

**Manchester City Council
Report for Resolution**

Report To: Health and Well Being Overview and Scrutiny Committee – 4
March 2010
Executive - 10 March 2010

Subject: Proposal to revise the partnership arrangement with Manchester
Mental Health and Social Care Trust (MMHCST).

Report of: Liz Bruce, Strategic Director of Adults

Summary

It is proposed that the City Council enter into a revised partnership agreement with the Manchester Mental Health and Social Care Trust commencing on May 1st 2010.

Recommendations

1. Approve the recommended option of revising and improving the current Partnership agreement, on the basis of increased assurance from our Care Trust Partner.
2. Delegate to the Strategic Director of Adults, in consultation with the Head of Personnel and the Executive Member for Adult Services authority to consult staff and trade unions to put the necessary arrangements in place to progress the transfer of City Council staff to the Care Trust in line with the relevant regulations.
3. Subject to any required consents from the Secretary of State, delegate to the Chief Executive in consultation with the City Treasurer and Lead Member for Health and Social Care, the authority to transfer on a long lease to the Care Trust, the 5 Council owned properties wholly occupied by Care Trust activities.
4. Delegate to the Strategic Director of Adults, in consultation with the City Solicitor and Lead Member for Health and Social Care, the authority to finalise the documentation for the new partnership agreement with the Care Trust.

Wards Affected: All

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	Poor mental health is the biggest cause of absence from work. Improving mental health services can therefore positively contribute to the local and regional economy
Reaching full potential in education and employment	The proposed new partnership agreement will contain a provision that the Care Trust routinely assess all those of working age in their care for employment and/or training opportunities.

Individual and collective self esteem – mutual respect	Poor mental health impacts significantly on individual and collective self esteem. Better quality services that are properly integrated across the NHS and City Council can help improve levels mutual respect and self esteem.
Neighbourhoods of Choice	Concentrations of supported accommodation and residential care in certain localities, can impact adversely on Neighbourhoods of Choice. The proposed new partnership agreement contains a provision that the Care Trust routinely assists the City Council in developing its neighbourhood focus and supported housing policies.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no direct financial consequences for the revenue budget from this decision. Any unexpected future costs that arise would impact on the pooled fund between Manchester City Council and NHS Manchester

Financial Consequences – Capital

There are financial consequences for the capital budget arising from the proposed grant of a long lease to the Care Trust on 5 City Council owned properties, estimated value £813,000.

Contact Officer:

Name: Paul Cassidy

Position: Assistant Director Adults Directorate

Telephone: 0161 234 3805, E-mail: p.cassidy@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report.

The Boyington Review 2008 (a review into Mental Health services in Manchester carried out at the behest of the Strategic Health Authority).

The Manchester Mental Health Partnership Agreement (2000)

The Manchester Mental Health and Social Care Partnership Agreement with the City Council (2002)

1. Introduction

- 1.1 The existing arrangements with the Care Trust are based on a partnership agreement drawn up in October 2002 that outlined each partner's obligations and rights. This built on the preceding Manchester Mental Health Partnership that was created in April 2000 by the City Council and the then Manchester Health Authority.
- 1.2 It had been the intention to transfer all staff employed in Mental Health services to the Care Trust in April 2003, but this was frustrated by the delay in the Government amending the previous legislation which meant that only Local authorities could employ Mental Health Approved Social Workers. This legislative change did not occur until April 2008 following the passing of the Mental Health Act 2007.
- 1.3 The Boyington Review of Mental Health Services in Manchester, commissioned by the Strategic Health Authority in March 2008, highlighted that 'the benefits of health and social care integration had not been fully realised' and Social Care had not been able to effectively shape or influence the activity of the Care Trust.

2. Revised Partnership agreements

- 2.1 A review carried out by both partners identified that the partnership had not always delivered the benefits that had been originally anticipated by bringing health and social care services together. Nonetheless it was apparent that the current arrangements do provide for a largely integrated service and this is generally welcomed by service users and their families. The organizational arrangements are far superior to the previous arrangements where Mental Health Services were delivered by the 3 Manchester Acute Trusts, Mancunian Community Health and the City Council.
- 2.2 The Local Authority identified 5 key issues that required improvement in the revised Partnership agreement.

