

London Borough of Brent
Executive - 29th March 2004
Report from the Director of Social Services

**Extension of Agreement for Integrated Mental Health Service with Brent
Mental Health Trust**

For Action

Name of Wards Affected

None

FP REF: SS-03/04-16

1.0 SUMMARY

- 1.1 This report recommends an extension to the 3 year partnership arrangement between Social Services and Brent Mental Health Trust (BMHT). It also refers to considering other options for further integrating and pooling of budgets. The Trust manages the Social Services staff carrying out mental health assessment and care management and social care provider functions through an integrated management structure.

2.0 RECOMMENDATIONS

- 2.1 To agree to the extension of the partnership for a further 3 years, up to March 2007.
- 2.2 To note the proposal to consider future options for integration.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The current Social Services budgets for mental health are managed in two ways by the Head of Mental Health Service. The pooled budget of £1,127,099 (2003/04 figures) is only for the integrated management posts, consisting of Health and Social Services contribution, based on a 71/29 ratio. (The original pooled budget and all posts in it were split 70:30 (Health: Social Services). As new posts are added the cost of the post is added to the contribution of the partner adding it so the ratio changes). The Social Services operational budget for assessment, care management, day and residential staff is £3,056,700 (2003/04). The purchasing budget is £3,156,000. These budgets are monitored through the management partnership board and the Social Services monthly budget monitoring meetings.

- 3.2 A proposal is being developed to pool the purchasing budget with the continuing care budget provided by the Primary Care Trust to maximise use of resources.

4.0 LEGAL IMPLICATIONS

- 4.1 Sections 26-31 of the Health Act 1999 require local authorities and NHS bodies to work together to improve health and social care and provides for flexible funding and working arrangements to be established by agreement to facilitate this. This includes, but is not limited to, payments between NHS and local authority bodies, pooled budgets and integrated service provision. There are further provisions in associated regulations.
- 4.2 The Mental Health Partnership Agreement entered into by the Council provides that the agreement will subsist until the 31st of March 2004 unless determined earlier or extended by agreement between the parties.
- 4.3 The Agreement covers the exercise of Joint Functions as set out in a schedule to the Agreement which may be amended from time to time. The Executive agreed on 9th February 2004 that Assertive Outreach be added to the schedule of joint functions and that the Mental Health Supplementary Credit Approval of £136,974 be contributed by the council to the establishment of the new Assertive Outreach team.
- 4.4 A number of minor consequential variations will be required to the Agreement to cover the addition of the new function and the staff, premises and contracts which will be used in its delivery. It is intended that these be agreed at the same time as the extension of the existing agreement and the terms of the payment to be made by the Council.

5.0 STAFFING IMPLICATIONS

There are no new staffing implications as the current arrangements will continue. Social work and social care staff remain employed by Social Services, but are managed through BMHS. However it is proposed, as detailed below, to explore the benefits and options for further integration, including a Care Trust.

6.0 DETAILS

- 6.1 This report follows on from the report to Committee in February 2001 which set out the proposals for the establishment of the Brent Mental Health Service (BMHS) and partnership arrangements. The arrangement commenced in April 2001 and were formally recorded in a partnership agreement on 24 February 2003. The original agreement was with Brent and Kensington and Chelsea Mental Health NHS Trust now Central and North West London Mental Health Trust (CNLMHT). The February report explored the background to the proposal, the government's modernisation initiatives and legislative framework that would enable this to happen, and the proposed

structures that would aim to deliver improved services within the context of Brent's diverse needs.

- 6.2 The establishment of BMHS involved the management of the service through a Head of Service, and managers employed by the Trust. The funding of these posts were placed in a pooled fund arrangement as defined in Section 31 of the Health Act 1999. Social Services and Health staff were ring fenced to these posts.

CURRENT INTEGRATED SERVICE

6.3 Service Provision

The BMHS managers are responsible for an integrated team of the assessment, care management staff, in Community Mental Health Teams, day and residential social care staff, and social work staff in the recently established assertive outreach team.

6.4 Management Accountability

The Head of Service is jointly accountable to the Trust Director of Operations and the Assistant Director Community Care. The overall arrangements and pooled managers budget are monitored through a mental health partnership management board chaired by the Director of Operations and attended by the Assistant Director Community Care and Social Services Head of Finance. These arrangements have worked well and it is proposed they continue as detailed in the memorandum of agreement.

OPTIONS FOR FUTURE DEVELOPMENT

6.5 Development Issues – Pooled Budgets

The DoH encourages Social Services Department's to use Health Act Flexibilities and monitors progress on this and use of care trusts. The management board recommended to the Director of Social Services and Chief Executive of the Trust that further work is undertaken on the pooling of the purchasing budget which could achieve more efficiencies and better use of the budget.

