Public Report with Exempt Appendices
Cabinet

**Committee Name and Date of Committee Meeting**
Cabinet – 13 February 2023

**Report Title**
Mental Health Service Review

**Is this a Key Decision and has it been included on the Forward Plan?**
Yes

**Strategic Director Approving Submission of the Report**
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**Ward(s) Affected**
Borough-Wide

**Report Summary**

This report sets out the options and recommendations as part of the Adult Social Care Mental Health Review within Rotherham. The focus of the review will be a revised Mental Health model, the main emphasis is to enhance the early intervention and prevention offer and to ensure that people of Rotherham have an effective service offer and pathway. This will include a partnership approach to promote individual wellbeing, prevent the need for care and support, provide information and guidance, assess and review and to safeguard adults at risk of abuse or neglect.

It is proposed that as part of Rotherham Metropolitan Borough Council's continuing commitment to the delivery of Mental Health Adult Care Services a new model needs to be further developed which ensures that the Council can continue to effectively deliver its statutory duties and responsibilities under the Care Act 2014, the Mental Health Act 1983, and the Mental Capacity Act 2005.

Through engagement with staff and data analysis it is evident that more can be done to improve each customer's journey through Mental Health Services to ensure that people who use our services receive the right care, at the right time and in the right place.

Mental Health Services have seen significant developments over the years, and the Council is committed to keeping in line with the changing needs. The revised model will have an improved offer, be person centred and aims to enhance the current service provision. The revised pathway will be co-designed alongside people with lived experience, families, carers, staff and partners.

**Recommendations**

That Cabinet:

1. Approve the development of the Mental Health revised service offer and model with agreement for this to come back to Cabinet in December 2023 prior to implementation.

2. Approve a programme of work to co-produce a new mental health reablement and day opportunities offer with people with lived experience, their families and carers.

**List of Appendices Included**
Appendix 1 – Funding Commitments - Exempt
Appendix 2 – Equalities Impact Assessment Part A and Part B
Appendix 3 - Carbon Impact Assessment

**Background Papers**
None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**
No.

**Council Approval Required**
No

**Exempt from the Press and Public**
Yes.

An exemption is sought for Appendix 1 under Paragraph 4 (Information relating to any consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders, under the authority) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains (information relating to consultations regarding roles and responsibilities of some staff within the mental health team).

It is considered that the public interest in maintaining the exemption would outweigh the public interest in disclosing the information because the report details proposals to consult on the future on the delivery of the mental health service for Rotherham, which includes workforce implications, partnership agreements and future services for people with mental ill health. The sensitive nature of these proposals mean it would not be in the best interest for this to be an open report.

**Mental Health Service Review**

## 1. Background

1.1 As part of the Council's commitment to shaping the delivery of Mental Health Services for the people of Rotherham, the Council has developed a Mental Health model of social care which ensures that the Council can continue to effectively deliver its statutory duties and responsibilities.

1.2 Through a collaborative approach it has become evident that the Council can do more to improve each customer's journey through Mental Health Services. The Council are committed to ensuring that people who use services, receive the right care for them at the right time.

1.3 Mental ill-health is widespread and can affect anyone. Mental Health Conditions vary in nature and severity, but all can have a significant impact on the lives of people who experience them, their families and carers. There is also a significant impact on society and the economy, with mental health problems being linked to homelessness, unemployment, poor physical health, and risky behaviours.

1.4 Mental health services in Rotherham have already experienced significant change in recent years. This has been the result of a shift in the market-based approach to health, which is cited as:

> … "*Market shaping means the local authority collaborating closely with other relevant partners…to encourage and facilitate the whole market in its area for care, support and related services*." (Care and Support Statutory Guidance, Section 4.6)

1.5 The purpose of market shaping is to stimulate a diverse range of appropriate services, both in terms of the types of services and the types of provider organisation and ensure the market remains vibrant and sustainable.

1.6 Alongside the market-based approach there have been further expectations placed on the Council along with the following:

- A drive to personalisation.
- A strength-based approach to social work.
- A prevention and recovery model.
- The need for a robust social care pathway.
- Significant financial pressures due to over a decade of austerity measures.

1.7 The Council's Approved Mental Health Professionals (AMHP) and social care staff working within mental health provision have been managed by RDaSH for the last 12 years, since 1st April 2011. Social workers, support workers and AMHPs prior to the onset of the pandemic were integrated into RDaSH multi-disciplinary teams which provide services to people with mental ill-health.

