

London Borough of Brent
Executive - 9th February 2004
Report from the Director of Social Services

For Action

Name of Wards Affected

ALL

**Mental Health Assertive Outreach Team Supplementary Credit Approval
– Set up Costs**

FP REF: SS-03/04-11

1.0 SUMMARY

1.1 This report gives the background to the current Mental Health Assertive Outreach service in Brent. It explains the reasons why the contract, which was contracted by the previous Brent and Harrow Health Authority, not Social Services, for provision of this service by a voluntary sector partnership terminated on the 31st August 2003. It details the new service provided by the Brent Mental Health Partnership which commenced from the 1st September 2003. It requests that members agree to draw on the Mental Health Supplementary Credit Approval (SCA) for 2003/4 in order to fund a share of the capital/non recurrent costs of establishing a new service, in new premises in February 2004.

2.0 RECOMMENDATIONS

2.1 That Members note the establishment of the current Assertive Outreach Service.

2.2 That Members agree that Assertive Outreach be added as an additional Joint Function in Schedule 2 of the Brent Mental Health Partnership Agreement with effect from September 2003.

2.2 That Members agree to use the Mental Health Supplementary Credit Approval of £136,974 as the Council's contribution to the establishment of the new Assertive Outreach team.

3.0 FINANCIAL IMPLICATIONS

3.1 The Mental Health Supplementary Credit Approval (SCA) for Brent from the DoH is £136,974. It is very prescribed as to how it can be used. Funding the setting up costs of the Assertive Outreach team meets a key DoH requirement and national and local targets and falls within the criteria for use of the SCA.

- 3.2 The Brent Mental Health Service (BMHS) partnership agreement has been signed on the basis that funding for services is split on a 70/30 ratio between the Health Service and the Council. Social Services funding for the current assertive outreach team is £145,700 (p.a.) For new services such as social work assessment and support, and psychiatric input funding will depend on the type of service and grants available, and the balance of health and social care functions carried out by the new service. The funding sources for the outreach service are currently the mental health grant £100,000 and the mental health purchasing budget £45,700.
- 3.3 Whilst there is a growth bid for staff for the assertive outreach service for 2004/05, the Primary Care Trust (PCT) has agreed to meet the revenue costs for all additional staff for a 3 year period if the capital cost is met by the council taking up the SCA, in which case the growth bid would not need to be proceeded with. The estimated full set up costs are £184,788 and the PCT will meet the gap between the SCA, and the full cost. It will also meet any costs which may exceed the estimate. The Council will therefore not need to consider growth in revenue funding over this 3 year period and there is an increased financial benefit to the Council over this time period. Should the Council wish the service to continue beyond this 3 year period additional resources may need to be identified.
- 3.4 In addition, in recognition that the council is paying more towards this project, through the SCA, than the PCT is the PCT will provide £30,000 revenue funding towards the cost of the Assertive Outreach Team for the rest of 2003/04. This will result in a saving of £30,000 on the Social Services purchasing budget which is under pressure with existing commitments and could be used to off-set this pressure, or pressures elsewhere in Social Services budgets. All staff from the previous service have been transferred into the new service, new staff will be recruited once the developments are agreed, to expand the services provided.
- 3.5 The financial implications to Brent of implementing the new Assertive Outreach Service as detailed within the report are summarised in the table below:

Description	2003/2004	2004/2005	2005/2006
Revenue			
Existing Budget Provision	145,700	150,800	156,077
Expenditure incurred on current scheme	60,708	0	0
Projected cost of New Scheme	57,246	150,800	156,077
Additional PCT Contribution	(30,000)	0	0
(Saving)/Increase on Revenue Budget	(57,746)	0	0
Capital			
Budget Provision	0	0	0
Projected Cost of New Scheme	136,974	0	0
(Saving)/Increase on Capital Budget	136,974	0	0