1. Contribution of Mental Health services to the Council's wider agenda.

There is limited engagement in Local Strategic Partnership and thematic issues e.g. Think Family, Worklessness, sustainable neighbourhoods. Equally, there are limited benefits from corporate work flowing back to the Care Trust e.g. accommodation, employment, leisure. There is also a tension between the broader role of social care, and the Care Trust's focus on severe and enduring mental health cases.

2. Limited formal Governance arrangements

Most of the original Governance arrangements such as the Joint Committee have fallen into disuse after the first few years of the Partnership and as such the City Council has limited formal oversight of use of its legal powers by the Care Trust. The only remaining formal governance arrangements, the

appointment of two Local Authority nominees to the Care Trust Board, may well change significantly if the Care Trust is successful in its application to be an NHS Foundation trust.

3. Performance

Despite some recent improvements, there have been persistent concerns about the performance of mental health services in terms of National Performance indicators. Mental health services have routinely had poorer performance than other comparable services such as Older People or Learning Disability. This has fed into the Performance Assessment Framework and led to concerns by our regulator the Care Quality Commission. More recently similar concerns have been raised by the Audit Commission in its Comprehensive Area Assessment. One example of the differential in performance is that half of all delayed transfers of care from hospital settings in Manchester occur in Mental Health hospital beds, even though these account for only 10% of all hospital beds in the City. In other core cities, delayed transfers of care in Mental health beds are far lower and more proportionate to the overall number of beds in the City.

4. Value for money

Both the City Council and Manchester NHS make substantial funding available to mental health services and these are both jointly and separately the highest per capita spend on Mental Health services in the country. The City Council's contribution is £13 million p.a., whilst the NHS contribution is £94 million pa. Most but not all of the Pool fund is used to purchase services from the Care Trust. The current contract value for the Care Trust is £75 million p.a. Whilst much of this investment is necessary because of the higher levels of need associated with social and economic factors such as low income, the Boyington report identified that the high level of spending did not provide any guarantee of good quality services.

5. High risk, uncertain assurance

Any Mental health service necessarily carries a high level of risk, because of the tension between protection of the individual's liberty and the need to safeguard the individual and the community. Social Work staff report that they have not always been able to obtain a hospital bed to provide the appropriate treatment for a detained person. Recently, there have been concerns raised by both the City Council and NHS Manchester that medical recommendations for urgent hospital treatment have lapsed after 14 days, without a bed being provided. Similarly high levels of risk in managing the response to families under pressure, many of whose parents are suffering from mental health issues, which impacts significantly on the safety of their children. Occasionally the referral systems between the City Council and the Care Trust have not always worked effectively and a few people have been delayed entry to service because of slightly different criteria.

3. Improvements to the Partnership Agreement

3.1 Contribution of Mental Health services to the Council's wider agenda.

It is proposed that in the revised Partnership agreement the City Council would agree to give the Care Trust a formal place at the key service provider table on all its key strategic partnership bodies. In return the Care Trust would agree to actively participate in these forums, and include the Council's key corporate agenda within its own processes. The Care Trust and the City Council would agree via the partnership agreement to improve working with challenging families, tackling Worklessness and improving residents' wages, better access to healthy living and leisure and educational opportunities.

This work would cover all people with mental health problems, not just those with severe and enduring problems. The City Council would support the principle that both primary and secondary mental health services are properly aligned to offer a combined pathway which would enable prevention and early intervention.

3.2 Governance arrangements

There would be a new form of Governance structure with quarterly meetings, jointly chaired by the Chief Executive of the Care Trust and the Strategic Director of Adults. This would receive routine reports on key aspects of the partnership, thematic and corporate working, customer and carer engagement, risk management, performance, as well as responding jointly to strategic issues of the day. It would also oversee the work of social care staff particularly the Approved mental health practitioners who use the City Council's legal powers to detain people for compulsory treatment under the Mental Health Act.