1.8 During this time there is an acknowledgement by the Council, RDaSH and the ICB that “integration” had evolved into a health model of care co-ordination and a model of generic working. This has been commonplace for most mental health teams across the Country. However, because of this there has been a loss of social care identity and focus. The proposed revised model would allow the development of the Mental Health service to provide a much broader offer, including early intervention and prevention, an asset-based approach that would focus on making the most out of the person’s lived experience; maximise informal support and community connections and to support personal resilience.

1.9 In 2016, the Council took the decision to recommence the line management of the Council staff within the Mental Health ‘Community Service to ensure full compliance with its duties as a responsible employer.

1.10 Social care staff have a significant contribution to supporting a multi-agency partnership approach to mental health and they will support partners to help prevent people going into crisis, provide support and interventions, alongside a recovery pathway to enable people to reconnect with their communities.

1.11 During the Covid pandemic, most social care staff came back under the management of Council and a revised proposed structure and hybrid working was tested, adapted, and tested again. This has resulted in the development of new ways of working and practice development, culture change with better outcomes for service users within social care mental health. This coincided with RDaSH revising their model of delivery and move to a locality-based model.

**Social Work**

1.12 There are 20,500 registered social workers in England, but there has been a lack of good quality data for the social care workforce to date (MHA Review, 2018; Skills for Care, 2018; APPG SW, 2019).

*The figure overleaf provides an illustrative view of the social work contribution to care delivery.*

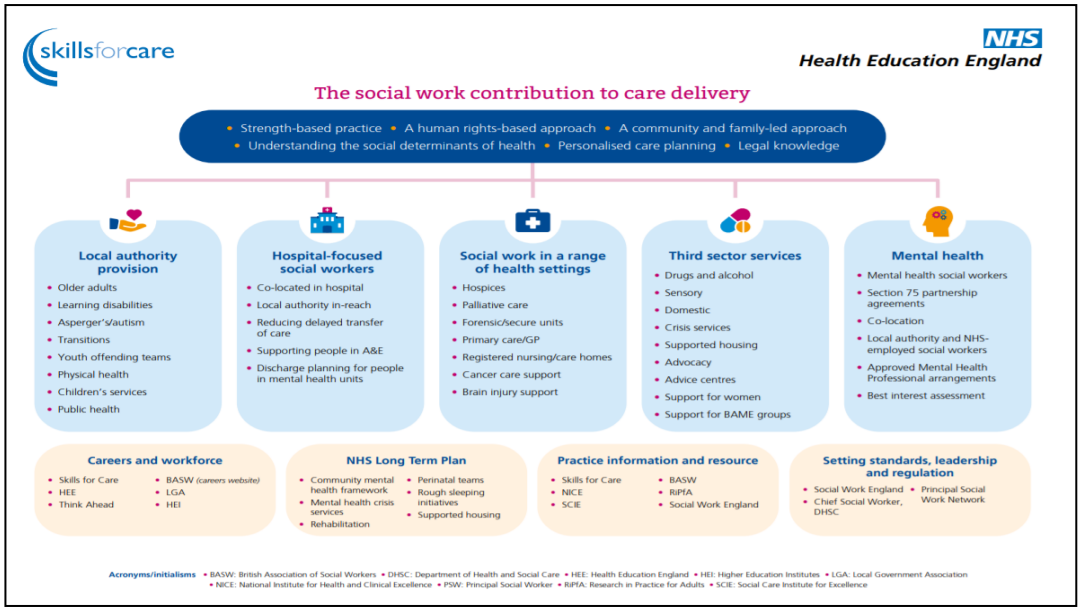


*Figure one: Social work contribution to care delivery*

**Statutory Framework**

1.13 Social Work England professional standards are specialist to the social work profession and apply to registered social workers in all roles and settings. The standards are the threshold standards necessary for safe and effective practice. The standards reflect the value and diversity of social work practice and the positive impact it has on people's lives, families, and communities.

1.14 The priority for the Council as it takes the AMHP and Mental Health social care offer through the process of transformation is to create the conditions which will not only enable high-quality social work to flourish, but also ensure that our statutory duties are met. This includes supporting social workers to embrace a change in how to approach social care, using interventions as part of the assessment process to ensure that people can be supported, using a strengths-based approach, and supporting individuals to have positive outcomes, build on community capacity and follow dreams and aspirations - as opposed to having 'services' offered as a solution to unmet need.

