

Committee Name and Date of Committee Meeting

Cabinet – 18 December 2023

Report Title

Adult Social Care Mental Health 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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Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

Following approval by Cabinet in February 2023 to commence a review of the Council's Adult Social Care Mental Health model, this report summarises the review findings and outcome of the consultation. The report proposes a new model for the Council's Adult Social Care mental health provision across the Borough, built on the principles of enablement and recovery, that will be delivered through a collaborative approach with partners.

Recommendations

That Cabinet:

1. Note the proposals for a new Adult Social Care mental health model of provision for the Borough.
2. Approve the development of a co-designed Council Mental Health Strategy for Rotherham, with the strategy being presented back to Cabinet for approval in 2025, prior to publication.

List of Appendices Included

Appendix 1: Consultation Report
Appendix 2: Part A - Equality Analysis screening
Appendix 3: Part B - Equality Analysis Form
Appendix 4: Carbon Impact Assessment

Background Papers

Mental Health Review Cabinet Paper, 13 February 2023

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Adult Social Care Mental Health Review

1. Background

- 1.1 In February 2023, Cabinet approved a recommendation to review the Council's Adult Social Care Mental Health model which included a period of consultation with people with lived experience, their families, and carers.
- 1.2 The review was proposed following completion of a scoping exercise of the Council's Mental Health Service in 2020. However, due to the impact of the pandemic on Adult Social Care, the recommendations to review the existing mental health service model were temporarily put on hold.
- 1.3 The scoping exercise acknowledged that social care staff, including Approved Mental Health Professionals (AMHP) and Support Workers integrated into Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) were completing health-focused co-ordination functions within a model of generic working. Operating clinical rather than social care activities has led to a loss of their social care identity and has limited social care interventions.
- 1.4 The proposals outlined in this report intend to enhance the benefits of continued joint working between health and social care whilst defining and developing the social care offer to best effect. Research and evidence support that such approaches provide the best opportunities for personalised support to maximise recovery and independence. A recent policy paper published by the Department of Health and Social Care in 2022 focussed on shared outcomes through partner collaboration and set out how person-centred care should be central to reform. These proposals build on this policy approach to ensure person-centred practices within our mental health provision for the borough.

2. Key Issues

- 2.1 Social work has a crucial role in improving mental health services and outcomes for people, supporting where biological, psychological, social and environment determinants meet. The College of Social Work notes that the social work contribution to mental health pathways can relieve people's suffering, ensure social justice, and improve the lives of individuals and their communities. These proposals aim to maximise the social work impact.
- 2.2 It is critical to ensure that the distinct social and rights-based perspective that social work offers, supports the health and care system by humanising and personalising mental health services, empowering people, and countering institutional and clinical approaches. The ethos to intervene proportionately prevents discrimination, promotes equality, and protects vulnerable people from harm. Along with specialist knowledge, advanced relationship-based skills and a focus on personalisation and recovery, this can support people to make positive, self-directed change.
- 2.3 The proposals in this report enhance the delivery of the statutory role and function of social workers under the Care Act 2014 and AMHPs, through the Mental Health Act 1983, to deliver client-focused preventative and crisis-based services to individuals and families in need of support.

- 2.4 Working with other relevant local organisations, the Integrated Care Board (ICB) is responsible for planning and delivering joined up health and care services to improve the lives of people in their area. The proposed model recognises the importance of continued commitment to partnership working and identifies collaborative, co-located approaches offering partner organisations mutual benefit.
- 2.5 Demographics are a key consideration in the future model for mental health in the borough; Rotherham is one of the 20% most deprived authorities in England which impacts on the prevalence of mental health related needs.
- 2.6 When designing models of provision, the person's voice should be integral. People with lived experience of mental ill-health, their families, and carers, along with the workforce, statutory, voluntary and community partners have therefore been consulted and the feedback analysed to inform the final model (Section 4).

