



**Executive
12th March 2007**

**Report from the Director of
Housing and Community Care**

For Action

Wards Affected:
ALL

**Section 31 Partnership Agreement – Brent Mental Health
Service – One Year Extension**

Forward Plan Ref: H&CC-06/07-29

1.0 Summary

- 1.1. This report recommends a one-year extension to the current partnership arrangement between the Council and Central and North West London Mental Health NHS Trust (CNWL), which expires on 31st March 2007, and the establishment of a Steering Group with CNWL to review the options for further integration using Section 31 flexibilities. It also seeks agreement to consider options to use S31 flexibilities for older people's mental health services. Both groups to report back by March 2008. This will also need to be agreed by CNWL Board. In the integrated Brent Mental Health Service (BMHS) CNWL manages the Council's Adult Social Care staff carrying out mental health assessment and care management and social care provider functions through an integrated management structure, although they remain employees of Brent Council. The background, achievements, current situation, change drivers and proposals are outlined.

2.0 Recommendations

- 2.1. To agree to a 1 year extension of the partnership until 31st March 2008.
- 2.2. To agree to a fundamental review of the partnership arrangements with CNWL through the establishment of a Steering Group with a view to developing further integration through Section 31 flexibilities.

- 2.3. To agree the Director of Housing & Community Care sets up a joint steering group with CNWL to consider options for use of S31 flexibilities for older people with mental health needs and to report back by March 2008.

3.0 Detail

3.1. Background

BMHS was established in April 2001, bringing together the mental health services previously provided by Brent Council Social Services and CNWL under a formal Partnership Agreement. It was renewed in February 2004. The management of BMHS is through a Head of Service and managers employed by CNWL, a three star NHS Trust, with funding for these posts from the Council and CNWL placed in a pooled fund arrangement managed by CNWL as defined in Section 31 of the Health Act 1999. The funding for some specific posts concerned with assertive outreach services is also pooled following a variation to the original agreement agreed by the Executive in February 2004. The Head of Service is jointly responsible to CNWL's Director of Operations and the Assistant Director for Community Care. The overall governance and management arrangements and pooled budget are monitored through a mental health partnership board chaired by the Director of Operations (CNWL) for both CNWL and community care, the Assistant Director for Community Care and the Head of Finance. BMHS provides services to Brent residents aged 16 to 65 who have substantial or critical mental health needs under the Council's Fairer Access to Care criteria, which includes assessment, care management, social care support and accommodation services.

3.2. Achievements since Integration

In accordance with DoH guidance BMHS has achieved much to the benefit of service users since the partnership began in 2001: establishing a single point of entry; joint referral criteria; single multi-disciplinary assessment; seamless service delivery to improve the care pathway; single case file; integrated multi-disciplinary workforce with joint supervision and appraisal procedures and integrated training plan, resulting in successive Investors in People (IIP) Accreditations. The majority of the National Service Framework (NSF) targets have been met through the work with the Local Implementation Team (LIT) accountable to the health and social care partnership board and the joint service has performed well in the key health and social care performance indicators such as assessment waiting times, hospital discharges and number of adults helped to live at home. BMHS has also undergone a number of successful reviews including a Supporting People (SP) review of its supported housing accommodation and management and the 2006 Health Care Commission review of Community Mental Health Teams, for which it received an 'excellent' score.

3.3. Operational Considerations

The integration of health and social care through BMHS has undoubtedly been a success in achieving agreed outcomes as above. However the separation of the CNWL and Brent Council workforces and finances (other

than at management level) under the original partnership agreement needs further consideration. Operating to 2 systems managers need to understand and apply two HR, Payroll and Financial structures, where the cultures, systems, policies and practices of the two organisations are different, as are their expectations of managers and the level of support they provide. For example, different rules apply to cost savings, growth, capital programmes, suppliers and purchasing processes, staff pay and employment conditions, and separate IT, Complaints and Health and Safety systems, the latter being complex particularly where health and social care staff jointly occupy accommodation owned by either organisation.