1.15 The core principles within the Care Act 2014 have seen the implementation of significant reforms, including:

- Establishing a new statutory wellbeing principle which sets out the outcomes that should underpin care and support;
- A national minimum eligibility threshold for care and support;
- A new duty to prevent, delay or reduce needs for care and support;
- A duty to promote the local care market, with a particular focus on ensuring diversity, quality, and sustainability of provision; and
- An expanded duty to assess the needs of carers and to provide support, on the same basis as rights for users of services.

1.16 Social work brings a distinctive social perspective to mental health. This means recognising the social antecedents and determinants of mental distress throughout the life course, such as trauma, loss and abuse and experiences in childhood and adolescence, that are often missed in purely medical, illness-led approaches. It also means going beyond this to acknowledge how illness-based and medical models can restrict and inhibit recovery and change, through focus on the illness and episodes of care rather than the person as a whole – their fundamental human potential and the opportunities they could access to bring about change building on assets and strengths.

1.17 The guiding principles for social work within Rotherham are set out in the Rotherham place plan and agreed strategically by all partners. These are:

1. **Person centred –** putting the person at the heart of everything we do. This will create an experience of a health and care service that works in a joined-up way, focuses on the prevention of ill health, drives down health inequalities and improves quality and outcomes.
2. **Needs led –** respecting and prioritising the needs of local populations. Working alongside the needs of our community and shaping the support and services to ensure that this approach targets energies and resources most effectively.
3. **Prevention focused –** an integrated approach to deliver outcomes and quality, requires a greater emphasis on prevention, not only expressed in terms of healthy lifestyles and health inequalities but at all levels of care and ability including prevention and wellbeing, supporting, and building upon strengths, a clear focus on recovery and maintaining independence.

1.18 The objectives of which are to move towards a reduced reliance on building-based specialist services, reduce unnecessary admissions to hospital, out of area placements, and only admitting people to residential care when it is the right thing to do. The service offer therefore needs to be:

- **Outward facing –** seeking feedback from the public, taking part as professionals in the informal and formal conversations with the public to shape care, make decisions and evaluate outcomes.
- **Being innovative –** continually looking to apply best practice to modernise. Staff will introduce new practices where there is a need and evidence base for success.
- **Mutuality –** respecting colleagues and working together for the greater good. Staff will seek the opinions and expertise of people who use services, their families, carers (experts by experience), colleagues and partners in shaping services.
- **Integrating care –** working together to enable effective and efficient care. Staff will continually strive for opportunities to share resources in co-ordinating care better and providing seamless services (integration at the point of delivery).
- **Being transparent –** openness, simplicity and mutual challenge and support. Staff will have open debate with partners to evaluate what we

do and how we can improve, without prejudice and within our professional codes of conduct, as well as adhering to the Caldicott principles.

- **Taking accountability –** being responsible and enabling rapid, strong decision making. Organisations are ultimately responsible for their actions and will do everything to combine strengths and champion change.

**Roles and Responsibilities**

1.19 Figure one cited earlier in the report are taken from Social Work for Better Mental Health – A Strategic Statement. These highlight the contribution that social care can have in adult mental health and include the statutory framework underpinning good social work. In the statement Lyn Romero – Chief Social Worker for Adults stated that:

> …"*As a profession social work has always played a key role in managing risk and complexity, working with people with the profound and enduring health and social needs and who are often the most socially excluded and at risk of harm.*
>
> *Social workers will continue to support people in crisis. However, as we move towards greater integration with health and social care with a focus on prevention and wellbeing to reduce demand for more intensive services, we have a unique opportunity to reposition social work at the heart of person centred adult social care…"* (The Role of Social Workers in Adult Mental Health, 2014).

1.20 The paper outlined The College of Social Work (TCSW) has high ambitions for the future impact of social work with mental health. TCSW has 3 key areas of practice that should frame social work, which are for social workers help to

1. Relieve people's suffering,
2. Fight for social justice; and
3. Improve lives and communities.

1.21 Social workers work to the five key roles set out by the regulator, Social Work England:

**1.** Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties, and promoting the personalised social care ethos of the local authority.
**2.** Promoting recovery and social inclusion with individuals and families.
**3.** Intervening and showing professional leadership and skill in situations characterised by high levels of social, family, and interpersonal complexity, risk, and ambiguity.

4. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention, and active citizenship.
5. Leading the Approved Mental Health Professional (AMHP) workforce.

