

DECISION-MAKER:	Cabinet
SUBJECT:	REFOCUSING MENTAL HEALTH SOCIAL WORK
DATE OF DECISION:	19TH SEPTEMBER 2023
REPORT OF:	COUNCILLOR FIELKER CABINET MEMBER FOR ADULTS, HEALTH AND LEISURE

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STATEMENT OF CONFIDENTIALITY	
<p>Appendix 1 is not for publication by virtue of categories 1, 2, 3, 4 and 5 paragraph 10.4 of the Access to Information Procedure Rules as set out in the Council's Constitution. The information is exempt from publication because it relates to the financial and business affairs of both the Council and specified third parties and is commercially sensitive. It is not in the public interest to disclose this financial information as it directly relates to a current contract. Additionally, it refers to legal advice and employee related matters.</p>	
BRIEF SUMMARY	
<p>To consider the disaggregation of the current section 75 NHS Act 2006 agreement in place between Southampton City Council (SCC) and Southern Health NHS Foundation Trust (SHFT) in respect of the health and care integrated model of care provided in the city for our residents and transfer all social work functions to the Local Authority.</p>	
RECOMMENDATIONS:	
(i)	To end the current section 75 arrangement between the Council and Southern Health Foundation Trust (SHFT) on 31/03/2024
(ii)	Authorise the Director of Governance, Legal and HR and Executive Director of Wellbeing and Housing to take all actions needed, including any employment matters, to give effect to this resolution.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The current section 75 NHS Act 2006 arrangement no longer provides the best value for the residents of Southampton in terms of maximising the social care and social work offer across young adults (aged 14+) adults (aged 18+) and families living with mental health needs in the city. If agreed this would bring an end to the integrated secondment arrangements in place with the Council and SHFT adult mental health. Council employees will return to adult

	social care in a newly formed Mental Health and Wellbeing Hub to focus our duties on our core statutory responsibilities, whilst working in collaboration with SHFT, but not in an integrated service.
2.	A subsequent underuse of early intervention, preventative and community-based resources that has resulted in overreliance on high-cost placements, commissioned care package, supported living or 1:1 care.
3.	All mental health teams are presently in the bottom of the low performing teams across all adult social care services.
4.	An imbalance of workload division between health and social care and limited uptake of SHFT staff performing social care functions within the s75 arrangements are causing delays in the delivery of social care.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
5.	Support the continuation of the section 75 model of integrated care, acknowledging the service is not performing to the requirements of the Council, with SHFT seeking an investment of £603,650 to increase the capacity and full-time equivalents (FTEs) of: social workers, case workers, senior leadership staff and administration staff as detailed in the exempt attached business case. This proposal has been rejected on the basis it does not represent a value for money return, and would bring further risk to the Council without additional senior management leadership oversight. Exempt Appendix 1 contains further detail.
DETAIL (Including consultation carried out)	
6.	In the autumn-winter of 2022, a scoping exercise was completed with 80% of Council staff working in the section 75 agreement and other non-section 75 mental health staff. Of those staff in the section 75, 70% expressed either a preference to work, or desire to be outside an integrated model of care mental health care (either specialist social work social care, or generic adult social care). 20% expressed neutral feelings towards both integrated model and non-integrated models, and 10% preferred the integrated approach which prompted their ability to undertake clinical and psychotherapies work. Of the non-section 75 mental health staff scoped, 100% advised the current section 75 prevented social workers from undertaking their core statutory duties.
7.	The Council has limited data with regards to all social care performance under the current section 75 agreement, and little evidence of equality across health and social care. However, we have conducted internal audits of work on CareDirector (the Council's case management system) and confirm that all mental health teams (total of 4) are in the lowest 4 performing teams across the Council, averaging collectively 0.9 assessments per practitioner a month. To compare this with a non-integrated mental health social work service, in a comparable Local Authority, social workers complete between 12 to 15 assessments per month per practitioner (source: Local Authority A, 2019) and between 14 and 16 per month for another Local Authority (source: Local Authority B, 2020). Both local authorities are of a similar size, demographic and within the south coast of England.

