

**SUBJECT: MENTAL HEALTH**

**TO: ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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## **INTRODUCTION**

The County Council invests in Mental Health services in 5 main areas. These are:

- Maintaining a qualified Social Work service. These are county council employees currently seconded to CPFT. The basis for this service is ensuring that Mental Health Act responsibilities are delivered. This is an absolute requirement and cannot be compromised.
- Support services provided by CPFT. This includes unqualified support staff, Social Care management, Administrative staff, Workforce Development and associated overheads. These are largely either staff or posts that were County Council employed and transferred to CPFT through an Interagency Agreement
- A range of Voluntary Sector providers delivering a range of services from supporting people with accommodation and into employment through to community based services with a focus of supporting people with recovery.
- Individual care packages that have arisen out of an assessed need. These range from care placements within residential settings through to supporting people through direct payments.
- Support for carers.

The basis for this investment is mainly through:

- the Council's response to delivering its statutory functions
- meeting the Council's strategic objectives set out in *Shaping our Future* (the strategy for the transformation of adult social care)
- ensuring a strong Social Work ethos within Integrated Mental Health services

## **Statutory Basis for Mental Health Social Work**

The specific legal responsibilities of the Council and the effect of working in an NHS environment are more fully set out in the following sections.

The statutory basis for Social Care within Mental Health is fundamentally the same as across all Adult Social Care. Simplistically it involves a duty to assess, coupled with the provision of services under the relevant legislation. There are some specific duties under Mental Health legislation.

The NHS Act 2006 defines the central purpose of health services as securing improvement in physical and mental health and in the prevention, diagnosis and treatment of illness.

There is no equivalent statement in law which defines social care. This is instead done by setting out the duties and powers of local authorities to provide adult social care. It is defined by processes (e.g. assessments and care planning), eligibility decisions and definitions of what can be supplied, such as lists of services. Adult social care law is fragmented as it is set out in various different statutes.

There is an underlying difference between the statutory obligations between the NHS's health responsibilities and social care responsibilities of local authorities. The NHS is primarily governed by the NHS Act 1977 which creates only general obligations to promote a comprehensive health service. This contrasts with the detailed legislative duties laid upon local authorities which create individual rights for social care services.

The following sections set out the main responsibilities and the potential effect on working in a mental health foundation trust environment such as CPFT.

### **The Community Care Act 1990**

This is the main gateway legislation to community care services.

Section 47 of the 1990 Act states:

*"Where it appears to a local authority that any person for whom they may provide or arrange services for the provision of community care services may be in need of any such services, the authority shall carry out an assessment of his needs for those services and*  
*b) having regard to the results of that assessment, shall then decide whether his needs call for the provision by them of such services.*

### **Social Care responsibilities: Access to, arranging and monitoring of Community Care (social care funded) Services**

'Community Care Services' is the generic legal term used to describe the range of care and support that can be provided to service users and carers. Community Care Services are defined by reference to various lists of services that appear in different statutes. These are:

- Residential services
- Assistance and facilities in the home
- A Social work service ( social workers)
- Centres and other facilities in the community
- Social, leisure, education and training facilities.

These services are provided under the following provisions;

- Part III of the National Assistance Act 1948 ( provision of residential accommodation and welfare services)
- Section 45 of the Health Services and Public Health Act 1968 (promotion of the welfare of older people)

- Section 21 and schedule 8 of the National Health Service 1977 (home helps)
- Section 2 of the Chronically Sick and Disabled Persons Act 1970 (Duty to provide welfare services)
- Section 117 of the Mental Health Act 1983 (where people have been compulsorily admitted to hospital, the local authority is under a joint duty with the NHS to provide aftercare services following their discharge).
- Section 114 of the Mental Health Act (The local authority must appoint sufficient Approved Mental Health Practitioners (AMHPs) to undertake mental health assessments for the purposes of the duty. This is primarily for the purpose of assessing for compulsory admission to a psychiatric hospital or guardianship).
- The Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children's Act 2000 together create duties to undertake carers assessments to both take the result of the assessment into account when providing services to the cared for person and in deciding whether to provide services directly to the carer. The Carers Equal Opportunities Act 2004 adds a requirement on local authorities to inform carers of their right to request a carer assessment.

### **Approved Mental Health Practitioners (AMHPs)**

This is the key statutory duty for the County Council in mental health. Section 114 of the Mental Health Act 1983 states that the local authority must appoint sufficient staff for the purposes of the duty. AMHPs can now include health professionals.

The nature of the work is that this is demand led and can have unpredictable peaks of activity. The process of training an AMHP is long and if staff leave they are difficult to replace. This means that there is (as with other local authorities) pressure to maintain numbers. Health staff can become AMHPs. However they form only a minority on the Cambridgeshire rota.

The other area that links to statutory functions is the Social Workers role in safeguarding where they provide a significant input into managing SOVA investigations.

There is also an issue that NHS trusts such as CPFT have a wider responsibility to assess and work with people who do not meet the eligibility criteria for social care assessments or social care services. Social care staff work as part of the CPFT teams, and are assessing and working with this wider group of people being referred to CPFT. Vice versa there will be people who are eligible for Social Care but will fall outside the remit of secondary mental health services. The needs of some people on the Autistic Spectrum can fall under this category.

In summary there is concern nationally that NHS objectives are given priority to the detriment of social care objectives and that trends such as payment by results, clustering of patients and the emphasis on numbers and throughput may mean less priority being given to social care.

## **Shaping our Future**

Locally, the priorities for mental health services include the strategic objectives set out by Cambridgeshire County Council in **Shaping our Future 2009** (the strategy for the transformation of adult social care). A key objective to take account of in developing a clear focus for the work of social care funded staff within CPFT is that of prevention. This is of relevance to mental health and the future deployment of staff as the focus on prevention can mean different things to the NHS and the County Council.

The NHS, via CPFT in this context, have a responsibility to respond to a wide range of referrals including people with relatively minor mental health problems requiring specific psychological interventions and people with severe mental illness. Due to social care staff being placed within the mental health teams with health staff, social care staff can be involved in working and supporting this wider group of referrals.

However social care responsibilities have a narrower focus linked specifically to working with people who meet the critical and substantial eligibility criteria. Work can be focused on prevention but prevention for social care is to prevent the use of higher cost resources whilst enabling people to be supported in the least restrictive environment. This is in line with the stated objectives of the County Council.

This is not to say the Council does not have a wider responsibility for prevention. However it may be more appropriate to fund these services outside of CPFT in the third sector. In effect, this will mean more closely defining the role of social care staff within CPFT.

## **The role of Social Work**

Social Work within mental health settings provides a fundamental counter balance to an increasingly medicalised model. Linking this to the priorities within *Shaping our Future*, *No Health without Mental Health* and the emerging College of Social Work Professional Capabilities would see a key role for Social Workers in ensuring that the social perspective of mental health care is reinforced. The vision or *raison d'être* is that Mental Health is a social issue and social approaches must underpin individual recovery.

The provision of professional Social Work means that alongside the delivery of the “must dos”, there is a focus on using these staff to ensure that the networks and relationships that are fundamental to mental wellbeing are in place.