

REPORT TO: Executive Board
DATE: 21 September 2006
REPORTING OFFICER: Strategic Director, Health & Community
SUBJECT: 5Boroughs Partnership NHS Trust Model of Care

1.0 PURPOSE OF REPORT

1.1 To provide the Executive Board with an assessment of the 5Boroughs Partnership Model of Care proposals, highlighting the key issues for the Council to consider.

2.0 RECOMMENDATIONS: That the Executive Board:

- i) note and comment upon the report;**
- ii) indicate what view they wish to express based upon the two reports contained in this report;**

3.0 SUPPORTING INFORMATION

3.1 The Executive Board will recall that a report was presented to their Board on 20 July 2006. This report examined the Model of Care proposed and an early analysis was undertaken by the Council and Halton PCT. In general terms the view was that the model provided a sound platform to modernise mental health services based upon the model.

3.2 However, the report highlighted significant concerns about the lack of information, quality of data supplied and uncertainties about the funding issues and invited the 5 Boroughs to respond to these issues.

3.3 In addition, the Council agreed to commission an independent analysis of the proposals.

3.4 Halton, Warrington and St. Helens Council's agreed to form a Statutory Joint Scrutiny Committee to scrutinise the proposals and agreed to meet on 3 occasions and listen to the views of the 5 Boroughs and the three PCT's. At the meeting on 7 September, 2006, they agreed the attached report in Appendix 1 subject to some further additions and amendments. At the time of writing this report the final Scrutiny report had not been forwarded to the Council. The amended report will be circulated before the Executive Board meeting on 21 September 2006. These do not change the thrust of the recommendations. The concerns raised by Joint Scrutiny in essence are similar to those contained in the report undertaken by the Independent Consultant.

4.0 CURRENT POSITION

- 4.1 Since the report was presented the 5 Boroughs have continued with their public consultation but at the same time extended the deadline for responses from key stakeholders to 15 September 2006. The Chief Executive from the 5 Boroughs has agreed that Halton Borough Council can formally respond after its meeting of the Executive Board on 21 September 2006.
- 4.2 This additional time provides an opportunity to consider the independent report attached at Appendix 2 and the outcome of the Joint Scrutiny.
- 4.3 During the last two months a number of meetings have occurred with officers from the Council, representatives from Halton and St. Helens PCT and the 5 Boroughs Partnership. The attached report at Appendix 2 describes this process and identifies the responses to the Council's issues and concerns.
- 4.4 As well as this a visit to Norfolk was undertaken by Officers and PCT staff to compare the services. A report to Joint Scrutiny on 7th September presented the findings of this visit; the model of care had been implemented in Norfolk through a strong partnership between the PCT, the Mental Health Trust and the Council over a three year period. In contrast to the situation within Halton the main driver to adopt the model had been to improve and modernise services; any savings had been reinvested to further strengthen the model and its success.

5.0 COUNCIL POSITION

- 5.1 Whilst the Council believes that the principles behind the proposed Model of Care are consistent with the commissioning strategies for Adults and Older People, which were agreed by the Council earlier in the year, there are some substantial risks in the transition from the current model to the new model proposed. These are outlined in the Consultant's report.
- 5.2 The Consultant recommends that the Council supports the proposals on a conditional approval basis and explains why the alternative options are not supported.
- 5.3 The Joint Scrutiny Committee have made three recommendations, the key one being "The model, in its present form, is not in the interest of Health services in Halton, St. Helens and Warrington. The model should therefore not be implemented in its present form". The Joint Scrutiny Committee have identified 12 factors which require addressing and invite the 5 Boroughs to respond to the issues raised in the report. The guidance on Joint Scrutiny requires a response from the 5 Boroughs Partnership Trust within 28 days; a further

meeting is is therefore scheduled for the 19 October.

5.4 The 5 Boroughs have made some concessions during the consultation process and have now written to the Council's Chief Executive committing to a variety of issues. These include:

- Establishing a multi-agency project Implementation Team with an Independent Chair, from one of the Primary Care Trusts.
- Extending the implementation timescales over a phased basis, commencing April 2007.
- Re-consideration of ward sizes to a maximum of 15 beds per ward and leaving the Grange Ward for Older People open. This would mean approximately 45 beds being available in the future, meaning that the bed reductions would be about 20 rather than the 30+ originally proposed.
- Implementation and introduction of an early intervention team at no financial cost to the Council.
- Separating wards for males and females in line with NHS guidelines.
- Agreeing to a block contract for the wards with Halton and St. Helens PCT only. This would mean that West Cheshire PCT would no longer have access to the beds and would need to commission available acute beds from elsewhere or agree a separate commissioning of beds at the Brooker Unit in Halton.
- Undertaking a whole systems review of community based services.
- Preparing a joint Workforce Training Strategy on behalf of the key stakeholders.