1.22 It is therefore important that social care staff work to:

- Provide information, advice, and guidance on how individuals can support themselves, with support from families and communities.
- Promote the principles of prevention and wellbeing, signposting people to enable them to be supported, engaged, and empowered, and build upon their strengths, assets, dreams, and aspirations.
- Undertake assessments, determine eligibility, and provide services under relevant social care legislation.
- Facilitate fair access to social care funding.
- Facilitate personalised support planning and personal budgets for eligible people.
- Safeguard adults, providing practice expertise and system leadership.
- Provide Mental Capacity Act and Best Interest Assessments and expert practice and leadership.
- Enable access to advocacy, especially where this is a right in law for example, Independent Mental Health and Independent Mental Capacity Advocacy.
- Undertake Care Act and Section 117 reviews and planning for those in social care funded accommodation and residential care.
- Promote carers' rights and access to assessments and resources.
- Provide access to other social services and resources, including local authorities' universal (non-means tested) offers and advice for self-funders.
- Ensure responsibilities across all care groups are met using social care rather than medical definitions of need; and
- Be involved and show professional leadership within statutory community and multi-agency partnership forums (e.g. Multi Agency Public Protection Arrangements and Multi Agency Risk Assessment Conferences).

**Approved Mental Health Professionals (AMHPs)**

1.23 The AMHP is a statutory role created by the amendments in 2007 to the Mental Health Act 1983, replacing the previous Approved Social Worker (ASW) role. Eligible professionals undertake the AMHP role on behalf of local authority social services departments, who are legally responsible for the AMHP service. The role is also closely linked to NHS Mental Health Trusts, who provide many of the services that AMHPs require to undertake their role. AMHPs work in very close partnership with the NHS.

1.24 The AMHP has a responsibility to organise and undertake an assessment under the Mental Health Act 1983 and, if the legal definitions are met, to

authorise detention under that Act. AMHPs have specific responsibilities to uphold the human rights of people assessed under the Act, consider the social perspective, and follow the guiding principles of the Mental Health Act and the revised Mental Health Act Code of Practice, which includes applying the least restrictive practice principle. The AMHP is also responsible for organising the complex inter-agency arrangements required to undertake the assessment and communicating with everyone involved, including the person's Nearest Relative (NR).

1.25 Recent research publications have shown that the AMHP role is under a great deal of pressure for multiple reasons. In some areas, it is increasingly hard to provide the statutory service prescribed by the Mental Health Act 1983 and the Code of Practice [Department of Health (DoH), 2014; 2015; CQC, 2018]. This can include delays for assessments, an inability to find an appropriate bed for someone detained under the Mental Health Act or a lack of community alternatives. The pressures within the AMHP service and especially within the wider services can mean that people in mental health crisis do not always receive the service quality they should expect (DHSC, 2018). These pressures also affect staff morale, recruitment, and retention. The AMHP service also has demographic pressures that are adding to these issues with an ageing workforce (Skills for Care, 2018).

1.26 AMHPs are approved and authorised by local authorities. Historically, the role has been undertaken by social workers. Since 2007, mental health and learning disabilities nurses, occupational therapists and chartered psychologists have been able to train to be AMHPs, but currently social workers still occupy 95% of the AMHP roles nationally.

1.27 The AMHP role is crucial to ensure that the rights of people in mental health crisis are protected, that detention is avoided whenever possible, that social issues are considered and that the views of people and families are included in assessments under the Mental Health Act.

**Community Support**

1.28 Wellgate Court and Dinnington Old Library are long and valued venues and services providing a range of peer and community-based services for many years. The name of both services is the same name as the buildings that the support is provided from.

1.29 Over time, led by the people who require the support, these services have moved to a more community-based offer with approximately fifty per cent of the service activity taking place outside of the building and within the community.

1.30 Prior to the onset of Covid 19 in March 2020, the services operated group activities both building based and within the community, with approximately sixty per cent of activity taking place in the community. The service offered support with socially inclusive activity and provided both support groups for

men and women. The service has Mentors / helpers who provide support to their peers via group activity and through providing an onsite café.

1.31 At the start and during the Covid 19 pandemic, the services adapted to continue to provide support and the team provided individual and group contact by telephone. This contact was used to enable up to five participants in a group conversation at one time. The group calls aimed to create virtual groups, which reflected the person's usual attendance within the service where possible e.g. Men's Group and Relaxation. Where this was not possible e.g., Walking for Health and Wellbeing, the group calls were used to support people to maintain their social citizenship; established support networks; friendships; to prevent isolation; loneliness and potential relapse. These calls were recognised to help people feel together and socially included, even though Government Guidance during the pandemic meant that at times, they were required to be physically distanced.

