

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">CABINET</p> <p align="center">8 APRIL 2013</p>
<p align="center">MENTAL HEALTH PARTNERSHIP AGREEMENT UNDER SECTION 75 NHS ACT 2006 BETWEEN LONDON BOROUGH OF HAMMERSMITH AND FULHAM (H&F) AND WEST LONDON MENTAL HEALTH TRUST (WLMHT)</p>	
<p align="center">Report of the Cabinet Member for Community Care - Councillor Marcus Ginn</p>	
<p>Open Report</p> <p>A separate report on the Exempt part of the Cabinet agenda provides exempt information on the Partnership Agreement.</p>	
<p>Classification - For Decision</p> <p>Key Decision – Yes</p>	
<p>Wards Affected: All</p>	
<p align="center">Accountable Executive Director: Andrew Webster Tri Borough Executive Director of Adult Social Care</p>	
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1. EXECUTIVE SUMMARY

- 1.1. A Partnership Agreement with West London Mental Health Trust (WLMHT) for providing adult mental health services for H&F residents was established in 2001 under Section 31 (S31) of the Health Act 1999. Many aspects of the agreement are out of date and therefore we have updated it with new performance indicators, description of the service provision and a more robust partnership working protocol. Under the arrangement H&F will continue with the delegated management of Council employed staff to WLMHT to provide mental health services.
- 1.2. The updated operational framework agreement will be for a five year term starting in April 2013. There will be annual reviews of the agreement to assess the quality of service delivery, analyse service improvement plans, set efficiency targets and agree financial budgets. The full Partnership Agreement is attached as an Appendix to the exempt report.

- 1.3. In this Partnership Agreement there will be no pooling or transferring of budgets and there will be no risk sharing. Each partner will continue to maintain separate governance arrangements of their finances.
- 1.4. The Council's Mental Health budgets (44 staff and non staff costs) covered by this agreement is £2.3m. Operational administration of the council's budgets will be undertaken by the Trust. There will be monthly review of expenditures and any forecast over spend will be reported to the Tri-borough Director (Provided Services and Mental Health Partnerships) for remedial action by the Partnership Board.
- 1.5. H&F will pay WLMHT a management fee of £71,100 per annum.

2. RECOMMENDATIONS

- 2.1. That approval be given to the updated Partnership Agreement with WLMHT for the provision of Mental Health Services.
- 2.2. That the Tri-borough Executive Director for Adult Social Care be authorised to sign the new agreement.

3. INTRODUCTION AND BACKGROUND

- 3.1. Local authorities have an obligation to provide services to people with mental health problems. There are two aspects that need to be addressed. First, there is the assessment of a person's needs; and secondly, bearing in mind the outcome of that assessment, a decision to provide (or not) particular services.
- 3.2. The duty to assess and provide services for people is covered in several pieces of legislation. In particular:
 - i. NHS and Community Care Act 1990 Section 47(1) imposes a duty on local authorities to carry out an assessment of need for community care services.
 - ii. Mental Health Act 1983 (which was amended by the Mental Health Act 2007), requires Councils to make arrangements for Approved Mental Health Professionals (AMHP's), who until the 2007 Act were called Approved Social Workers (ASWs), to co-ordinate MHA assessments. Local authorities are also responsible for approval of AMHPs and quality assurance of Mental Health Act work. Section 117 requires a local authority jointly with the Health Authority to provide aftercare services for people leaving hospital after being compulsorily detained. It is implicit in such a duty that a process of assessment must be undertaken prior to discharge to identify needs and how they will be met.

- 3.3. The move to care for people in the community rather than in psychiatric institutions was embedded in law through the NHS and Community Care Act (1990). Local authorities, in collaboration with Health Service and Independent Sector Agencies, became responsible for assessing need, designing care packages and ensuring their delivery in order to help people live safely in the community.
- 3.4. In 1999, the Government published The National Service Framework (NSF) for Mental Health: Modern Standards and Service Models for England. The NSF spelled out national standards for mental health services, what they aimed to achieve, how they should be developed and delivered, and how performance would be measured. As a part of this, a range of new services was put in place to support people with mental health problems living in the community. These included:
- Community Mental Health Teams – Multidisciplinary teams providing the assessment and coordination of care.
 - Crisis Resolution Teams – focused on reducing the level of hospital admissions by offering appropriate interventions in the community as and when crises occur in people’s lives.
 - Early Intervention in Psychosis Teams - offering services to individuals suffering from first psychotic episodes, again with a view to reducing admissions and long term disability by offering interventions at as early a stage as is possible.
 - Assertive Outreach Teams – focusing on work with people who have a pattern of disengagement from services and who consequently require repeated admission and treatment as a consequence.
- 3.5. The Council developed its partnership agreement with WLMHT in 2001 to reflect the new guidance. The original agreement included Tamworth Residential Project, Ellerslie Road Day Centre, Wood Lane Hostel, Mental Health – North CMHT, Bridge Project and Cobbs Hall. However over the years some of these projects have closed and developments have been made in service provision.
- 3.6. The current partnership agreement was set up under S31 of the Health Act 1999. These agreements now fall under the S75 of the NHS Act 2006 which provides greater options for operating and monitoring the partnership. Consequently there is a need to update the Partnership Agreement under the new legislative framework.