3.3 Performance

The revised Partnership agreement will require the Care Trust to ensure that Social care performance in mental health services meets or exceeds the level of performance in other Social care services. The Care Trust will also be required to actively participate in the City Council's overall performance improvement agenda, particularly around its contribution to the Comprehensive Area Assessment. The Care Trust have given a specific undertaking that delayed discharges in Mental health hospital beds will achieve the same performance as other non acute hospital delays in Manchester within 2 years.

3.4 Value for money

The revised Partnership agreements will require the City Council, Manchester NHS and the Care Trust to undertake to achieve a joint approach to improving the cost effectiveness of mental health services in Manchester. Guarantees have also been obtained that would see the reduction and then elimination of

poor and adequate quality providers, as defined by the Care Quality Commission.

3.5 High risk, uncertain assurance

The Care Trust will give a formal guarantee of the availability of beds when a person is sectioned, or alternatively when no bed is available; introduce a formal risk management arrangement system. This will be reported on a weekly basis to the City Council and overseen by the proposed Governance Committee. The Partnership agreement also requires both partners to establish detailed protocols for the handling of new referrals between the City Council and the Care Trust to avoid cases slipping between two systems. The Care Trust will also establish a similar protocol with the City Council's Children's services to secure joint working on family cases

4. Staffing issues

The Boyington Review commissioned by the Strategic Health Authority in March 2009 proposed that the long delayed transfer of staff to the Care Trust be implemented to strengthen the effectiveness of mental health services in the City, and the role of Social care within the Care Trust internal organization.

The City Council currently employs approximately 156 staff seconded to the Care Trust. These include approved Social Workers, Care Workers, Therapists, Recovery & Development Workers, Managers and Support Workers. This includes 12 posts more recently seconded to the Care Trust to provide a social work service to older people with mental health problems.

A consultation exercise has recently taken place with all City Council staff seconded to the Care Trust to establish their views as to whether they would wish to transfer to the Care Trust or remain with the City Council. This consultation exercise was carried out under the TUPE provisions (Transfer of Undertakings Protection of Employment Regulations 2006). 4 consultation meetings were held to ensure a wide coverage and an estimated 50 % of staff attended one of these sessions. Staff were also sent detailed information on the proposed transfer, and asked to complete a questionnaire setting out their individual response to the proposed transfer.

The indications from the four consultation meetings, and borne out by the small number of questionnaires returned, was that staff hold a mix of views as to their proposed transfer to the Care Trust. Some staff welcome the proposal as giving better clarity and signalling the importance of an integrated approach. A similar number of staff are opposed to the transfer, and see the loss of Council employment status as a diminution of the importance of social care within Mental Health provision. Most staff have uncertain views, and can see both the possible benefits and possible disadvantages of a transfer.

4.1 Trade Union comments

UNISON has made representations with concerns regarding both the timescale and the associated involvement and engagement of staff and trade unions in the consultation process. We are not in a position to comment directly upon either the proposed partnership agreement, or the proposal to TUPE the staff currently seconded to the Care trust, as many of the central issues and hence likely concerns of UNISON members are not clear at this point. This is at least in part due to some of the difficulties regarding the consultation process.

UNISON has however received assurances that there will be a more focused and robust commitment to consultation through this process. It is our intention to meet further with our members prior to Executive Committee to update them on these assurances, and to clarify further their views. On this basis we are currently satisfied that we are in productive dialogue with management, but should we need to do so, we reserve our right to make further representations to Members.

5. **Property issues**

- 5.1 The Care Trust currently have use of two Council owned Day services, Victoria Park and Harpurhey, a Respite Unit in Burnage, and two supported accommodation properties in North Manchester managed by Northwards Housing.
- 5.2 It is proposed that the revised Partnership agreement the City Council would grant a long lease to the Care Trust at a nil rent but that the Care trust would take on the repairing and maintenance responsibility. This arrangement would enable the Care Trust to improve these buildings and make them fit for a more modern purpose, but the properties would revert back to the Local Authority should mental health services no longer be provided in these buildings. The estimated value of these properties is thought to be around £813,000 based on valuations undertaken by Corporate Property in 2008.