1.32 As Central and Local Government Covid guidelines have permitted, the services have adapted and changed. The services have and continue to develop Peer Support Groups within the community. These initially met outdoors at local Town Centre cafes and continue to develop, using local community groups and facilities. The aims of the Peer Support Groups are to maintain and develop social capital amongst peers who have traditionally attended the services.

1.33 At present the Peer Support Groups are supported by staff for approximately one hour per session. This is to provide a "touch point" for people to discuss any issues they may currently have, to signpost people to support where necessary and to ensure that the Council plays a part in preventing / delaying the need for a wider range of statutory services.

1.34 Working in this way is also helping people to foster greater independence, resilience, and social inclusion. Because of these changes, the current services have also been able to support individuals with short term enablement packages where appropriate and has also undertaken Care Act Assessments for both individuals who have attended Wellgate Court prior to the pandemic, and people who have not previously attended the service.

1.35 These services have been shaped by the people who use them and by focusing on positive outcomes and what is important to them, this has ensured that care is tailored to the individual and their aspirations whilst helping people maintain much valued peer support, friendships, and community activity together. This present model of working has reduced the need for a standalone building and has increased social inclusion and independence.

1.36 Currently the staff support 55 individuals and 16 carers, the services currently use a variety of community hubs, safe spaces alongside established support groups, mainstream activities like gyms, leisure centres and social clubs across Rotherham.

1.37 The services are looking to expand the community activity with an enhanced reablement service, and part of the proposed co-design would aim to seek the views of the individuals currently using the service, their families and carers. Furthermore, the staff will be consulted on as the model change will mean that they will have some changes to the way they work i.e., assessment, review and support skills, this would be in line with the mental health recovery model and include mental health reablement.

**Revised Model**

1.38 The proposed model change will be designed to:

- Support a health and social care integrated approach to early intervention and prevention and acknowledging that health and social care eligible needs are interchangeable, and this model will seek partners from health and social care work in a co-located integrated way.
- Meet the requirements of the Care Act 2014, The Mental Health Act 1983, and the Mental Capacity Act 2005 and associated statutory guidance and Codes of Practice.
- Represent a significant culture shift in mental health social care practice within Rotherham, placing particular emphasis on early intervention and prevention "prevent, reduce and delay" and a personalised, strength-based approach to working with adults and their carers.
- Improve our early intervention and prevention offer by strengthening the mental health social care front door.
- Be a flexible structure using our community-based one team approach that can stand alone, co-locate, and integrate with partners when and where appropriate.
- Deliver collaborative pathways with health partners, in particular RDaSH, that result in improved outcomes for people experiencing mental ill health.
- Create a culture of collaboration to support consistency, continuity and create a more positive experience for the people we work with.

1.39 The key reasons for developing a revised model are:

- Prior to the national pandemic, RDaSH revised their Locality offer for mental health services. This has been a core driver for the Council to adapt and evolve the model to achieve a collaborative partnership model which will continue to meet the needs of individuals with mental ill health.
- A core focus of the proposal will ensure that the Council can meet its duties as a responsible employer, in relation to the health, safety and welfare of our mental health social care staff by bringing them under Council line management to achieve responsible employment practices.
- To support the promotion of equality and addressing health inequalities through 'The Community Mental Health Framework for Adults and Older Adults as set out by NHS England and NHS Improvement and the National Collaborating Central for Mental Health which states that "…*Local areas will be supported to redesign and reorganise core*

*community mental health teams to move towards a new place-based multidisciplinary service across health and social care aligned with primary care networks.* Furthermore, this supports the general duty under the Care Act 2014 to promote integrated models of care and support with health services.

- To offer a collaborate partnership approach to support people with mental ill health at the point of service delivery to ensure a holistic mental health offer.

1.40 It is proposed that Social Workers, care staff and AMHPS, who are currently seconded into RDaSH are brought back under the management of the Council and that the Council manages all the social care teams. This approach should be supported by development of a new partnership mental health pathway and model and good quality services across Rotherham.

1.41 The services are currently delivered from community and hospital settings, namely:

- Ferham Clinic – Health and social care community based multi-disciplinary teams.
- Woodlands – Hospital accommodation and current crisis staff base.
- Swallownest Court – Acute mental health services.
- Riverside House – Social care mental health services.
- Wellgate Court/Dinnington Old Library – Day and community-based services located in community settings across Rotherham.

1.42 The mental health social care teams have been on a transformational journey since 2016, and that this journey will continue beyond the new model. The continued commitment and hard work of our staff is appreciated and valued, as well as the dedication to continuously improving the social care offer to the residents of Rotherham.