4. PROPOSAL

- 4.1. The overarching strategic aim of the Partnership Arrangement with WLMHT will be to ensure the delivery of high quality, cost effective mental

health services which meet local health and social care needs and delivers personalised care and choice to service users and carers.

- 4.2. Arrangements such as S75 of the NHS Act 2006 were introduced to answer concerns about the legitimacy in law of, say, a local authority undertaking NHS duties, the NHS delivering local authority functions or indeed the partners 'pooling' their resources. The partners are not automatically empowered in their own right to undertake another's duties. Therefore, they will need to have in place proper arrangements that can demonstrate clear governance, accountability and control.
- 4.3. The term of the updated agreement will run for a period of five years starting from April 2013 with annual reviews thereafter.

Objectives of Agreement

- 4.4. Under this delegated management arrangement WLMHT will work to:
 - Effectively assess, treat and support vulnerable adults with mental health to improve their health, social and psychological functioning.
 - Maximise the efficiency of treating mental health service users through integrated provision and the effective use of the resources.
 - To facilitate the delivery of Hammersmith and Fulham health and social care strategy and the NHS plan and other national directives and policy as they emerge.
 - Improve the overall quality of service provision in line with evidence based practice.
 - Ensure the effective co-ordination of services to meet the physical health needs of people using services.
 - Ensure the provision of accessible services, which are flexible and responsive to the needs of local service users and carers with clearly defined service outcomes.
 - Facilitate joint working and the seamless provision of services through a single management structure and the delegation of management responsibility for H&F staff.
 - Improve the strategic planning and delivery of services in line with national and local policy, to meet commissioning priorities and deliver key health and social care performance targets.
 - Develop and deliver an integrated workforce strategy, and implement new ways of working in line with best practice.
 - To provide a comprehensive staff training and development programme to ensure that staff are appropriately trained and qualified to provide high quality, safe services, and have opportunities for continuous professional development and career progression.
 - Ensure equality of access to services for all groups in the community.
 - To pro-actively encourage, facilitate and support the engagement and involvement of service Users and carers in the planning, design and review of services. This will enable the development of a more personalised service delivery approach.

Areas of Service Provision

- 4.5. Under the integrated management structure the following services will be delivered:
- **Assessment Services**
The Assessment Team offers a specialist multi-disciplinary service for individuals over the age of 18 who experience mental health problems which are of a sufficient severity or complexity to require specialist intervention.
 - **Recovery Service – North and South**
The Recovery Team (RTs) provides a secondary service, primarily for individuals with complex, severe and enduring mental health problems. Referrals will usually have been assessed and treated for a period by the Assessment Team, or will be direct transfers of care from an equivalent Recovery Service within the Trust.
 - **Early Intervention Service (EIS) / First Team**
The EIS is delivered by a community based multidisciplinary team. It offers community treatments to 14-35 year olds who live in the borough and who have recently experienced a first episode of psychosis or who are quite likely to be in a recognised prodromal phase of psychosis.
 - **Assertive Outreach Team (AOT) Service**
The AOT service is incorporated in the RT South and provides a service to the residents who have severe and enduring mental illness, who are difficult to engage and require a greater level of support than can be provided by the RTs.
 - **Avonmore Ward – In Patient Services**
Avonmore ward is a 22 bedded admission ward providing mental health in-patient facilities to residents. The service also includes a Housing Specialist (hospital Liaison Worker) and a Social Worker to provide advice and guidance for Users and their Carers.
- 4.6. The Trust and the Council will review the provision of the services annually in accordance with the business planning timescales with a view to confirming the operation of the service budgets and indicating their respective commitments before the start of the new financial year.
- 4.7. Currently there are over 1900 service Users in H&F that are served by the different mental health teams.

Budgets and Resources

- 4.8. The total financial resources for delivering the integrated service are shown in the tables below. All budgets remain with the individual partners.