6. **Assessment of the options open to the City Council**

- 6.1 Retain the current staffing arrangements without staff transfer

It would be possible for the Council to update the existing Partnership agreement but retain the employment status of staff. This would have the potential advantage of maintaining better direct control of our social care obligations, whilst enjoying the benefits of an integrated service provision for the public. The disadvantage is that the experience of the past 9 years suggests it is difficult to maintain direct control of staff who are managed by another organization, particularly as the length of time of the secondment increases.

An alternative would be to retain the employment of the Social Work staff whilst agreeing to the transfer of those staff who have no statutory duties but

who provide front line care in Day centres, Supported Accommodation and in the community. To gain effective control of the management of Social Work resources would probably require the transfer back to the Council of the Head of Social Work post. The 3 team managers would have to carry out a dual role as Managers of Community Mental health teams, whilst also providing management support to all Social Workers in CMHT teams across their district.

6.2 Disband the Partnership and go back to providing services on our own.

Whatever our concerns about the effectiveness of the Partnership arrangements, the integration of services has been a major benefit for users of the services, although access is still sometimes far from easy. We now have co located, and fully integrated Community Mental health teams, comprising Health and Social care staff. It has taken some 6 years to fully establish these teams, and it would be a retrograde step, and seen as such by our Regulators, to disband these teams back to their component parts, as it would put us in breach of the National Service Framework for Mental health Services.

An alternative to this proposal would be to retain the Partnership as regards the Social Care staff who contribute to the Community Mental Health teams, mainly Social Work staff, but to transfer back to the Council management of Day centres, Supported Accommodation and community support staff. Integration is less well developed in this area, and these services could be transferred into the Adults Directorate Business Unit, with a mandate to modernize and drive efficiencies. This would be counter to the Council's overall long term strategy of moving to becoming a Commissioning only organization.

6.3 Revise and Improve the Partnership arrangements

This is the recommended option, as whilst it probably carries the highest risk, it also probably carries the greatest opportunity for improving the quality and effectiveness of services.

The risk is that revised partnership arrangements make no significant improvement and service quality remains variable, whilst cost per capita remains high. The proposed revisions to the Partnership agreement around corporate engagement, governance, performance value for money and management of risk, offer assurance to the City Council that our main concerns have been recognized and dealt with. Conversely, the permanent transfer of staff and properties, give the City Council less room for manoeuvre should the desired progress not be forthcoming.

The other two options carry greater risk. The secondment of staff for nearly 10 years means that despite the formal contractual situation, the City Council has no means of exerting direct control through line management. We currently hold a significant liabilities as a result, with little direct mitigation. Equally the disbandment option is very high risk, as much of the organizational

and access gains over the course of the current partnership would be lost, and services to the public would probably deteriorate.

7. Conclusion

The recent change in legislation to enable the Care Trust to employ Approved Mental Health Practitioners provides an opportunity to re-evaluate what the City Council wants to achieve in its Partnership with the Care Trust.

Whilst the Partnership has struggled to fulfil our original expectations, performance has begun to improve as the benefits of integrated working have slowly emerged.

There is no risk free option, as all 3 major options carry significant risk. The third option is recommended because it contains the greatest opportunity for improving the quality and effectiveness of services. The Council will have to effectively exercise its oversight of the proposed governance functions of the Partnership if it is to achieve the benefits it seeks for the residents of the City, users of mental health services and their families.

8. Recommendations

- 8.1 Approve the recommended option of revising and improving the current Partnership staff, on the basis of increased assurance from our Care Trust Partner.
- 8.2 Delegate to the Strategic Director of Adults, in consultation with the Head of Corporate Personnel, authority to put the necessary arrangements in place to implement the transfer of staff to the Care Trust.
- 8.3 Subject to any required consents from the Secretary of State, delegate to the Chief Executive in consultation with the City Treasurer and Lead Member for Health and Social Care, the authority to transfer on a long lease to the Care Trust, the 5 Council owned properties wholly occupied by Care Trust activities.
- 8.4 Delegate to the Strategic Director of Adults, in consultation with the City Solicitor and Lead Member for Health and Social Care, the authority to finalise the documentation for the new partnership agreement with the Care Trust.

Liz Bruce
Strategic Director of Adults