5.5 These concessions and commitments do move the partners closer together, however, the whole systems review may throw up a range of finite issues which would need to be resolved.

5.6 St. Helens Council's Executive Board have also discussed the proposals and attached at Appendix 3 is the Council's response to the proposals.

6.0 **FINANCIAL IMPLICATIONS**

6.1 It is clear that the Trust need to identify £7million to balance their budgets and avoid over trading in future years. As the whole systems review has not been undertaken it is not possible to be entirely explicit about the financial impact upon the Council

6.2 However, based upon our own analysis and through further clarification we are able to confirm the following financial implications:

- Housing and floating support – Halton currently has 35 supported placements to meet the minimum Supporting People (SP) requirements we would therefore require an additional 10 units at

an estimated costs of £210,000 per annum. It should be noted that the Council was aware of this before the 5 Boroughs' proposals were publicised and it was planned to phase these in by unlocking resources from other SP services and re-directing to Mental Health Services over a minimum 5 year period.

- Community Teams – to meet the NHS Policy Guidance the Assertive Outreach Team would need to fund two additional Social Workers at an estimated cost of £70,000 per annum. The Strategic Health Authority are aware of this and have been flexible with the Council in previous years, however the introduction of this model may require these additional resources.
- It is not possible to estimate anticipated costs upon:
 - Residential and Nursing Care costs;
 - Out-of-Area placements;
 - Rehabilitation placements;
 - Respite care;
 - Crisis Houses (there are none in Halton);
 - Other Community Care costs.

6.3 The conclusion, therefore, is that there will be significant financial implications for the Council, some of which are known, and others, which would require a more detailed financial analysis.

7.0 **POLICY IMPLICATIONS**

7.1 The proposed model supports the general direction of national policy in mental health services, which aims for less use of inpatient services and greater inclusion of people with mental illnesses in their local communities.

7.2 The Trust states that the proposed Model meets the requirements of the Policy Implementation Guide (PIG), which sets out in detail the structures and operating policies of Community Mental Health Teams, Crisis Resolution/Home Treatment Teams, Early Intervention in Psychosis Services and Assertive Outreach Teams.

7.3 It is also clear that the Council will need to work closely with the Primary Care Trust to develop shared policies and protocols in a number of areas such as joint funding arrangements

8.0 **RISK ANALYSIS**

8.1 There is a risk to the Council that the closure of beds, the changes in eligibility for community services and the significant reduction in day services will place increased demands on community services within the Borough. It is recognised that Halton has a low base of such services and would need to work closely with the Primary Care Trust

to strengthen this base over a period of time. It should be noted that the Primary Care Trust has not made a commitment to date on any further investment for Mental Health services within Halton. Given the low base in primary health care services mental health, this remains a concern.

- 8.2 The rapid decrease in beds, if not managed through close working together will increase the numbers of patients placed out of borough. Current arrangements between the PCT and the Council are not sufficiently robust to manage an increase in such numbers. The Council's Community Care budget for mental health services is already fully committed for this year.
- 8.3 There is a lack of appropriate in borough accommodation to support mental health service users, for example through crisis beds, supported accommodation and floating support. An increase in such resources will require additional funding.
- 8.4 The proposals set out that the numbers of residents currently receiving a service from the Community Mental Health Teams will decrease significantly. However, it is likely that these same people will still require a service from mainstream council services such as housing or benefits advice. Currently the council does not have the capacity to meet these additional needs.

9.0 EQUALITY AND DIVERSITY ISSUES

- 9.1 "Change for the Better" intends that services should be delivered equally to all groups. However, there will for a time at least be a different response to groups of older people, depending on their diagnosis. All Halton residents will continue to need to receive appropriate and safe mental health services delivered locally.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Halton Joint Commissioning Strategy for Adults of Working Age with Mental Health Problems Executive Board 16 March 2006	Municipal Building Widnes	Dwayne Johnson Strategic Director Health & Community
4 Boroughs Commissioning Strategy for Adults of Working Age Executive Board 30 March 2006	Municipal Building Widnes	Dwayne Johnson Strategic Director Health & Community

Document	Place of Inspection	Contact Officer
4 Boroughs Commissioning Strategy – Securing Better Mental Health for Older People Executive Board 20 April 2006	Municipal Building Widnes	Dwayne Johnson Strategic Director Health & Community
5 Boroughs Partnership NHS Trust Model of Care – Executive Board 20 July 2006	Municipal Building Widnes	Dwayne Johnson Strategic Director Health & Community