- 4.9. There will be no risk sharing arrangements in this agreement. The partners shall retain their respective budgetary risks in the integrated services.
- 4.10. The partners will agree their respective budgets before the start of the new financial year to which they relate.
- 4.11. The Council's budget covered by the Partnership Agreement for 2013/14 is detailed in table 1. There is a staff pay budget of £1.8m covering 44 employees and a non-pay element of £0.49m relating to consumable, services, rent and management fees. These expenditures will be monitored on a monthly basis and any forecast over spend will be reported to the Partnership Board for remedial action.

Table1: H&F Mental Health Budget - 2013/14

Team/Services	H&F Staff numbers	Pay (Full Salary Costs)	Non-Pay	Total
Team Budgets				
MH Social Care Lead (HQ)	1	60,800	59,300	120,100
Assessment Team	10	477,400	9,600	487,000
Admissions Ward	2	80,900	0	80,900
Recovery South	12.6	486,400	13,000	499,400
Recovery North	12.0	487,400	25,300	512,700
First Team/EIS	3.7	155,000	15,800	170,800
Admin Posts	3.0	78,400	0	78,400
Contract payments				
Rent Claybrook Office Site			138,000	138,000
WLMHT Management Fee			71,100	71,100
Intensive Recovery and Support Service			15,000	15,000
WLMHT Admin Post Contribution			15,200	15,200
Total	44.3	£1,826,300	£497,300	£2,323,600

- 4.12. The Trust shall be delegated the operational management responsibility for the council's budgets for the services specified in the Partnership Agreement.
- 4.13. WLMHT staff budget contribution in the integrated services is £4.3m and the break down is shown in table 2.

Table 2: WLMHT Staff Budget 2013/14

Team/Services	Staff Numbers	Pay (Full Salary Costs)
Medical Staff (Consultant Psychiatrists)	4.80	656,907
Service Manager	1.00	78,410
Clinical Psychologists	7.05	458,079
Assessment Team	17.00	955,882
Early Intervention Team	6.0	281,531
Recovery North	19.00	898,654
Recovery South & AOT	21.50	1,005,227
Total	76.35	£4,334,689

5. ANALYSIS FOR RECOMMENDING SERVICE PROVIDER

- 5.1. WLMHT is contracted by Hammersmith and Fulham Primary Care Trust (Hammersmith and Fulham Clinical Commissioning Group from April 2013) to deliver health services for individuals with a mental illness. WLMHT is therefore an essential partner in delivering integrated health and social care mental health services to Hammersmith and Fulham residents. Delivering a multi-disciplinary approach in mental health services significantly facilitates implementation of the cross-cutting objectives set out in the national mental health strategy, No Health Without Mental Health (DoH, 2011).
- 5.2. H&F has developed its mental health partnership agreement with WLMHT under an integrated single management team for over ten years. Through this arrangement economies of scale have been generated and efficiencies have been achieved. WLMHT continues to work effectively with officers to support the council in complying with its statutory duties and to delivering its strategic objectives. WLMHT is committed to further improving the service and enhancing partnership working.
- 5.3. In addition to supporting the delivery of strategic objectives, this partnership has achieved savings of £312k in 2010/11 through the deletion of management and non-management posts. Future potential for efficiencies will be analysed during the annual reviews of the agreement.
- 5.4. Termination of our current arrangement with WLMHT would fragment the multi-disciplinary teams. It would also reverse the efficiencies that have been achieved, will require re-investment in office spaces to re-house staff and additional management recruitment to operate services.

- 5.5. Since July 2012, a Project Group has been working to develop a more robust partnership agreement with clear KPIs, and an improved partnership operating model. Therefore it is recommended that we agree an updated Partnership Agreement with WLMHT to reflect these proposals.

6. CONSULTATION

- 6.1. As part of the development of a new Partnership Agreement staff consultation sessions were held to get their perspective on the areas where the Partnership was working well, what can be improved and any issues that require addressing. Staff highlighted many areas where service was being delivered well and also how further improvements can be made.
- 6.2. Following the feedback session, in conjunction with the WLMHT senior management, a question and answer document was developed and circulated to staff highlighting how issues they had raised will be addressed going forward.
- 6.3. There was no objection to the continuation of the Partnership Agreement. Union representatives were fully involved in the process.

