

FURTHER INTEGRATION OF SPECIALIST MENTAL HEALTH SERVICES IN DERBYSHIRE

CONSULTATION DOCUMENT

1. INTRODUCTION

Following the initial period of public consultation about the proposed Integration of Mental Health Services, the three statutory organisations involved in this process are embarking on a further period of consultation. The responses to the previous consultation were generally supportive of further integration. Some respondents may however have taken the consultation to imply that a completely new organisation would need to be set up. This does not need to be the case and we believe that the benefits for service users of more formal, or enhanced integration, can be achieved by building on the existing joint management arrangements under the auspices of the Trust as it is currently constituted. We recognise that there is a risk in any organisational change that the focus on improving services might be affected. It is our intention that this will not occur.

Staff and their Trade Unions have raised a number of issues about integration. These are being addressed through consultation groups in the City and the County. We will ensure that feedback is given to the issues that have been raised in a timely manner.

As public authorities we have a duty to consult properly and fully on proposed organisational changes and, in adopting this approach, we want to ensure absolute clarity and transparency as to what is being proposed.

In particular we would wish to:-

- ◆ Confirm the preferred approach (Enhanced Integration)
- ◆ Clarify the statutory processes that would be used (The Health Act 1999 and the Local Government Act 1972)
- ◆ Confirm the arrangements to support staff transfers (TUPE)

The services included as part of this consultation exercise are:-

- ◆ Adult Mental Health Services

- ◆ Substance Misuse Services
- ◆ Specialist Mental Health Older Adult Services

All of these are currently managed through an integrated management structure. *(For more details about services see Annex B)*

- 1.1 The timescale for final public consultation is over two months – 12th July to 11th September, subject to agreement by Trust Board and both Cabinets. This will be followed by a period of direct consultation with staff involved if the preferred option of enhanced integration is agreed.

1.2 How to respond?

Comments are invited from individuals and interested parties. Those who have responded previously are encouraged to submit further comments in the light of this new consultation paper:

- ◆ To David Snowden at Derbyshire Mental Health Services NHS Trust, Kingsway Hospital, Kingsway, Derby, DE22 3LZ. Tel. No: 01332 623785. E-mail: david.snowdon@derbysmhservices.nhs.uk

- 1.3 Timescale for implementation of any change – earliest possible start date would be 1st January 2006.

2. **OPTIONS**

2.1 Stay as at Present

The current arrangements are relatively informal and involve:

- ◆ Integrated services for City and County respectively, each managed by Derbyshire Mental Health Services NHS Trust
- ◆ Managers for City and County accountable to Trust
- ◆ NHS and SSD managers working within joint services
- ◆ Separate employment of Health and Social Care staff, and different terms and conditions
- ◆ Separate NHS and Social Services budgets
- ◆ Formal accountability to Trust Board for NHS services and to two Cabinets for County and City Social Services functions

2.2 Enhanced Integration

- ◆ All specialist health and social care services for people with mental ill health managed by Derbyshire Mental Health Services NHS Trust through a partnering agreement with the two Local Authorities
- ◆ Operational managers for City and County employed by the Trust
- ◆ Single management structure, with current SSD staff transferred to Trust using TUPE. *(For more detail see Annex A)*
- ◆ Pooled funds for Health and Social Care services in City and County

- ◆ Formal arrangements between the Trust and Councils
- ◆ Formal accountability to Trust Board for all services, but with a continuing commissioning and performance management role for the two Cabinets for County and City Social Services functions.

2.3 What would remain unchanged whichever option is taken;

- ◆ Overall scale and range of Specialist Mental Health and Substance Misuse Services.
- ◆ Structure for commissioning services ie. Mental Health Strategic Commissioning Group and Local Forums.
- ◆ The authorities remain committed to implementing the National Service Frameworks and locally agreed strategies.

The preferred option of the three partner agencies is to pursue the benefits and flexibilities of Enhanced Integration.

3. STATUTORY IMPLICATIONS OF OPTIONS

3.1 Stay as at present

The responsibility for the commissioning, provision and management of Mental Health Services, including Mental Health Act 1983, and the respective statutory requirements remains with each organisation.