Whilst BMHS has effectively managed the separate key business processes inherent in the current partnership agreement, a number of external factors have occurred that will further impact on the agreement.

3.4. Change Drivers

(i) *Government White Paper "Our Health, Our Choice, Our Say"*: This key document focuses on a five-year plan for health and social care in which it reaffirms the Department of Health policy on developing integrated health and social care partnerships to take forward the plan's recommendations.

(ii) *New Mental Health Bill*: Currently the local authority has responsibility for carrying out mental health act assessments, however under the new Bill it is proposed that the function be extended to include other professionals such as nurses, replacing the Approved Social Worker (ASW) with a new Approved Mental Health Practitioner role. As the individual would not have to be employed by the local authority this issue would no longer be an impediment to further Section 31 integration, although overall responsibility for quality arrangements would remain with the Council.

(iii) *Brent Council Framework Partnership Agreement*: The Executive has previously agreed to the establishment of a "Framework Agreement" between Brent Council and the PCT to provide a framework for the use of Section 31 powers in order to minimise disputes about organisational boundaries, help avoid unnecessary duplication and simplify the process of establishing pooled funds, an important aspect of integrated services and advantageous in increasing efficiency by providing greater flexibility in the use of resources, maximising creativity and innovation and providing better services through joined up service delivery. The 13th March 2006 Report to Executive proposed that the future use of the Section 31 flexibilities would include a pooled fund for the whole of BMHS. This agreement related to the PCT and not CNWL and therefore a separate agreement on the same principles will be needed.

(iv) *CNWL Foundation Trust (FT) Status April 2007*: For CNWL to function as a successful business and meet the strategic objectives set by its Boards, it considers it will need the flexibility to manage all resources at its disposal. This would need to be within the parameters of commissioned services subject to monitoring. Operationally there are issues and complexities arising from managing services with 2 separate employer organisations with different policies and procedures. Consideration needs to be given to streamlining this

in a more integrated way. Through the FT membership process and elected Board of Governors, social care organisations, service users and the public will have greater input into the work of the Trust and which in turn will become more accountable to its stakeholders, including the local authority and community care commissioning.

3.5. Review of current partnership agreement

In light of these issues it is now an opportune time to review the current integration arrangements in BMHS, making it opportune to consider for a new partnership agreement to take advantage of full Section 31 Flexibilities as discussed to improve overall service outcomes for users. However the existing partnership agreement will need to be extended for a further one year to allow this detailed work to proceed, and be agreed by the Council's Executive and CNWL Board.

3.6. Purchasing Budgets

It is proposed to consider a pooled health and social care budget for the purchasing of all care. Both health funding from the PCT and social care funding for adults social care could be amalgamated into one CNWL Pooled Budget and managed by BMHS. In support of this, Brent Council's independent review of purchasing residential and nursing care in 2005 recommended that *'agreement should be reached as a matter of urgency on pooling mental health budgets'*. In view of the current turnaround savings plan with the PCT further discussions are needed with the PCT on investment in any pooled purchasing budget.

3.7. Service and Management Arrangements

It is also proposed that options are considered for commissioning of mental health social care as well as provision. The transfer of the Brent Council social care staff working in BMHS to the employment of CNWL and the pooling of the Operational Budget. The options would need to include the implications for commissioning, staff employment and the role of Brent Council, as well as the perceived benefits to service outcomes, users and carers. Currently there is a joint commissioning arrangement with the PCT and community care needs to strengthen its commissioning arrangements. Further DoH guidance is imminent.

3.8. Property Management

Supported Housing provision for BMHS service users will also require options appraisal in terms of the property and housing management aspects of the service in order to ensure a cost-effective quality service can be provided in the future. Community care properties are currently managed through BMHS.