The proposed model

- 2.7 Based on the outcome from the consultation, and collaboration with partners during the review period, a new personalised mental health pathway has been designed. The pathway focusses on the person and sets out the core components of the model to deliver the statutory social care duties which includes:
 - A new information and guidance offer.
 - Early Solutions (the Adult Social Care Front Door and Enablement offer).
 - Care Act Social Care Assessment.
 - Mental Health Act duties.
 - Crisis care and recovery.
- 2.8 The key change the proposed model brings is a realignment of Council employed Adult Social Care staff to deliver roles and responsibilities that meet the requirements of the Care Act 2014, the Mental Health Act 1983, and the Mental Capacity Act 2005, as well as associated statutory guidance and codes of practice. This will better balance the clinical and social models to provide a collaborative model of delivery which further strengthens co-location and integration. This will be achieved by:
 - Implementing dedicated mental health information, guidance, and digital access.
 - Embedding the mental health service into the Adult Social Care Front Door.
 - Introducing a new Adult Social Care out of hours provision, replacing the existing services to provide an Adult Social Care and statutory Mental Health Act joint 'making safe' duty, on a 24/7 basis.
 - Enhancing the current day and community opportunities offer to include Mental Health Enablement. This would be available to new and existing people in receipt of the service to prevent crisis and promote recovery. People accessing the current service will continue to receive support as they do now, which is reflective of the voice of people engaged as part of the consultation.

- Strengthening the crisis response offer by embedding social care expertise during crisis triage to ensure proportionate assessments are undertaken and the provision of preventative social care interventions.
- Embedding social care expertise to begin discharge planning as part of admission, through referral to Adult Social Care.

2.9 Each element of the model is described in the subsequent sections in further detail.

A new information and guidance offer

2.10 The proposed model is designed to support different types and severity of mental ill-health, by effectively triaging and signposting people with lower-level mental health concerns to the most appropriate support, via preventative pathways and connecting people to a digital, voluntary and community offer.

2.11 A dedicated mental health information and guidance offer aims to empower members of the community that are experiencing mental health difficulties as well as their families, carers, and friends, through a 'self-directed' pathway for people wanting to find their own solutions. It will offer information about sourcing support; advice and guidance on what services are available; assistive technology; and how to make a referral. This will ensure better targeted and preventative support services that will, in turn, reduce the number of people contacting Adult Social Care as people's needs will be met through alternative channels of support.

Enhanced Adult Social Care Front Door

2.12 Adopting a consolidated, enhanced Adult Social Care front door will seek to combine multiple disciplines, including mental health expertise, to provide a holistic point of contact. This will also make accessing Adult Social Care simpler for residents as the number of access points will be reduced.

2.13 People will be supported with a proportionate initial response. This will focus on prevention and resilience, providing people with personalised support and contingency planning. Where appropriate, people with identified unmet social care needs will have access to an equitable enablement offer, including young people transitioning from Children's services. The potential assessment function following enablement, for anyone needing longer-term care and support need will be assessed by the relevant community team.

2.14 People known to Adult Social Care will be triaged to determine the best solution for them, this will include access to enablement if appropriate. Safeguarding Section 42 Initial Enquiries will be completed by the relevant team. However, the enhanced front door will complete the Section 42 Initial Enquiry when any person is not known to services. People known to the service will be allocated to the involved worker or relevant community team.

2.15 **Out of Hours/Making Safe Duty**

The Out of Hours Making Safe Duty function will consolidate the existing dispersed offer currently sitting across the Council's social care teams into one response.

- 2.16 The principal responsibility of out of hours and making safe are to provide a social care response to referrals received out of hours and where intervention from the Council is required to safeguard an adult in need or at risk, and where it would not be safe, or appropriate, to delay that intervention to the next working day. This function will offer the 'making safe' and the Mental Health Act statutory duty with 24/7 access for AMHPs. There will be a strong link between the RDaSH 24/7 Clinical Crisis Team and the Adult Social Care out of hours making safe duty, to ensure a safe and holistic response.

Mental Health Enablement Offer

- 2.17 This element of the model introduces an enablement offer to deliver person-centred support to individuals through identification of realistic steps to achieve personalised goals over a defined timeframe. This will involve enabling people to make connections to sustainable support in the community.
- 2.18 An enablement offer will provide an early solution from the Adult Social Care Front Door for people with unmet mental health social care needs. This will prevent needs from escalating and support people to re-engage into the community following crisis. It is intended that the enablement offer will include a 'rapid response' element as a preventative alternative to crisis which will be accessible to clinical partners via Adult Social Care.
- 2.19 The enablement offer has been designed based on what people with lived experience and professionals told the Council during the consultation. It will:
- Provide a viable option to prevent mental health crisis and support recovery.
 - Deliver a blend of support types to ensure personalised, proportionate intervention, over a 12 to 15-week timeframe.
 - Source and make connections to groups of interest and meaningful activities through a 'graded exposure' approach, to encourage longer-term, sustainable support, post-enablement.
 - Be offered from a central building based in the community, with outreach into different environments to support people to achieve their goals.
 - Be provided in a group and one to one setting, including in a person's own home, tailored to individual need.
- 2.20 The consultation highlighted that people in receipt of the current community support offer highly valued the service due to the stability and continuity that it offers, which people associate with staying well and preventing crisis. People continue to value the social connections which they have formed, and the support provided by trusted, experienced staff.

