

CABINET

20 February 2018

DELEGATION OF MENTAL HEALTH SERVICE

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Key Decision: Yes	Forward Plan Reference: FP/240817	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
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DECISION RECOMMENDATIONS

That Cabinet:

1. Approves the delegation of Adult Mental Health Social Care function to Leicestershire County Council.
2. Approves the continuation of the current in hours Approved Mental Health Practitioner (AMHP) service currently provided by Leicestershire County Council.

1 PURPOSE OF THE REPORT

- 1.1 This report sets out the rationale for Rutland's Adult Social care to delegate the function of the "social care" duty of Mental Health service provision to Leicestershire County Council as permitted under the Care Act 2014.
- 1.2 To set out how this will mitigate risk and promote a better outcome for service users.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 RCC currently delegates its statutory function to Leicestershire County Council (LCC) to manage its in hours (9am – 5pm) Approved Mental Health Professional (AMHP) service, which is a statutory duty under the Mental Health Act. This has been a successful partnership fulfilling RCC statutory duties and recognises the complexity of the service area and support required for such specialist workers with the relatively low client base in Rutland. The partnership also allows us to share the AMHP resource that is increasingly hard to recruit to across the country.
- 2.2 RCC has further duties under the Care Act and employs one mental health social worker to work with service users who have mental health needs that require support for social care. Over the last 2 years the post has been covered by locum social workers due to issues around employing a lone specialist worker on a permanent basis with suitable experience and post qualifying credentials.
- 2.3 Mental Health is a specialist area requiring specialist professional support and this is not always readily available in a small authority. Mental Health services are multi-faceted primarily being health service based and the Adult Social Care (ASC) worker is not part of the wider system. These include the community mental health teams and crisis intervention teams, as well as more specialist teams such as forensics and assertive outreach.
- 2.4 RCC has the one social worker who is very isolated in one of the most challenging areas of the social work profession. There is further risk going forward if an ASC manager were to change as few have Mental Health field experience to provide supervision and ongoing case support to the social worker.
- 2.5 Due to the specialist nature of the post in times of sickness or absence senior managers have to cover the position. This is a risk as we have only two managers presently with the required experience.

3 CURRENT PROVISION

- 3.1 Under the Care Act people with mental ill health, whether or not it is severe or enduring are entitled to assessment and support to meet their eligible unmet social care needs. The underlying principle is that Local Authority's should promote a person's wellbeing when carrying out all care and support functions. This is usually via carers or provision of a personal assistant.
- 3.2 Leicestershire Partnership Trust (LPT) provides secondary healthcare to people in Leicester, Leicestershire and Rutland and provide both inpatient and community-based services. As well as the specialist services mentioned above LPT provide Acute/Inpatient Adult Mental Health Services at the Bradgate Mental

Health Unit Glenfield Hospital Leicester.

3.3 A sample of the work the RCC social worker carries out is as follows:

- Assessment, support planning and review of service users with a primary need relating to mental health and who are in receipt of services and/or have a Section 117 Aftercare Entitlement.
- To commission services and arrange for Direct Payments.
- To work with non-commissioned services (including the Assistant Care Managers in the Prevention and Safeguarding Team), and the voluntary sector to prevent deterioration, hospital admission and self-neglect.
- To attend out of area placement reviews.
- To complete Section 117 reviews and discharge if necessary.
- To assist with discharge planning if a service user in an inpatient.
- To work safeguarding cases where the service user has a primary need of mental health.
- To liaise with the Community Mental Health Team and attend MDT (multi-disciplinary team meetings) if required.
- To act as a resource for the multi-disciplinary teams across adult social care and to joint work cases in Children's services where a parent/carer has mental health issues.
- To support with the screening and triaging of enquiries relating to mental health via the Duty worker.
- To write social circumstances reports for Manager's Hearings and Mental Health Review Tribunals.
- To assess prisoners who have mental health care needs and who are approaching their release date.

4 PROPOSED MODEL:

- 4.1 The MH social worker will remain based at Catmose for much of the time but also spending some time with the health teams in Melton and LCC social workers. The RCC Prevention and Safeguarding service manager will continue to have oversight of assessments and service authorisation.
- 4.2 Rutland patients/service users will continue to access all the existing health services and the only change will be around the employer of the social worker in that it will be the responsibility of LCC. The worker will benefit from the supervision and support of being in a mental health adult social care structure and will already be working closely with the CMHT for East Leicestershire and Rutland. Already existing processes and systems will be strengthened and there will be a continuity of care across community and in patient care settings.

- 4.3 The current delegation of the in-hours AMHP function to LCC will continue as it is but offering a more joined up service alongside the social care duties. The cost of RCC of maintaining its own AMHP service would be prohibitive and the Council would not have the infrastructure to support the provision of such a service (6.2).

5 CONSULTATION

- 5.1 None required as there will be no change to the actual service or how it is provided.

6 ALTERNATIVE OPTIONS

- 6.1 To continue the present social care social worker in-house but this is not a preferred option.
- 6.2 To bring the current AMHP service back in-house. This would need at least two AMHP's to ensure constant cover and possibly three at busy times during holiday periods. There would also need to be specific AMHP supervision structures in place, robust consistent management with specialist knowledge and AMHP training. Administration would need to be acquired to apply for warrants from court to enable the AMHP's to gain access. This is not a preferred option and not feasible considering the numbers of the client group.
- 6.3 Another option that has been explored is forming a new partnership with another neighbouring authority but this would mean changing the whole health pathway which is neither reasonable nor proportionate to ask of health partners.

7 FINANCIAL IMPLICATIONS

- 7.1 Presently the cost of the in-house AMHP service is £61,049. The additional delegation of the current RCC mental health social worker to LCC requires the salary of £59,500 being paid to LCC and deleting that post. The total value therefore of the delegation and continuation of the current in-house AMHP provision will be £120,549 already in the budget.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 Section 79 of the Care Act gives local authorities the power to delegate most of the care and support functions it has under Part 1 of the Act or under section 117 of the Mental Health Act 1983 (after-care services). The only exceptions relate to promoting integration with health services, cooperating with partners, safeguarding and decisions about which services to charge for.
- 8.2 Delegation of functions does not absolve the local authority of responsibility for these functions and it still remains legally accountable for the way in which the functions are carried out or failed to be carried out. There is a contract for reviewing the service on a regular basis.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 An Equality Impact Assessment (EqIA) has been completed. No adverse or other significant issues were found. The provision of the service as set out in this paper supports the health and social care needs of vulnerable individuals.

The service is available to anyone within Rutland who meets the statutory Care Act eligibility criteria.

10 COMMUNITY SAFETY IMPLICATIONS

- 10.1 The Council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. The service will contribute to the safety and reduction of risk to vulnerable people through the support provided to them.

11 HEALTH AND WELLBEING IMPLICATIONS

- 11.1 The delegation will provide a more joined up service for our vulnerable adults needing support with their mental health better incorporating health services.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 12.1 That Cabinet approves continued support for the ongoing provision of the in hours AMPH service and the addition of the delegation of function of the Care Act provision to the existing partnership.
- 12.2 The suggested duration of the contract is 3 years with an option to extend the contract for an additional 2 years by agreement of the portfolio holder.

13 BACKGROUND PAPERS

- 13.1 There are no additional background papers to the report.

14 APPENDICES

- 14.1 None

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