3.9. Day Care Services

BMHS is currently changing its day services in line with national policy on social inclusion and the Council's day care modernisation programme by moving away

from the traditional day centre model to one of community engagement. This approach will promote greater independence and support individuals to achieve wider social participation in services, education, employment, volunteering and training and increase the use of Direct Payments can improve access and choice for service users. This could involve CNWL taking on a contracted arrangement for delivery of social care services.

3.10 Examples of Full Section 31 Integration

There are a number of examples of mental health providers where integration has successfully taken place through the pooling of funds and transfer of the social care workforce to NHS employment using Section 31 flexibilities, such as the Camden and Islington Health and Social Care Trust, Lincolnshire Partnership NHS Trust, Gloucestershire Partnership NHS Trust, Suffolk Mental Health Partnership NHS Trust and South Essex Foundation Partnership Trust. Locally, the Harrow Mental Health Service is currently taking forward full integration between CNWL and Harrow Council. The proposed Steering Group will review these and other examples of best practice to inform a new Brent model.

3.11. Joint Commissioning Benefits

Joint mental health commissioning intentions between the PCT and community care are to improve quality of life and well being by enabling people with severe mental health problems to live as independent and as full a life as possible. To achieve this Housing and Community Care and the PCT, through the Joint Mental Health Commissioner, and the local implementation network will work to ensure that people with mental health problems are at the centre, promoting choice and safeguarding those who need health and social care.

Within the guidelines of the White Paper *“Our health, our care, our say”* (January 2006), setting out the Government’s vision for more effective health and social care services outside hospitals and focusing on preventative provision, work is being progressed in a number of areas.

- 3.11.1 There has been an increase in the accessibility and range of mental health provision since the current Section 31 partnership agreement was renewed in 2004. This includes a focus on the integration and improvement of secondary care services including the development of a Crisis Resolution Service based at the Park Royal Centre for Mental Health, an Early Intervention Service for young people experiencing their first psychotic episode and a Move-On Team responsible for returning people to Brent from costly residential placements outside of Brent.

Other recent joint developments have resulted 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 care

- Increased levels and quality of the interface between primary and 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

3.12. Supporting People

Although a review of Supporting People (SP) funded contracts took place in 2004 there remains a need for the Council's Supporting People service and the PCT to carry out a full review of the needs, demand and types of supported housing provision locally and to develop an SP Strategy for mental health housing that will increase independent living for service users. In the meantime however services are working together to establish supported housing priorities and ensuring that protocols for accessing independent housing by BMHS are robust.

3.13. Service User Benefits

Further integration under Section 31 will facilitate the continuing development of whole systems responses to health and social care needs, enabling BMHS to utilise its pooled resources more effectively and maximise creativity and innovation, subject to commissioning requirements. This over time will achieve greater economies of scale. A more joined up and seamless approach to care delivery will improve individual care pathways and throughput through the Service, reducing referral waiting times and overall quality of care throughout the patient journey. Opportunities under Foundation Trust Governance arrangements will provide a more streamlined and effective dialogue with the Brent multi ethnic community, i.e. through its membership and the Board of Governors.

3.14. Service User Involvement and Consultation

Brent has a solid foundation of partnership and the consultation and involvement of users in the development of mental health services, enabling them to influence the care and support available to them. The current BMHS partnership has used and continues to use local networks to influence and improve health and social care developments locally, including: CNWL's Public and Patient Involvement Forum; Brent Mental Health User Group; Brent Carers Centre; the recruitment and training of BMHS staff; setting of standards; monitoring the quality of services and service developments and research; forthcoming representation on CNWL's Board of Governors from April 07.

The original consultation and involvement for the partnership agreement in 2001 was carried out by the Brent Local Implementation Team Stage 4 Comprehensive Service Review and through Brent Council and the PCT's Joint Commissioning processes. Service users were very positive about the

new partnership arrangements as they demonstrated transparency and continuous improvements to services and to date they continue to allow service users to highlight specific areas and where improvements on things important to them can be made.

