutory duty and responsibilities to CNWL for the provision of mental health assessment and treatment support services.
3. In March 2022 CNWL confirmed their intention to cease to provide adult mental health services as commissioned by the Council in accordance with the s75 agreement.
4. This is a real an opportunity to consider new models of service delivery in the context of the evolving health, care and voluntary sector integration and partnerships in Harrow. This report outlines the preferred option for future service delivery and the proposed next steps for service re-design and service transfer if this preferred option is agreed.

5. The recommendations in this report will contribute to the Council's priority of putting residents first by ensuring the provision of statutory mental health services that are person centred, outcome focussed on recovery and independence.

## **Options considered**

6. The following options have been considered:
  - **Option A: 'Do Nothing'**  
This Option is not a viable option because CNWL have formally confirmed their intention to cease providing mental health services in accordance with the s75 agreement.
  - **Option B: Transfer the Services to the Council**  
Implementing Option B will enable the services to be transferred in a timely way to ensure that it will be completed at the point that the Director of Adult Social Care (DASS) is confident that systems and processes are in place to meet current support needs and monitor current and future demand trends. Implementing this Option will enable the Council to apply increased scrutiny of placement cost decisions and build on the internal commissioning and market management expertise, and quality assurance of placements. In this Option Officers would work closely with the local community throughout the transition stage and embed feedback on service improvements in the redesign of service delivery.
  - **Option C: Procure Another External Provider**  
This Option would replicate the current commissioned arrangements. The procurement would take 12-18 months to achieve, which exceeds the period of time that it would be reasonable to expect the Trust to continue with the current service provision. This Option would also incur an additional cost of officer time and resources, but without the assurance that it would deliver better value for money in the current market position or assurance of continuous service improvement. Option C would not meet the criteria of being best placed to provide seamless continuity of service within the required timeframe.
7. The preferred and recommended Option is Option B. The Option means that the Local Authority will continue to fulfil its statutory to provide mental health social care through the transfer of the services to the Council. By developing and implementing new partnership arrangements there will be potential for integrated service with the health trust aligned with the Government's health and social care integration agenda and recently published People at the Heart of Care: Adult Social Care Reform White Paper.

## **Current Arrangements**

8. Harrow commissions CNWL through the partnership agreement to provide a single integrated mental health and social care service. Through this arrangement the Council has delegated its statutory duty and responsibilities to CNWL for the provision of mental health assessment and treatment support services for citizens who are recovering from mental ill health. The services currently provided are as follows:
  - Approved Mental Health Professional (AMHP) Service
  - Community Mental Hubs x 3
  - Carers' assessment & support
  - Personal budgets assessment service
  - Housing Support service
  - Young Onset Dementia social worker
9. The workforce is in excess of 40 full time equivalent staff and comprises a range of roles including social workers, commissioners, housing support officers, service managers and business support officers.
10. The budget for the service has two elements: Placements and Workforce and the agreed budget delegated to CNWL for 2022-23 has been agreed at £5.805m.

## **Provision of Adult Social Care Community Mental Health Services Report**

11. When CNWL confirmed their intention to cease providing mental health services, a report was commissioned by the Director Adult Social Services (DASS) to consider the options for the development of a new service model. The Report, Provision of Adult Community Mental Health Services, is provided at Annexe A.
12. The Report sets out the outcomes required, indicators of success and principles to inform the preferred option for the future operating model. Three options are considered, Do Nothing, transfer the services inhouse and procure another provider.
13. The risks and benefits for the options are outlined in relation to the Council including workforce, reputation and financial, and citizens, workforce. The report details the workforce matters including TUPE and financial implications for the Preferred Option. There is consideration of the current demand trends and the service capacity and an Equalities Impact Assessment.
14. The report proposes that Option B to transfer the services in house is the preferred option and details the impact on the Council, community and local integrated care partnership.