- 2.21 People did however make a distinction between the support and the building, whilst feedback placed significant importance on the service, it also highlighted concerns about the current building being fit for purpose. It is therefore proposed that alongside the new enablement offer the ongoing provision will be further improved by relocating to a more suitable building base which is conducive to an enablement environment. The development of a case with health partners to occupy a central location in Rotherham Town Centre, will consider accommodating the existing provision that is currently based at Wellgate Court.

Social Care Assessment and Review

- 2.22 The proposed model seeks to retain the existing assessment and review function whilst improving links to Adult Social Care at key points throughout the pathway.
- 2.23 The revised pathway will enhance current social care legislative duties, offering social work interventions as part of an assessment and crisis pathway as the service would begin to receive referrals from RDaSH Crisis Triage and discharge from acute care via the Adult Social Care Front Door. The function will offer short term interventions and longer-term care management for people with complex needs, including forensic and Section 117 eligible individuals.

Crisis Care and Recovery

- 2.24 The AMHP role is a statutory function that ensures the rights of people in mental health crisis are protected, that detention is avoided where appropriate, that social issues are considered and that the views of people and their families are included in Mental Health Act Assessments.
- 2.25 The role, knowledge, and expertise of the AMHP workforce is recognised and will continue to deliver statutory Mental Health Act duties. Additionally, within the new model, as per statutory expectations, the role will further contribute by providing social care interventions, as part of the crisis pathway. If social care needs are identified, the AMHP will follow this up with a proportionate Care Act assessment and short-term review. This will realise more person-centred practices for the person experiencing mental-ill health.
- 2.26 The model supports a continued collaborative, and co-located approach with RDaSH. It strengthens the Council's contribution to mental health crisis by enabling experienced AMHPs to focus on early intervention by introducing a pathway to social care from crisis triage for people with unmet care and support needs, avoiding the health-led crisis care pathway, where appropriate.
- 2.27 For people entering acute care, that are detained or admitted informally, collaborative discharge planning will begin at the point of admission. This will introduce a referral route via the Adult Social Care Front Door to ensure a timely and effective social care response to meeting a person's needs.
- 2.28 Longer term, future developments have been identified for exploration with partners, including interoperability of health and social care systems, a pre-crisis preventative telephony support offer, reciprocal assessments for people placed in care outside of the Rotherham borough and a flexible purchasing system to

stimulate mental health provision. In addition, there is an appetite across statutory, non-statutory and community partners to work collaboratively to develop a 'community hub' model as part of the national Community Mental Health Transformation agenda.

- 2.29 The consultation identified the need to ensure parity of mental health provision with wider Adult Social Care functions. Within this context, it is important that there is clear strategic direction for mental health provision across the borough, articulated within a co-designed Mental Health Strategy.

3. Options considered and recommended proposals for noting

Option 1: Maintain the existing Mental Health Model

- 3.1 This option seeks to retain the current model. This is not recommended due to the challenges and risks this presents. The model does not offer a collaborative, partnership approach and whilst not intentional, organisations are working in silos. There is a limited social care pathway currently offered which leaves the Council at risk of not evidencing its statutory duties.

Option 2: Adopt the proposed Adult Social Care Mental Health Model and co-design a Mental Health Strategy

- 3.2 This option seeks to implement a revised mental health pathway for Adult Social Care in collaboration with partners and develop the current community support service into a hybrid model of mental health enablement and day opportunities, linked to the Voluntary and Community Sector and Social Enterprises.
- 3.3 Option two would also seek to co-design a Mental health Strategy for Rotherham with people with lived experience, their families, and carers, as well as partners and other key stakeholders. The strategy would be designed in 2024, post-implementation of the new model, and launched in 2025, subject to Cabinet approval. This approach ensures prioritisation of the immediate issue to address the risks linked to operational delivery and compliance with statutory duties.
- 3.4 Option 2 is preferred as it provides a collaborative, preventative approach to ensure people get the right support, at the right time, in the right place by:
- Raising the social care profile and clarifying the social care contribution to the mental health pathway, providing a recovery-focused, sustainable solution, thus benefitting the people that use services, their families and carers, the workforce, and partners, possibly contributing to alleviating pressures across the system.
 - An effective and equitable response for people with mental ill-health, ensuring all people are offered the right information, advice, and support at the right time, with a preventative focus to build resilience.
 - Strengthens the recovery model by providing preventative social care interventions as part of a holistic mental health pathway, ensuring the least restrictive option and improved outcomes for people.