8.	We need to ensure equity of access to adult social care services for people living with a mental health and/or substance misuse need, regardless if they meet the condition for secondary care. We must have in place robust protocols and processes for being able to access all those with a presenting need, not just those who are at the severe and enduring elements of an illness or condition. We also need to have clear social care recording, information governance and information sharing systems in place. We need to ensure the Council has access to quality data and assurance that all responsibilities are being fulfilled for this group of people with protected characteristics around disability (mental health, substance misuse) and their families.
9.	Research by Lilo (2016) entitled 'Mental Health Integration Past, Present and Future' led by the ADASS National Mental Health Leads Network, sampled a range of English local authorities and their relationship with their health partners in having section 75 agreements. Data returned by 108 of the 148 councils in England owed that 55% had section 75 agreements, which involve some degree of integration of their social workers in NHS mental health teams, while 45% did not. 12 local authorities terminated or agreements or allowed their section 75 agreements to lapse (ending), citing that the arrangement did not prioritise the social care statutory duties, which led to poor outcomes under the Care Act 2014 for people in mental health services.
10.	Across the South Coast corridor, since 2016 there have been several significant dissolution of section 75 agreements, including Hampshire County Council who ended their section 75 agreement with SHFT in 2016, followed by the Isle of Wight Council ending their s75 the same year. Surrey County Council ended its section 75 relationship with Surrey and Borders in 2019 and West Sussex County Council ended its long-term arrangement with Sussex Partnership NHS Foundation Trust in 2020. Issues across these four local authorities match the same concerns outlined within this report and within the Full Business Case
11.	If Cabinet resolves to terminate the arrangement, we would formally notify SHFT in October 2023 that the Council will not renew the section 75 agreement, which expires naturally on 31 st March 2024 (unless extended by agreement from SHFT and SCC), thus allowing for a 6-month period of transition. The ending of the section 75 agreement will enable the Council's social work staff and team leaders to (re)focus practice towards our core statutory duties and responsibilities, resulting in support more people with mental health needs and their families, promoting better equitable access to social care support networks both in the city and those outside the city whom we own a duty to (under section 117 of the Mental Health Act 1983 (as amended 2007)). It also means we would benefit from higher quality personalised assessments and detailed support plans that promote independence, wellbeing and address early intervention and prevention. We can also work more closely with primary care networks and build closer links with non-statutory support services, none of which can be done in the current section 75 agreement.

RESOURCE IMPLICATIONS

Capital/Revenue

12.	There will be cost avoidance of premises charge at three work bases: Cannon House (West CMHT), Bittern Park (East CMHT) and College Keep (Central
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	CMHT). It is considered with our workforce working from home anywhere between 20-30% of their working week, this is no longer best value for money and SHFT are not able to negotiate costs. No additional cost is anticipated when social work staff return to the Civic Centre, as they shall be located at 1 st floor, North Block where the remaining 8 social work teams are located (Social Wellbeing Service, Learning Disabilities, Hospital Discharge Team, Substance Misuse, Adult Social Care Connect/Community Independent Service, Deprivation of Liberty Safeguard's and Approved Mental Health Professionals).
<u>Property/Other</u>	
14.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
15.	Care Act 2014 Human Rights Act 1998 Disabled Persons (Services Consultations and Representation) Act 1986 Community Care (Delayed Discharges) Act 2003 Chronically Sick and Disabled Persons Act 1970 National Health Services Act 2006 Local Government Act 1972 Mental Health Act 1983 Mental Capacity Act 2005
<u>Other Legal Implications:</u>	
16.	By ending the section 75 agreement, some staff may change employers and be subject to Transfer of Undertakings (Protection of Employment) Regulations (TUPE). Required formal consultation and other Human Resources processes will be followed. There may be some additional costs in case workers following the Council's job evaluation process, but this will not require any additional budgetary commitment. The Council has statutory duties under the Care Act 2014, the statutory guidance, and Regulations. This includes the duty to promote people's wellbeing and prevent needs escalating. Where it appears to a Local Authority that an adult may have needs for care and support the authority must assess whether the person has needs for care and support and if they do determine what those needs are. All assessments must be appropriate and proportionate and be completed in a timely fashion.
RISK MANAGEMENT IMPLICATIONS	
17.	There is a risk that the relationship between the Council and SHFT could be affected in a negative way. To minimise this, the Council will ensure open regular conversations of how the service moves forward and how we best collaborate moving forward as working cohesively is still key to delivering the service.
18.	There could be some instability in the service both for the Council and SHFT whilst the transition took place. Both sides would need to prepare thoroughly

	and ensure clear communications for staff and service users. Working collaboratively with SHFT on timings and processes will be key.
POLICY FRAMEWORK IMPLICATIONS	
19.	One of the four goals that form the SCC Corporate Plan 2022/30 is “Strong Foundations for Life”. Within this explicit mention is made to the importance of protecting and promoting “the physical and mental health and wellbeing of everyone who lives, works and learns in Southampton”.
20.	The Health and Wellbeing Strategy 2017-2025 identifies “Increas[ing] access to appropriate mental health services as early as possible and when they are needed”.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Full Business Case - exempt
2.	Equality and Safety Impact Assessment
3.	Data Protection Impact Assessment

Documents In Members’ Rooms

1.	
2.	
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Mental Health Integration Past, Present and Future
2.	