1.43 There are several strategic and operational actions which will inform the operation and management of the Council's AMHPs and wider adult social care mental health service relating to the workforce, pathways, partnership working and service level agreements. These will be incorporated into a high-level partner implementation plan which will enable the transition from the current state to the future state and delivery model – over a phased realisation period to minimise any operational, safety and quality risks. This high-level implementation plan will include RDaSH and the ICB partners to ensure the success of the revised model and this will ensure a seamless end to end service for residents of Rotherham.

## 2. Key Issues

2.1 The key issues can be summarised as:

- A requirement to ensure responsible employer approaches to our workforce through effective line management, supervision, and professional practice of the AMHP staff within the Crisis team.

- A requirement for a revised social care pathway and offer for mental health to be developed alongside partners, this will include enhanced social care interventions with the most complex individuals who present to services and support the suicide prevention pathway.

- A need to focus on strengthening and designing a new mental health reablement offer which will signpost and connect people back to their local community, taking an asset and strengths-based approach. This can only be achieved through a full engagement programme and consultation with regards to the final service and build design for Community Support Services based within Wellgate Court, Dinnington Old Library and Reablement with people who use the service, relatives, carers and staff. The service will not change the current offer but rather enhance the Rotherham mental health recovery model.

- The lack of a dedicated social work pathway, with a single front door for referrals, needs to be addressed as this would strengthen the Council's contribution to Mental Health Crisis. A dedicated pathway would allow experienced AMHPs and social workers to focus on prevention and early intervention and statutory social care functions which will complement the clinical model already delivered by RDaSH.

## 3. Options considered and recommended proposal

3.1 Adult social care and social work is no longer just about care co-ordination and allocating public resources when people's needs have deteriorated. Adult social care is about helping people to seek earlier support (the well-being principle and early intervention and prevention in the Care Act 2014), anticipate their own needs and use their personal resources and support effectively to prevent, reduce and delay dependency on higher intensity care and support services.

3.2 Further to this and in response to reduction in AMHP numbers nationally, several councils have set up dedicated AMHP teams to good effect (National Workforce Plan for Approved Mental Health Professionals (AMHPs) Published October 2019. These see AMHPs working full-time on the local authority's statutory social care priorities and Mental Health Act assessments, rather than working to the traditional Rota system where they carry caseloads when not on AMHP duty (Community Care 2016), thus ensuring that an effective timely response is provided to people who need support and people in crisis. This also supports the principles of the Care Act 2014, where AMHPs can provide interventions as part of a Care Act assessment to support crisis and complex care solutions.

3.3 Social care seconded staff have been integrated into the health offer for mental health, and work will need to commence to support realignment with their social care identity and values. Support will be initiated alongside the strength-based approach to social work training, alongside peer support and

coaching. This will ensure that staff have the skills, knowledge, and confidence to work effectively within mental health social care.

**3.4 Options**

**Option 1**

3.5 This option as it stands would maintain the status quo with all Council staff working across different service areas within a structure where the social care offer is not highly visible and there is limited flexibility to accommodate the Council's shifting priorities.

3.6 In addition to this, maintaining the current arrangement within RDaSH does not provide sufficient assurance to the Council that the AMHP role and function, core social care responsibility, for example, making safe, safeguarding and the delivery of the social care assessment and Care Act eligibility, for some of the most vulnerable individuals in Rotherham, are being met. This could present risks in relation to information sharing, as well as relying heavily on a health-based IT system solution which is not strengths based, providing little or no information of metrics on social care and finance data. This model does not enable social care to identify the social care cohort and potential risks to evidencing compliance with our statutory responsibilities and duties.

**Option 2**

3.7 As already identified the concept of 'integration' within mental health services is facing unprecedented challenges with local authorities nationally questioning its value; and in some areas removing or are considering removing mental health social workers from NHS oversight and management.

3.8 Therefore, the removal of staff from the integrated mental health teams has been considered as part of the transformation of services, however, it has not been pursued at the present time because:

a) Removal of social care staff from the Mental Health Trust at this point would be counterproductive and no longer aligned with the Rotherham Place Plan, and;
b) There continues to be an overarching commitment and genuine belief that if the Council is to bring about the difference they aspire to, it is arguably important for them to remain within, rather than outside of Rotherham's mental health service provision.

**Option 3 – Preferred Option**

3.9 As identified above the point has now been reached where maintaining the current delivery model is negatively impacting on the quality and experience of care and support for many individuals, families, and carers within the service.