3.15. Project Management

It is proposed to take forward the above proposals on a project management basis and to establish a project Steering Group reporting to the Mental Health Management Board to develop more detailed options. These will be considered by the LIT, which will then make recommendations to the Health and Social Care Partnership Board, for approval by the Council's Executive and CNWL Board.

3.16 Review of services for older people with mental health needs and dementia

Current services are provided separately through CNWL, the PCT and Housing and Community Care. A draft strategy has been developed to improve access to the services and provide a more integrated approach for users. At an operational level community care older people's service is responsible for assessment and care management have improved liaison arrangements to try to provide a better multi-disciplinary approach with the CNWL older people's mental health team. This is separately managed within the trust from the adults mental health service. Both the Health Care Commission and Commission for Social Care Inspection, through external reviews, have recommended improvements are made to an integrated approach. A multi-agency strategy steering group has been established, chaired by the Assistant Director Community Care. It proposes that S31 Health Act flexibilities are explored to consider options an integrated team and pooled budgets. This is a complex area to plan for as the vast majority of older people with mental health or dementia needs also have physical health needs, are frail and vulnerable and only a minority of people will receive a secondary health service.

4.0 Financial Implications

4.1. The costs of the joint service are £1,467,407 of which Brent Council contributes 35% amounting to £513,304.

4.2. The 2006/07 adult social care operational budget is £4,101,834 (inclusive of the £513,304) and is used to provide management of the service, community mental health teams, outreach work, in house residential care, day services, supporting people and grant payments to both voluntary organisations and carers.

The purchasing budget is £3,506,666 and is for nursing and residential care, supported accommodation costs, direct payments, homecare and external day care.

- 4.3 The budget for 2007/08 will be on the same basis. The fundamental review will also consider the overall budget allocation and whether efficiencies can be achieved through greater integration.

5.0 Legal Implications

- 5.1 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 including the transfer of staff from one organisation to another under TUPE arrangements.
- 5.2 The Mental Health Partnership Agreement entered into by the Council provides that the agreement will subsist until the 31st March 2007 unless determined earlier or extended by agreement between the parties.
- 5.3. 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.
- 5.4. Section 31 of the Health Act 1999 stipulates which bodies can enter into such arrangements and includes NHS Foundation Trusts. Furthermore Section 7 Health and Social Care (Community Health and Standards) Act 2003 provides that where authorisation is given to an NHS Trust to become an NHS Foundation Trust the continuity of the body and its liabilities are unaffected such that any arrangement entered into with the CNWL as a Trust will be unaffected when it becomes a Foundation Trust.

6.0 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 carried out through a variety of consultation forums including a service user forum, In-patient forum, monthly meetings with the Head of BMHS, LIT meetings and LIT Sub-groups with specific remits for women and 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. An outline Equalities Impact Assessment has been completed to support this report and will be expanded as part of the work of the Steering Group.

7.0 HR Implications

There are currently 155 WTE budgeted social care posts in BMHS. There are no new HR implications for the one-year extension to the partnership agreement and the Brent Council social care staff will remain employed by Brent Council and continue to be managed through BMHS. However the Steering Group will consider the benefits of further integration and the implications to staff if transferred to CNWL under TUPE arrangements. Both

the Council and CNWL HR will be involved in the Steering Group as appropriate and there will be consultation with the staff and unions on the considered options. The Council's Managing Change Strategy will provide the framework for this process.

8.0 Accommodation Implications

The Steering Group will also consider the implications for management of Brent Council properties as part of further integration.