- Ensures that across the pathway, social care staff work to the legislative and statutory duties within the Mental Health Act 1983, Care Act 2014, Mental Capacity Act 2005 and Health and Care Act 2022.
- Enables the Council to better evidence social care interventions.
- Supports the Council in preparing for formal regulation of Adult Social Care by the Care Quality Commission, from 2024.
- Supports Rotherham Place achieve its priority to collectively strengthen the mental health crisis pathway and supports an NHS National Objective target to increase the number of adults supported by community mental health services by 5% yearly.
- Solidifies commitment to form the foundations to progress a collaborative 'community hub' model in the future.

4. Consultation on proposal

- 4.1 The consultation took place from 7 August 2023 to 1 October 2023. The full findings of the consultation are available in Appendix 1.
- 4.2 The consultation adopted a blended approach utilising questionnaires, drop-in events and one-to-ones with people accessing the current service. During this time, broader feedback about the mental health pathway was obtained from the workforce and partners, through focus groups and workshops.
- 4.3 A total of 159 people participated in the consultation.
- 4.4 In relation to the online questionnaire, 97 people responded with 63% of people being in receipt of mental health services, their family, and carers and 27% of respondents being professionals.
- 4.5 Across all respondents, findings evidenced support for the enablement component of the model to provide both preventative support (89%) and to support recovery (83%). These were two of the most selected support types across all respondents.
- 4.6 Qualitative feedback further evidenced that people with lived experience value preventative, holistic and person-centred approaches to care and support. It was apparent that people in receipt of the current community support service value the support it provides, which they connected with helping them to stay well.
- 4.7 Workforce and partner engagement identified three core themes for the model to encapsulate:
- **Approaches** – holistic, person-centred care and support which is strengths-based, personalised, and focussed on recovery. Collaborative, enabling and blended approaches, along with effective triage to support people to navigate the health and care system and access specialist services. Community-based, proportionate interventions, providing early solutions for people to prevent care and support needs from worsening. Using data and feedback to shape service and inform decisions.

- **Pathway** – one consolidated pathway with clear remits, criteria and roles and responsibilities, to ensure the right response first time. Access to a variety of options to meet the varying aspects and severity of mental ill-health.
- **Quality** – safe, accessible, and timely access to information, advice, guidance, and support, that is well communicated across the borough. A knowledgeable, skilled, and experienced workforce that are caring and share a common understanding of pathway and approaches, including the use of appropriate language.

5. Timetable and Accountability for Implementing this Decision

5.1 Subject to Cabinet approval, implementation planning of the pathway and service model will commence on 1 January 2024. This will involve:

- Staff structures, role profiles and agreeing new terms and conditions required to operationalise the model, including delivery of a consultation with staff affected by the proposed changes (January – February 2024).
- Scoping recording requirements and implementing system changes (January – March 2024).
- Training needs analysis and training plan (February – March 2024).
- Operating procedures and guidance with defined pathway criteria and remits (March 2024).
- Aligning the mental health review with RDaSH Crisis and the Community Mental Health Transformation (January – March 2024).

The new mental health model will be operational from 1 April 2024.

6. Financial and Procurement Advice and Implications

6.1 There is no immediate procurement associated with the recommendations detailed in the report. However, any activity with third party providers to assist in the delivery of the new pathway will be subject to the Council's Financial and Procurement Procedure Rules, and the Public Contracts Regulations 2015 (as amended).

6.2 The Council does already have an established Flexible Purchasing System (FPS) for the provision of community mental health care and support, which commenced in May 2023. The FPS remains open for new providers to apply.

6.3 There are no immediate financial implications. Any redesign of the process and team would need to be contained within the existing budget envelope.

7. Legal Advice and Implications

7.1 The report seeks to change the way in which the local authority delivers mental health services to the citizens of Rotherham. This is a legitimate legal exercise and the proposals contained within the report are an appropriate exercise of the local authority's powers and duties.