## **Proposed Service change**

15. The Preferred Option B, transferring the mental health adult social care services to the Council in summary will mean:
- The line management of employees engaged in delivery of the Council funded social care services that are in scope for transfer will transfer to Adult Social Care under TUPE arrangements.
  - The Council's current s75 budget allocated to CNWL will transfer to the direct control of the Council.
  - There will be an adjustment to the referral care pathways and customer access points to deliver a new design for integrated health and care provision as part of the Harrow Borough Based Partnership.
  - This delivery model will enable the quality of supported accommodation and other support services delivery will improve, through a refocus of commissioning activity based on a strength-based approach to the allocation of personalised support.
16. The benefit to the Council of the recommended option is that it provides total management and scrutiny in how ASC resources are applied going forward. This provides the inbuilt flexibility to redesign the service delivery as community support needs change and facilitated through better utilisation and links of the community network of services in Harrow.
17. The focus will be on person-centred care pathways so that both the access to care management services and moving between different aspects of health and social care support are delivered in a holistic way.
18. There will be a requirement to grow the capacity of existing ASC functions to accommodate the mental health services e.g. Brokerage. This will be managed through the transfer of financial resources currently contained within the existing contract arrangements with the Trust and be closely monitored through the Governance structure.
19. In the context of the wider network of integrated health and care in Harrow, developments at a system level through the Harrow Borough Based Partnership will incorporate the new mental health service management arrangements to form part of an integrated network of support with mental health and wellbeing.

## **Implementation Strategy of the Preferred Option**

20. The implementation strategy for the new operating model applies the Principles for Decommissioning and Developing a new Operating Model listed in the Report which focus initially on the need:
- To achieve a seamless and safe transfer of care and support for all people engaged in mental health services at the point of transfer to the new service provider.

- To proactively work to retain staff affected in any potential transfer to a new employer, that provides both continuity of employment and knowledge of patients.

21. CNWL and the Council have agreed a Memorandum of Understanding (MoU) is to affirm the parties' commitment to continue to work in accordance with the Section 75 Agreement and to work together to develop and transition to the new service model for Community Adult Mental Health services to the resident population of London Borough of Harrow.
22. The MOU will remain in place until the transition to new ways of working has been achieved. The parties have agreed to work collaboratively and in good faith to develop a new service delivery model with input from staff, service users and carers.
23. A governance structure to oversee this work is in place comprising the s75 Decommissioning Executive Group with senior representatives from CNWL and the Council has been formed and a joint Task & Finish Group with the following workstreams:
- Workstream 1: Citizens
  - Workstream 2: Staffing and Workforce
  - Workstream 3: Infrastructure - Information Management, IT, Estates/Accommodation, Provider/Commissioning and Communications Strategy, including the financial envelope for services
24. A programme management approach is being applied to both the planning and implementation of the changes, which will ensure the effective co-ordination and timing for each stage of the process.
25. The timeline for the implementation of the Preferred Option will be developed following a decision by Cabinet. A range of key activities will be completed during the next three months including but not exclusively:

<b>Example Key Activity</b>	<b>Date</b>
Agree staff consultation process and timeframe	October
Complete plans for the establishment of new LBH case recording systems	October
Complete disaggregation of caseloads to lead professionals	November
Develop new Placement contracts for spot purchase arrangements	November
Complete staff consultation process	December
Complete plans for LBH inhouse brokerage and QA functions for MH services	December
Confirmation of LBH internal budget implications	December

26. CNWL have started the initial engagement with staff and citizens and this will continue in partnership with the Council throughout the development

and transfer of the service. Once the Cabinet decision has been made, a co-production approach will be adopted working with staff and citizens to develop the details of the new operational delivery model.

27. The commencement of the new service model will be determined by the completion of essential tasks to establish the foundations essential to the service. For example, IT infrastructure, care and referral pathways. Once the foundations are established, it is expected that there will be a mobilisation and transfer period commencing during the early summer 2023. The final date for transfer will be agreed by CNWL and the Council.