3.10 In addition to this, the proposed RDaSH transformation model limits the Council's ability to provide not only its statutory duties under the Mental Health Act and the Care Act but also, the provision of a strengths based, person-centered holistic response that focuses on prevention, early intervention, supporting independence and wellbeing.

3.11 Whilst the concept of 'integration' within mental health services is facing unprecedented challenges, locally, the Council has solid relationships with health partners in RDaSH and the ICB so a collaborative model of delivery is the preferred option. This would ultimately lead to social care staff being brought back in under the Council's single line management, aligned across the following functions AMHP, Locality and Enablement and Front door and hospital.

3.12 The basis of the new Adult Social Care Mental Health Pathways would be co-designed with partners to ensure the social and clinical models operating in the locality are complimentary, with multi-disciplinary approaches and improved outcomes for the person experiencing mental ill health.

3.13 Concurrently, a programme of work to co-produce the service offer to strengthening and designing a new mental health reablement offer would be progressed and involve those people with lived experience, their families and carers.

## 4. Consultation on proposal

4.1 Several focus groups were undertaken to start to address the mental health social care pathway, offer and support the bedding down of the new locality structures implemented by RDaSH, this consultation has included the key partners: RDaSH and the ICB. The sessions were extremely well attended, and the outputs have been used to inform the operation and evolution of the community teams over the spring and summer of 2020 (this was delayed due to the National Covid Pandemic).

4.2 To further add to this baseline position and ensure the full and active engagement of frontline mental health social care staff, a series of four dedicated workshops were designed and undertaken across the week commencing 26 October 2020.

4.3 The sessions were specifically planned to inform the review and enable frontline staff to share their learning and experience in relation to the AMHP role and operation within the Crisis Team, and the broader mental health social care pathway.

4.4 The four workshops were attended by 41 Council staff across mental health social care, a small number of whom attended multiple sessions. A headline summary is set out below.

- There is the need to develop a mental health social care pathway.

- Work needs to be undertaken to clarify roles and responsibilities across the mental health social care pathway – clearly providing role definitions and distinctions between social care and care co-ordination.
- AMHPs and mental health social care staff need to continue to work in a co-located manner with health, under MDT structures and processes.
- There are currently very limited community alternatives to inpatient admission - a menu of options needs to be developed from both a step-up and step-down perspective.
- There is the need to develop a reablement offer within mental health social care.
- Training and development support is required to ensure staff can fulfil statutory duties – in line with the Care Act, Mental Health Act, Mental Capacity Act and Safeguarding.
- Operational issues exist with aspects such as: system access and reporting (S1 and LAS), Section 136 suite, Section 117 and Section 12 App, bed availability and access to co-located admin.

4.5 This level of engagement is central to the review and coupled with the extensive 1-2-1 and small group engagement undertaken throughout the review lifecycle, this has fostered a real sense of ownership and a commitment and desire to improve services for people experiencing mental distress and illness across Rotherham. This will be crucial to the effective implementation of service change and improvement over the next period.

4.6 Engagement is still required for all users, carers, families and staff affected by the proposed changes to Community Support services and will form part of the proposals moving forward.

4.7 The ICB, RDaSH and the Council report on individual and service strategic mental health workstreams and produce reports in a collaborative manner to the Learning Disability and Mental Health Transformation Board. Furthermore, a partnership Mental Health Operational meeting is held monthly with attendance from the partners and this report was discussed and an agreement made that a meeting would be held between January 2023 and February 2023 to overlay all mental health pathways and the revised model to discuss next steps.

## 5. Timetable and Accountability for Implementing this Decision

5.1 April 2023 – March 2024 Partner joint working and collaboration to co-design the revised mental health model, integrated health and social care pathway planning, development of a mental health crisis specification and Mental Health Market Position Statement.

## 6. Financial and Procurement Advice and Implications

6.1 The preferred option (Option 3) will be delivered at no additional cost to the Council. The current budget for the staff and running costs for these posts is £0.650m (see exempt Appendix 1).

6.2 There are no direct procurement implications arising from this report.

## 7. Legal Advice and Implications

7.1 The Council should consider co-production in all aspects of implementing its statutory duties under the Care Act 2014 and to promote participation to achieve its aims.

7.2 The Care and Support Statutory Guidance to the Care Act 2014 includes the concept of co-production: "Local authorities should actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. Such interventions can contribute to developing individual resilience and help promote self-reliance and independence, as well as ensuring that services reflect what the people who use them want" (paragraph 2.20).