6.6 Purchasing Budgets

It is proposed to consider a pooled budget would be for the purchasing of care. The Primary Care Trust contribute to the Social Services budget through on going funding of old 'long stay' patients. They also fund continuing care cases which are an NHS responsibility. They are considering putting these funds into a pooled budget which with the Social Services purchasing funds would be managed by the BMHS. Further work is being undertaken on this and will be reported back to Executive.

6.7 Service and Management Developments

The management board is also recommending undertaking an options appraisal of future integration, which could include a Care Trust. A Care Trust is an organisational entity, favoured by DoH, which can be set up to carry out health and social care functions, to which staff could transfer. The Care Trust could have one system for the employment of staff. However it can be difficult to achieve quickly because of the differing employment conditions of health and social care staff. However other models have developed which might be more appropriate to Brent. As any change would impact on employment of social work staff and social care full consultation would be undertaken with staff and trades unions. This would also involve the pooling of the staffing budget. Although the current arrangements work well, there is duplication with managers having to operate to 2 separate human resources, financial and other procedures. Currently approved social workers have to be appointed by local authorities. It is anticipated the proposed new Mental Health Act may change that. Any change would mean the local authority being assured that the Social Services functions, carried out by another body, are done to a satisfactory level. Various mechanisms have been put in place by other authorities to assure this.

6.8 The day and residential and supported hostel care provision will require a separate options appraisal in terms of the property management, and housing management aspects of the service, in order to ensure a cost-effective quality service can be provided in the future.

6.9 Project Management

It is proposed to take forward the above proposals on a project management basis and to establish a project steering group to develop more detailed options.

6.10 Commissioning Benefits

There has been an increase in the accessibility and range of mental health provision, since BHMS was established with a single access to the service. This includes a focus on the integration and improvement of secondary care services, including work on the development of Crisis Resolution Teams, Assertive Outreach and Early Intervention Services resulting in:-

- Improved access to mental health promotion and primary mental health care for people from vulnerable or hard-to-reach groups
- Increased accessibility, range and effectiveness of mental health services
- Increased levels and quality of the interface between primary care, secondary care and voluntary sector services and of liaison between primary care and specialist mental health services
- Active local joint planning processes
- Development of comprehensive local services

- Drawing together health and social care provision across secondary and primary care, housing and education boundaries
- Having a whole systems approach to providing health and social care

6.11 User Involvement

Service users have been involved through their individual care plans as well as through involvement in the business of London Borough of Brent and Brent Mental Health Trust. Individually, this has been done through the Care Programme Approach (CPA) process with care planned in partnership with the people who use the services. This process represents a jointly agreed approach to care and treatment for service users. Mental health service users and their carers are encouraged and enabled to participate in the assessment, development and review of their CPA care plans.

6.12 Consultation

The original consultation and involvement in the development of BMHS was done through the Local Implementation Team (LIT) Stage 4 Comprehensive Service Review and through the Joint Commissioning processes. Service users were very positive about the Partnership arrangements as these demonstrated transparency and continuous improvements to services and to date continue to allow service users to highlight specific areas, where improvements on things important to them can be made.

Brent has a solid foundation of partnership and involvement of service users. The Mental Health Partnership has used and continues to use local networks to influence and improve health and social care developments locally. Service users are consulted and involved in the developments of all the services and are enabled to influence the kind of care and support on offer in the services which are helping them; the training and recruitment of staff; the setting of standards; the monitoring of the quality of services as well as in service developments and research.

6.13 Diversity Implications

The partnership has had a positive impact on promoting equalities and diversity issues. Service users continue to be involved and consulted in the work to promote joined up working and improve partnerships. This is an on going process done through a variety of consultation forums including the Service User Forum, the In-patient forum, the monthly meetings with the Head of Mental Health Services, the Lit meetings and the Lit Sub-groups with specific remits for women, black minority ethnic communities. The Partnership has continued to strive for fair representation of all groups across the range of involvement activities in the planning, development, delivery and monitoring of services.

- 6.14 Overall the integrated service has been a significant success and this has been validated by external bodies. The service was one of the first in Brent to be integrated. Extending the agreement on the integrated service will enable those strengths to be built on further.

7.0 BACKGROUND INFORMATION

Health and Social Care Act 2001

Health Flexibilities Act 1999

The National Service Framework for Mental Health and NHS Plan

DoH Shifting the Balance of Power (July 2001)

Patient and Public Involvement in the New NHS (1999)

Mental Health National Service Framework – Report to Social Services Deciding committee 17th January 2000

Joint Management of Mental Health Services – Report to Social Services Deciding Committee 2nd August 2000

The Integration of Mental Health Services in Brent – Report to Social Services Deciding Committee 14th February 2001

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