Background Papers

S31 Partnership Agreement Executive report (2001)

Partnership Renewal Executive Report (February 2004)

Outline Equalities Impact Assessment (February 2007)

White Paper "Our Health, Our Care, Our Say" (January 2006)

Health and Social Care Act (2001)

Health Flexibilities Act (1999)

National Service Framework for Mental Health (1999)

NHS Plan (2000)

Department of Health "Shifting the Balance of Power" (July 2001)

Patient and Public Involvement in the New NHS (1999)

Contact Officers

Christabel Shawcross, Assistant Director of Housing Community Care, 6th Floor, Mahatma Gandhi House, 34 Wembley Hill Road, Wembley, HA9 8AD. Tel: 020 8937 4230 email: christabel.shawcross@brent.gov.uk

David Dunkley, Head of Brent Mental Health Service, 15 Brondesbury Road, Kilburn, NW6 6BX. Tel: 020 8937 4297 email: d.dunkley@nhs.net

Sarah Nyandoro, Mental Health Joint Commissioning Manager, Brent PCT, 116 Chaplain Road, Wembley, HA0 4UZ. Tel: 020 8795 6468 email: sarah.nyandoro@brentpct.nhs.uk

Martin Cheeseman, Director Housing & Community Care, Mahatma Gandhi House, 34 Wembley Hill Road, Wembley Middlesex 020 8937 2341 email: martin.cheeseman@brent.gov.uk

CNWL Pooled Budget Management Posts 2006/07

Job Title	WTE	Budget	Notes
Lead Nurse/Modern Matron	1.00	57,072	Original 70/30 split
Manager, Local Secure Services	1.00	51,259	Original 70/30 split
Nurse Band 8A	1.00	56,988	
Unit Manager, Fairfield House	1.00	51,259	Original 70/30 split
Ward Manager, Pond Ward	1.00	44,094	Original 70/30 split
Ward Manager, Pine Ward	1.00	51,259	Original 70/30 split
Shore Ward	1.00	39,942	Original 70/30 split
Ward Manager, A&E Liaison	1.00	53,761	Original 70/30 split
Operational Mgr (ex-Placement Review Officer)	1.00	54,590	SS post added 03/04
Ward Manager, Juniper Lodge	1.00	38,418	Original 70/30 split
Resource Centre Manager, Westmore	1.00	35,907	Original 70/30 split
Senior Manager	1.00	40,992	Original 70/30 split
Senior Manager	1.00	40,992	Original 70/30 split
Head of Service	1.00	72,128	CNWL post added 04/05
Service Manager, Brent South	1.00	64,409	Original 70/30 split
Service Manager, Brent North West	1.00	66,845	Original 70/30 split
Service Manager, Brent East	1.00	63,349	Original 70/30 split
Service Manager, Brent Residential	1.00	61,522	Original 70/30 split
Operational Manager, RASPS	1.00	56,988	Original 70/30 split
Operational Manager, North West	1.00	56,988	Original 70/30 split
Operational Manager, South	1.00	56,988	Original 70/30 split
Business Planning Manager	1.00	51,413	Original 70/30 split
Practice Governance Manager	1.00	53,559	CNWL post added 02/03
Service Support Manager, Park Royal	1.00	44,475	Original 70/30 split
Performance Manager	1.00	38,797	CNWL post added 02/03
Services Administration Manager	1.00	36,689	CNWL/SS post added 03/04
Fairlight Manager	1.00	51,592	Original 70/30 split
Project Manager	1.00	44,838	Original 70/30 split
Manager, Art Therapy	0.60	21,946	Original 70/30 split
TOTAL PAY	28.60	1,459,059	

Cost Savings Target	0.00	-12,518	CNWL Only
Audit Fees	0.00	1,000	Original 70/30 split
Mobile Phone	0.00	5,500	Original 70/30 split
Lease Car payments	0.00	12,144	Original 70/30 split
Staff Travel	0.00	8,000	Original 70/30 split
Miscellaneous	0.00	222	Original 70/30 split
Lease Car recoveries	0.00	-6,000	Original 70/30 split
TOTAL NON-PAY	0.00	8,348	
GRAND TOTAL	28.60	1,467,407	