- 3.6 The table at 3.5 above also shows that the required capital expenditure proposed is not within existing budgets. However, as this new spend is linked to a Supplementary Credit Approval it is not "in competition" with other schemes on the capital programme and so is covered by Financial Regulation 26 under the Virements - Capital Programme section, where the Executive may commit new expenditure provided additional borrowing is affordable. The Director of Finance has indicated that this new borrowing is affordable.
- 3.7 Incurring capital expenditure in this financial year will result in an increase to the notional capital financing costs to be met by Social Services revenue account in future years. However, these entries on the service accounts are reversed out 'below the line' on the consolidated revenue account, by an associated credit entry, and so have a nil effect on council tax levels.
- 3.8 The PCT, from its non recurrent set up contribution, will fund the IT Training Costs.

4.0 STAFFING IMPLICATIONS

- 4.1 No staff are employed by the Council, in the current outreach team, they are employed by the Trust. Additional social work posts will be created and managed through the current arrangement with the BMHS partnership, with the Council as the employer. Figures for 2003/4 are given from 1st September 2003, and are projected, subject to staff recruitment. Adverts for social work staff will follow agreement to this report.

5.0 LEGAL IMPLICATIONS

- 5.1 Under Regulation 26 of the Virements Scheme contained in the Council's Financial Regulations where new capital resources become available after the Council's budget has been agreed (as is the case in respect of the SCA discussed in this report) the Executive may commit new capital expenditure provided the spending meets objectives set out in the Policy Framework or the Corporate Strategy and the Director of Finance indicates that any additional borrowing is affordable.
- 5.2 The Council and Central and North West London Mental Health Trust (the Trust) entered into a Partnership Agreement in February 2003. Under this agreement the Council and the Trust exercise certain of their respective functions jointly through partnership arrangements known as Brent Mental Health Service. The joint functions covered by the Agreement can be amended from time to time.

6.0 DETAIL

6.1 Current Service

In September 1999 a new mental health team for adults was established in Brent, called the Brent Assertive Outreach Team. The contract for this Team was awarded to a partnership of the Mental Aftercare Association (MACA), a large national voluntary organisation, and Arlington Care Association a local voluntary organisation, by the then Brent and Harrow Health Authority.

The Team was to work with service users who were hard to reach and who needed additional support, in Brent, being available during extended normal hours and on call at night and weekends, and to work closely with the mental health teams who would care co-ordinate (care manage) these service users.

This service provided by the voluntary sector organisations was jointly funded by the Council and Health (initial costs for 2003/4 £404k) with the Council contributing 36% towards this and Brent PCT 64%. The service was staffed by Outreach Workers, usually without a professional qualification and worked with up to 70 service users at any one time.

The initial contract for the service ended in August 2002 but a further year was awarded by the PCT in order for the service to be reviewed, in the light of new Government Policy. The current position is that the staff from the voluntary sector organisations who were working in the service have transferred to BMHS and are now employed by the Brent Mental Health Trust. The full service will run once the capital and revenue costs have been agreed. BMHS have started the process of recruiting the health staff for the team.

6.2 Policy Issues

In April 2001 the Department of Health issued a Policy Implementation Guide aimed at modernising adult mental health services. This guide requires all local areas, such as Brent, to introduce new teams and ways of working. Locally this policy guide is being implemented through the partnership planning and commissioning group, the Local Implementation Team (LIT), (this consists of Health, Social Services, voluntary sector and user representation) a sub group of the Health and Social Care Partnership and the Joint Commissioning Manager. All services are to be jointly provided across health and social care. Examples of these new services are an Assertive Outreach Service, a Crisis Resolution Service and Early Intervention Service.

The policy guide is prescriptive in terms of the service model to be followed, the service users it will engage with, and the expected outcomes. The establishment, performance and outcomes of these services are also closely monitored by the Strategic Health Authority, the Department of Health through the annual Comprehensive Service Review process, and the new Commission for Health Audit and Inspection which now includes the SSI and

Audit Commission. It is clear that both the Council and PCT will be monitored on the implementation and performance of these new services.