### **Ward Councillors' comments**

28. None – effects all Wards.

### **Performance Issues**

29. Performance is measured broadly in two ways, though 'activity' indicators drawn from electronic social care records and from survey measures taken from the two national 'user' and 'carer' surveys.
30. Pre-pandemic survey feedback from social care clients provided with long term support from CNWL under Section 75 was improving with significantly more people reporting feeling in control of their daily lives (53% to 74% in 2019) and having enough social contact (21% to 40% in 2019). Since Covid-19 the responses are less positive but remain above their 2017 baselines. Feedback from carers of people with MH needs shows these carers were the most likely to feel unsupported in their caring role (compared to carers of people with other social care needs) though the situation improved slightly during the pandemic.
31. Many factors impact people's responses to surveys and it is not possible to forecast precisely what impact the proposed changes may have on this group of users. But to the extent that these changes will allow more flexibility and choice for users over their support, enable them to be helped and treated with respect and dignity and offer opportunities for meaningful social contact, the results could be expected to continue to improve.
32. Activity measures such as the speed with which assessments are completed, whether mental health users can engage in paid employment and live independently, are likely to be impacted positively or remain at high levels as a result of the proposals in this report.
33. The support to carers in particular would be of most concern if these proposals were not progressed.

### **Environmental Implications**

34. There are no environmental implications arising from this report.

## Data Protection Implications

35. The joint Task and Finish Group Workstream 3 covers data and information management and sharing. Appropriate agreements and arrangements will be developed and implemented accordingly.

## Risk Management Implications

36. Risk included on Directorate risk register? **No**

37. Separate risk register in place? **Yes**

38. The relevant risks contained in the register are attached/summarised below. **Yes**

39. The key risks for the recommendations and mitigations are outlined as follows:

Risk	Mitigation	RAG Status
<p>Reputational risk to the Council if the transfer resulted in a loss of continuity to the service and failure meet statutory duties. This would also have a negative impact on system partners and the integration agenda across NWL and Harrow Borough Based Partnership.</p>	<ul style="list-style-type: none"> <li>• Joint working with CNWL to plan the new service model and the transfer of services. MOU in place.</li> <li>• Engagement and briefing of Harrow Borough Based Partnership (HBBP) through the Harrow Health and Care Executive comprising representatives from health social care and the voluntary sector.</li> <li>• CNWL and Council working with partners in the Mental Health workstream of the HBBP.</li> </ul>	<p>Amber</p>
<p>Workforce: Staff may choose not to TUPE to new arrangements which would result in the additional challenge in the current national economic climate, to recruit to vacant social work posts</p>	<ul style="list-style-type: none"> <li>• Early engagement with staff and planned communications through new service development and transition arrangements.</li> <li>• Co-production approach with staff to design and implementation.</li> <li>• Potential to transfer to local authority with</li> </ul>	<p>Amber</p>



	network of professional social workers.	
Insufficient budget/ financial issues.	<ul style="list-style-type: none"> <li>• The current delegated budget will transfer back to the direct control of the council.</li> <li>• Potential to develop efficiencies over time through commissioning mental health services and placements</li> </ul>	Amber

## Procurement Implications

40. There are no procurement matters within this report with the preferred Option B. If alternative models of delivery are considered in future, there will need to be the appropriate procurement process to appoint another provider.

## Legal Implications

41. Under the Care Act 2014, local authorities are under a duty to carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services). This general requirement applies to all the local authority's care and support functions for adults with needs for care and support and for carers the duty applies where the local authority considers that the integration of services will:

- promote the wellbeing of adults with care and support needs or of carers in its area
- contribute to the prevention or delay of the development of needs of people
- improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people

42. Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and social services commissioners to provide aftercare services for people that have previously been sectioned under the treatment sections of the Mental Health Act, i.e. Sections 3, 37, 45A, 47 and 48. The duty to provide aftercare services begins at the point that someone leaves hospital and lasts for as long as the person requires the services.