7. EQUALITY IMPLICATIONS

- 7.1. There are no changes to the delegated management principles in the Partnership Agreement. Also the role, responsibilities and job descriptions for H&F mental health social work staff will remain the same. Therefore equalities implications under the updated arrangement will remain neutral.
- 7.2. Implications verified by: (Beverley Lavall, HR Relationship Manager)

8. LEGAL IMPLICATIONS

- 8.1. Under section 75 of the National Health Service Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Such agreements must be in writing and otherwise comply with the requirements of the legislation as to what must be specified in such agreements. The proposed arrangements between the Council and WLMHT are set out in the body of this report. Legal Services have worked with officers to finalise and complete the Partnership Agreement.
- 8.2. Implications verified/completed by: (Kar-Yee Chan, Contracts Solicitor)

9. FINANCE AND RESOURCE IMPLICATIONS

- 9.1. This report seeks approval to enter into a new S75 agreement with WLMHT for a period of five years commencing on 1st April 2013.
- 9.2. There are no financial implications of entering into the agreement as the Council budget will remain with the Council and there is no pooling of budgets or risk sharing.
- 9.3. The Council revenue budget (excluding corporate SLA's and overhead apportionments) covered by this agreement are £2,323,600 as detailed in the table below

	2013/14		2014/15		2015/16		Full year effect of proposals ie ongoing effect
<i>Revenue Implications</i>	Confirmed budget £	Costs of proposal £	Confirmed budget £	Costs of proposal £	Confirmed budget £	Costs of proposal £	£
Current Budgets							
Council Revenue budget	2,122,600		2,122,600		2,122,600		2,122,600
External funding sources, eg TfL, NHS etc.	201,000		201,000		201,000		201,000
SUB TOTAL REVENUE BUDGET	2,323,600		2,323,600		2,323,600		2,323,600
Start-up Costs							
Lifetime Costs		2,323,600		2,323,600		2,323,600	2,323,600
Close-down Costs							
TOTAL REVENUE COST	2,323,600	2,323,600	2,323,600	2,323,600	2,323,600	2,323,600	2,323,600
SAVINGS							

- 9.4. A breakdown of the budgets between staff costs, non staff costs and contractual payments is shown in section 4.11 of the report. The staffs in the Partnership Agreement are responsible for the assessment and care management of the mental health service Users.
- 9.5. The client related expenditure budgets are £5,056,000 and represents Placements Budgets (£4.5m), Care Packages (£122k) and Direct Payments (£104k). This expenditure currently relates to 159 clients.
- 9.6. Implications verified by: (David Hore, ASC Finance Manager and Andrew Lord, Corporate Strategy and Resources Manager)

10. RISK MANAGEMENT

10.1. The key performance and financial risks have been highlighted below.

Partnership Risk	Mitigation	Owner
Without an agreed framework for monitoring performance it would be difficult to review the quality of service being delivered to Users.	<p>A robust KPI framework has been developed that will be used to monitor service delivery.</p> <p>A monthly Performance Sub-Group that has been empowered by the Partnership Board to oversee all the matters related to service delivery and resolve operational issues.</p> <p>Trust also has in place Quality Committees that reports on clinical governance, risks, and quality.</p>	Stella Baillie & Maggie Gairdner (Trust)
Governance of partnership roles and responsibilities needs to be effective.	Partnership Agreement has set up a strategic Partnership Board made up of senior officers that are required to meet on a quarterly basis. There is detailed description of roles and responsibilities of key officers on the Board and how the monitoring of the partnership will be undertaken.	Stella Baillie & Helen Mangan (Trust)
Financial budgetary contribution in the Partnership Agreement is over spent.	Monthly financial reports will be monitored and reviewed at the Performance Sub-Group. Any forecast overspend above 1% will be reported to the Partnership Board to decide on remedial action.	Philip Jones, David Hore
Sharing and managing confidential data needs to be clear otherwise breaches can occur under DPA.	<p>A detailed information sharing protocol has been developed as part of the Partnership Agreement. Designated senior officers are named for regular review of the protocol to align it with any future service changes.</p> <p>Managers and staff will be provided training to make them aware of their obligations under DPA in relations to their work activity.</p>	Ciara Schmidzu / Philip Jones & Navin Ramgolam (Trust)

10.2. Tri-borough ASC Risks Co-ordinator: Mike Rogers, (ASC Head of Business Intelligence)

11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

11.1. Social Workers utilise a software system called Framework-i for recording details of Care Packages, Direct Payment and Residential Placements. Under Tri-borough ASC IT Programme there will be an upgrade to the latest version of Framework-i for H&F towards the end of the next financial year. Appropriate relevant training will be provided to Social Workers.

11.2. Implications verified by: Marc Cohen, (Tri-borough Programme Manager for Framework-I Implementation)

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		