It was clear from the guidance issued and the performance of the current service that in order to meet required Department of Health standards a new Assertive Outreach service had to be commissioned. The current service did not have the correct team structure, was not working with the required service user group and not with a sufficient number of service users. In addition each year adult mental health services have to conduct a review of all services. These are measured against set national criteria and a scoring system of red if the service does not exist or it does not meet standards, through amber to green for those services that meet national standards.

For the past 2 years the Brent Assertive Outreach Team has been scored amber, because although one existed it did not meet required national standards. The new service, once it is fully functioning, will score green, and fully meet DoH requirements.

6.3 Brent Project Group

In August 2002 the LIT set up a group (the "Project Group") to review the working of the Assertive Outreach Team in place at the time, compare this with the policy guide model and also look at good practice elsewhere. The Project Group undertook this task and drew up a revised service specification. This revised service specification was taken to a LIT meeting in February 2003. It was decided that, given the nature of the required new service to meet Government standards, Brent Mental Health Service (BMHS) would be asked to operate the new service from the 1st September 2003.

BMHS Board agreed to take on this new service. These functions need to be added to the list of joint functions in schedule 2 of the Partnership Agreement and notice was served on the voluntary sector providers by the PCT. All staff remaining with the current service were transferred under TUPE arrangements into the current service managed by BMHS on the 1st September 2003.

BMHS is the local integrated statutory mental health service provider. It was formed in April 2001 from the Social Services Department's mental health teams and the Mental Health service of the local NHS Mental Health Trust with a formal agreement being entered into in February 2003. BMHS therefore has a combined health and social care function and carries out all the adult mental health social care functions on behalf of Brent Council. In addition BMHS carries out all the mental health care functions of the NHS trust. BMHS is overseen by a Partnership Board, which includes the Assistant Director of Social Services. The Board have agreed the proposals for the new service in principle in February 2003.

The members of the Project Group consulted with their own constituent groups of service users, carers and staff. The LIT is a representative group and the members of the LIT received the specification for the new service

prior to the meeting in February 2003, and so were able to consult with their members.

6.4 Service Model

The new service will consist not only of outreach workers but of qualified social workers, a qualified manager, a service user development worker and a range of clinically qualified staff including a Consultant Psychiatrist, Community Psychiatric Nurse and Psychologist. The recurrent revenue costs for the new service will be in a full year approximately £1.2 million compared with the current £404k. The service will operate for 6 months of this financial year, at a reduced level until all staff are recruited.

6.5 Premises and Capital Expenditure

The new service intends to operate from the Lanmor House, 370/386 High Road, Wembley. The lesser is Landau Morley and the lessee is CNWL and the lease is for ten years with a five year break. Access to commence work is agreed for 31st January 2004, and we expect it to be completed and the team installed before the end of the financial year. A programme for the work and the commissioning of builders is being undertaken at the end of January. The Trust is expected to sign a 10 year lease by February. In the event that the lease is not signed, prior to the date work needs to commence, an appropriate legal agreement will need to be in place. The premises the service operated from in High Road Willesden were deemed to be unsafe following surveyor's inspections. The new premises need internal works undertaken and refurbishment to enable the team to operate from them, and in addition the installation of the IT Network. There are considerable training needs for the staff group in using the IT systems. The team are temporarily operating from the BMHS Park Royal offices. The use of the new premises will be added to the Partnership Agreement.

6.6 Supplementary Credit Approval

Every year the Department of Health (DoH) issues an approval to Local Authorities to draw on a credit fund for the purposes of capital works and developments and establishing new services. This fund is called Supplementary Credit Approval. In March 2003 the DH issued guidance on the allocations for 2003/5 and also guidance on what the funds could be applied to. In June 2003 the guidance was clarified and each Authority was given its allocation.