43. The Care Act 2014 defines after-care services as:

*After-care services must have both the purposes of meeting a need arising from or related to a person's mental health disorder and reducing the risk of a deterioration of the person's mental health*

*condition and so reducing the risk of a person requiring re-admission for treatment for mental disorder.*

44. Harrow delegates its s117 function to CNWL under a s75 agreement until such time that the contract formally ceases.
45. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care.
46. Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.
47. A memorandum of understanding, or MOU, is a nonbinding agreement that states each party's intentions to take action, conduct a business transaction, form a new partnership or work towards ending an existing agreement

## **Financial Implications**

48. The contract cost of mental health services currently provided by CNWL has increased year on year, with the services costing £3.9m in 2014-15 and rising to a CNWL projected cost of £6.4m in 2022-23. This reflects the national position in demand for mental health support, and market cost pressures as a consequence of the NHS best practice policy to increase the volume of community placements to reduce length of hospital stays.
49. The S75 partnership budget is made up of two components -direct workforce costs, and client placement/care package costs.
50. Initially the Council and CNWL shared any placement cost pressures on a 50/50 basis however the risk to the Trust has been capped since April 2019 (£250k 2019-20 and £200k from April 2020), resulting in increased cost pressures being incurred by the Council year on year.
51. The placements budget is subject to a Financial Recovery Plan (FRP), for the Trust to reduce the overall cost in this area and begin to align spend closer to the baseline budget. In 2022-23 the FRP is expected to realise £229K in the remainder of this financial year which is pro rata of a full year effect of £344K. This will be achieved in part by a renewed focus post-covid, on reviewing and preparing citizens to move to less intensive support arrangements as part of their recovery pathway.
52. The period 3 CNWL forecast in the current financial year indicates expenditure of £5.992m – this assumes the FRP is achieved (at £229k) and the application of the agreed risk share contribution from CNWL (of £200k). The cost above the delegated budget of £5.805m (currently forecast at £187k) will be funded by the Council as in previous years.

53. The cost of these demand led services are managed as part of the wider Adult Services budget. The one-off costs associated with the change in service delivery, once known, will need to be contained within the existing financial envelope.

### **Equalities implications / Public Sector Equality Duty**

54. The proposal will aim to continue to support all citizens recover from a mental illness regardless of their protected characteristics and it is considered unlikely that the proposal will lead to a differential impact for people based on their protected characteristics.

55. As part of the service transfer, the introduction of process changes regarding the recording and monitoring of outcomes from any contact with the service for resident groups with protected characteristics, will enable the service to identify and address any inequalities of opportunity for these groups.

56. Recruitment and retention will also be considered to ensure that the ethnic diversity of the workforce reflects that of the Harrow population

## **Section 3 - Statutory Officer Clearance**

### **Statutory Officer: Donna Edwards**

Signed on behalf of the Chief Financial Officer

**Date: 30 September 2022**

### **Statutory Officer: Sharon Clarke**

Signed on by the Monitoring Officer

**Date: 23 September 2022**

### **Statutory Officer: Lisa Taylor**

Signed on behalf of the Head of Procurement

**Date: 26 September 2022**

### **Statutory Officer: Senel Arkut**

Signed by the Corporate Director

**Date: 26 September 2022**

## **Mandatory Checks**

**Ward Councillors notified?** No as it impacts on all Wards

**EqIA carried out?** Yes

**EqIA cleared by:** Shumaila Dar, Head of Equality, Diversity and Inclusion

## **Section 4 - Contact Details and Background Papers**

**Contact:** Johanna Morgan, Director People Services Strategy and Commissioning, [Johanna.morgan@harrow.gov.uk](mailto:Johanna.morgan@harrow.gov.uk)

**Background Papers:** None

**Call-in waived by the Chair of Overview and Scrutiny Committee** - NO