7.2 The report has identified the appropriate legislation and has drafted a proposal which Cabinet can consider and determine whether it feels that it is the most appropriate way forward. Users and family/carers/friends have been appropriately consulted and the outcome has informed the recommendations contained in the report.

8. Human Resources Advice and Implications

8.1 The current establishment of the Mental Health Team includes 49 staff which equates to a £2,179,686 spend per year.

8.2 A large-scale change programme will need to be undertaken to support the mental health review and this will include other service areas which will be affected by the change.

8.3 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 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. Also in scope are Young People who are in Rotherham's Preparing for Adulthood cohort, through provision of enablement and assessment, including Care Act Assessment, Mental Capacity Assessment (from age 16 years and over), and continued provision of Mental Health Assessments for children.

10. Equalities and Human Rights Advice and Implications

10.1 Equalities Assessments have been completed to inform the proposals – see Appendix 2 and 3. 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 because of disability.
- 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.

It is important to ensure that services are effective and accessible to all communities including to groups with protected characteristics. Referrals from partner agencies to Adult Care Mental Health are monitored to ensure there is community wide access to support.

11. Implications for CO2 Emissions and Climate Change

- 11.1 A Carbon Impact Assessment has been completed, see Appendix 4.
- 11.2 The Mental Health Team will continue to work to the hybrid working arrangement. It is not anticipated that there will be an increase in CO2 emissions resulting from this decision.
- 11.3 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 Implementation of the proposed model will realign Council employed staff within a social, rather than clinical, model of delivery. This will lead to a workforce resource impact of 9 Full Time Equivalents for RDaSH within the health-led Crisis Team, Early Intervention and Home Treatment Teams.

Funding for health-related crisis is the responsibility of the ICB, rather than the Council. The proposed model realigns responsibility for clinical interventions under the ICB, as the statutory lead organisation. This ensures that the ICB, in partnership with RDaSH, meet this responsibility, rather than the Council.

An impact assessment has been completed in partnership. This has identified reduced capacity of the Crisis Team to manage clinical tasks as AMHPs focus on assessing people on the crisis pathway under the appropriate framework and, where social care needs are identified, delivery of short-term interventions under the Care Act.

Transitional protections can be adopted initially to mitigate some of the associated risks. This will include AMHPs continuing to cover the early crisis shift (7am – 9am) where there are challenges for clinical cover, with a phased withdrawal of this arrangement over a maximum 6 months. This approach will ensure that the

Council is not funding NHS clinical, crisis provision as it falls outside the scope of its statutory responsibilities.

Further impact is acknowledged during the night as a move towards an on-call model of response to referrals for MHA assessments (only) will withdraw AMHP availability to cover visits and respond to other clinical tasks. RDaSH will consider lone working contingency plans for short notice absence.

In addition, the annual contribution to the RDaSH administration roles will cease. It should also be noted that the previous funding for the administrative roles is a legacy arrangement and the administrative staff roles were removed from the structures in 2021.

In light of the outcome of the review, it provides the opportunity for a crisis specification to be developed by the ICB, RDaSH and the Council which will clearly define mental health crisis and the social care contribution.

13. Risks and Mitigation

13.1 Failure to adopt the new revised model would mean that the pathways for mental health responsibilities between health and social care will remain blurred.

- **Risk:** staff subject to role changes and new terms and conditions may decide to leave the service and vacancies will arise, putting the implementation and delivery of the new pathway and service at risk.

Mitigation: transparent approach to change, involving staff along the journey. And in formal consultation. A rolling recruitment is in place to mitigate impact.

- **Risk:** introducing social care expertise and interventions to crisis triage and discharge from acute care could increase demand for social care assessment.

Mitigation: the proposed model re-focusses AMHP roles and responsibilities to deliver social care interventions.

- **Risk:** staff capability, knowledge and understanding to deliver a model which relies on increasing social care interventions.

Mitigation: training needs analysis and training offer.

14. Accountable Officers

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health
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Approvals obtained on behalf of Statutory Officers: -

| | Named Officer | Date |
|--|----------------------|-------------|
| Chief Executive | Sharon Kemp | 04/12/23 |
| Strategic Director of Finance & Customer Services (S.151 Officer) | Judith Badger | 30/11/23 |
| Assistant Director, Legal Services (Monitoring Officer) | Phil Horsfield | 30/11/23 |

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