Brent received a borrowing facility of £136,974. The guidance is very specific. The funds need to be applied before the 31st March 2004 and can only be used for the capital costs associated with the establishment and reconfiguration of mental health teams. These are:

- Crisis Resolution Teams
- Assertive Outreach Teams
- Early Intervention Teams
- Reconfiguration of Community Mental Health Teams (CMHT's) as a result of the above
- IT/capacity implications of the above services

The capital costs of this new service are significant and the request is that Brent provides funding of £136,974. The additional capital, revenue/recurrent funding for the service will be financed by Brent PCT. Brent, in recognition of providing SCA set up costs of £136,974, is not being asked to find additional revenue monies over a three year period from 2003/4 to 2005/06.

At the end of this 3 year period the service will then be reviewed in light of service performance and government requirements as to whether changes or further developments are required. At this stage the funding basis for the service will also need to be reviewed bearing in mind the normal 70/30 split for funding mental health services. If an additional contribution is required from Social Services this will need to be subject to a growth bid for 2006/7.

6.7 Equalities Impact

This proposal will have a very positive impact on promoting equality and providing a service for very disadvantaged sectors of the community who have a disability.

The profile of service users in Brent with severe and enduring mental illness is predominately young African Caribbean men. Young black men are 3 times more likely to be admitted to the acute mental health services than white men, black women 2 times more likely than white women. Asian people are underrepresented in the system. The profile of service users using the current and future assertive outreach service is likely to be the same. The profile of current service users showed that 38 of the total of 61 (62%) were black and 45 of the 61(74%) were male.

In introducing new services to Brent such as this new Assertive Outreach Service the aim is to work with those service users who have the greatest needs. This means primarily black men and women. The aim is also to ensure the service is provided in such a way as to meet the cultural needs of these groups and help with preventing admission and re-admission to the acute hospital services.

The team will be recruited to reflect these mental health and cultural needs. Staff training and development will also be geared towards this. The Brent Black African and Caribbean Mental Health Consortium as well as Brent User Group and Brent Carers Centre have been key organisations involved in writing the specification for the new service. As members of the LIT these groups will also be involved in the ongoing monitoring of this service.

A Service User Development Worker will also be a key member of the team and involved, with the Manager, in the appointment of all staff.

The recent national guidance issued by the DH on BME Mental Health “Improving Mental Health Services for Black and Minority Ethnic Communities in England”, specifically refers to the introduction of new service models such as assertive Outreach as being a positive move towards improving the mental health of BME communities.

6.8 Conclusion

The consequence of the introduction of this new service will be that Brent will have an Assertive Outreach Service that meets Government standards. It will provide for 120 service users who won't engage with current services and have the highest levels of health and social care needs. It will operate 24 hrs a day 7 days a week, and team members will act as Care Co-ordinators/Care Managers to these service users. This should help to reduce the workloads on the current CMHT's whose caseloads are substantially higher than in neighbouring Boroughs.

7.0 BACKGROUND

7.1 Brent Mental Health Service

The integration of CNWL mental health services with Brent Social Services mental health services was agreed by the Social Services Committee in February 2001. There is a signed Partnership Agreement dating from February 2003.

7.2 Service Development

The Social Services element for the existing service funding comes from HSC 199/038: LAC (99) 8 which required LA's and the then Health Authorities to use the NHS Modernisation Fund and Mental Health Grant to set up Assertive Outreach services. Set up under Modernising Mental Health Services : safe, sound and supportive HSC 1998/223: LAC (98) 25. The former service was modelled on the Sainsbury Centre for Mental Health proposal on “Implementing Assertive Outreach” 1999.

7.3 The service need has been identified through extensive consultation with Service Users through Brent Mental Health User Group and Brent Black African and Caribbean MH Consortium; Carers through Brent Carers Centre; current service providers directly with the staff and management and voluntary sector through their LIT representatives; BMHS through the Head of Service and service managers and Consultant rep on the LIT; Primary care through the LIT Chair, GP lead, Joint Commissioning Manager and Locality General Manager lead; Housing and Health Promotion through their LIT reps; Social Services through the Assistant Director Community Care.

8.0 BACKGROUND INFORMATION

DoH National Service Framework for Mental Health

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