7.3 During the consultation process the Council has a duty to consider the 4 key elements of the Gunning criteria in order to make the consultation a fair and worthwhile exercise. Although co-production involves engaging people to give their views about a particular matter, it takes this a step further by people having the opportunity to be actively involved in influencing the development and delivery of services. The duty to consult consists of four key elements, known as the Gunning criteria, that are designed to make consultation a fair and worthwhile exercise:

(1) Any lawful consultation must be undertaken at a time when proposals are at a formative stage;
(2) There must be sufficient reasons advanced for any proposal to allow those consulted to give intelligent consideration and an intelligent response;
(3) Adequate time must be given for that purpose;
(4) The results of that consultation must be conscientiously taken into account before any decision is taken.

7.4 Consultation will need to take place with staff, people who use the service and their carers over the proposed changes to:

- Community Support Service held at Wellgate Court building.
- Community Support Service held at Dinnington Old Library building.

7.5 The Wellgate Court/Dinnington Old Library Consultation "Have Your Say" took place with service users on Monday the 5 December 2022.

7.6 Under s5 of the Care Act 2014, there is a statutory duty is placed on the Council to promote an effective and efficient market of care and support services for local people, also known as 'market shaping'.

7.7 Chapter 4 of the Care and Support Statutory Guidance provides information and guidance on market shaping and commissioning of adult care and support:

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.

## 8. Human Resources Advice and Implications

8.1 The staffing establishment supporting the current service model will need to be reviewed in line with the transformation of the service. As such, a robust consultation will need to commence with all affected employees as per Council policy on restructure and change management.

## 9. Implications for Children and Young People and Vulnerable Adults

9.1 The new delivery models for mental health services outlined in this report will improve the service offer for all the adult supported by the Council.

The proposals contained within this report support positive steps to meet objectives in the Council Plan to ensure that people have good mental health and physical wellbeing, maximise independence, and to work with some of the most vulnerable people in Rotherham to build upon their strengths and resilience, reducing the reliance on social care interventions.

Young People who are in Rotherham's Preparing for Adulthood Cohort are in scope, though the impacts will be for people aged 18 and over.

## 10. Equalities and Human Rights Advice and Implications

10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and Page 12 of 13.
- Equality Act (2010) to legally protect people from discrimination in the wider society.

10.2 Section 149 of the Equality Act 2010 establishes the public sector equality duty ("PSED") – which requires that the Council, as a public body, in carrying out its functions must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

10.3 The relevant protected characteristics referred to in the Equality Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

10.4 There is a duty on the Council to keep a record to demonstrate that it has genuinely and consciously had due regard to the PSED.

10.5 Ensuring that services are effective and accessible to all of our communities including protected characteristics groups is important. Referrals from partner agencies to Adult Care Mental Health are monitored to show that cases involving all parts of the community are being referred.

## 11. Implications for CO2 Emissions and Climate Change

11.1 The Mental Health Team will continue to work to the hybrid working arrangement which does provide Rotherham MBC office space. It is not anticipated that there will be an increase in CO2 emissions as a result of this decision.

11.2 Mental Health staff will need to travel to fulfil the statutory duties under the Care Act 2014 and Mental Health Act 1989. The amount of travel needed will be managed to make best use of resources while minimising CO2 emissions. Travel is monitored and only essential travel is authorised.

## 12. Implications for Partners

12.1 The proposal has been shared at high level with RDaSH and the ICB and continues to be a core part of the Mental Health and Learning Disability Transformation Board.

12.2 The intention is to explore the development of the revised model jointly to ensure a joint placed based approach to service design and delivery and to ensure that all partners can contribute to the delivery of the statutory responsibilities as set out by regulation and legislation.

## 13. Risks and Mitigation

13.1 The risks of doing nothing is that RMBC cannot evidence that it has fulfilled its statutory duties and responsibilities under the Care Act 2014, Mental Health Act 1983 and Mental Capacity Act 2005.

13.2 Failure to adopt the new revised model would mean that the pathways for mental health social care would remain unclear, responsibilities between health and social care blurred and people will not have their eligible needs met.

## 14. Accountable Officers

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health ian.spicer@rotherham.gov.uk

Approvals obtained on behalf of Statutory Officers:

| | **Named Officer** | **Date** |
|---|---|---|
| Chief Executive | Sharon Kemp | 30/01/23 |
| Strategic Director of Finance & Customer Services (S.151 Officer) | Judith Badger | 26/01/23 |
| Assistant Director, Legal Services (Monitoring Officer) | Phillip Horsfield | 26/01/23 |

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