3.2 Enhanced Integration

The responsibility for the provision of services stays largely unaltered. However, the move to Enhanced Integration would be achieved through use of the following legislation:

- ◆ Section 31, Health Act 1999 - which provides statutory authority for NHS bodies and local authorities to enter into prescribed arrangements in relation to the exercise of prescribed health-related functions of local authorities.
- ◆ NHS Bodies and Local Authorities Partnership Arrangements Regulations, Statutory Instrument 2000/617 – which define the nature of the written partnership agreement, including the terms which allow for the establishment of a fund made up of contributions from the partners, out of which payments may be made towards expenditure incurred in the exercise of health-related functions
- ◆ Section 113, Local Government Act 1972 - this enables the Trust to place the ASW's at the disposal of the Councils so that they can fulfil their duties under the Mental Health Act 1983.
- ◆ TUPE – to enable the staff currently employed by the City and County Councils to have their employment transferred to the Trust based on existing terms and conditions

It would be the existing Trust Board's decision as to whether or not a formal request to the Secretary of State for an amendment to the existing Statutory Instrument formally to change the name of the current Trust would be appropriate. This separate statutory process does not affect the current Trust's ability to enter into formal partnership arrangements.

4. ADVANTAGES AND DISADVANTAGES

4.1 Stay as at Present

ADVANTAGES

- ◆ It works reasonably well
- ◆ Clear separation of Health and Social Services
- ◆ Maintains stability
- ◆ Maintains distinction between Health and Social Care for Approved Social Workers
- ◆ Access to wider local authority funding streams for service development (eg. Capital)

DISADVANTAGES

- ◆ Lack of clarity about responsibility
- ◆ Inefficiencies because of duplication.
- ◆ Very unclear governance arrangements
- ◆ Managing services from 2 organisations leads to confusion about which processes to follow
- ◆ Less responsive to Service Users if their concerns raised in the wrong organisation
- ◆ Reinforces old ideas of Health and Social Care differences
- ◆ Dual organisation systems lead to confusion for staff
- ◆ Managers working with dual Corporate, Finance, Human Resources and other supporting systems

4.2 Enhanced Integration

ADVANTAGES

- ◆ Simpler system and greater clarity
- ◆ Meet National Target and Policy Direction
- ◆ Better co-ordination of Financial and Human Resource practices
- ◆ Formally more robust
- ◆ Formalises management arrangements
- ◆ Increases flexibility within pooled funds for service improvement
- ◆ Easier to bring about service change where needed to improve response to Service Users and carers

DISADVANTAGES

- ◆ Uncertainty and change for staff
- ◆ User perception of loss of choice about routes for raising their concerns
- ◆ Staff affected by change will need to acclimatise to new organisation
- ◆ New arrangements required to ensure ASW's are able to continue to operate

- ◆ Clarity about Leadership for specialist Mental Health Services provision
- ◆ Works towards breaking down barriers between Health and Social Services Mental Health Provision

5. GOVERNANCE ARRANGEMENTS

5.1 Stay as at Present

- ◆ Informal approach to integrated management of Performance
- ◆ Informal agreement for the Trust to report into formal Local Authority structures
- ◆ Separate Governance arrangements for all three Partners

5.2 Enhanced Integration

- ◆ Formal delegated responsibility to Trust Chief Executive Officer as Accountable Officer for all agreed Social Care Performance Targets
- ◆ Delegated authority to the Trust Chief Executive as Accountable Officer for the management of the pooled budget(s)
- ◆ Formal integrated approach to Performance Management with the Trust accountable for all monitoring and reporting requirements
- ◆ Performance management for NHS and social care services managed by the Trust and reported through Service Level Agreement Meeting (SLAM), then reporting to Mental Health Strategic Commissioning Group (MHSCG) and appropriate Cabinet Members.
- ◆ Non-Executive partnership groups in the County and City to oversee the partnership including senior representatives from the Trust, Councils and lead commissioning PCT.

6. WHAT NEXT?

- ◆ We welcome views from all stakeholders about our preferred option to pursue further integration or any alternative view.
- ◆ The Project Team are able to facilitate discussions if required (Contact David Snowdon if support is required)
- ◆ The formal support of Primary Care Trusts as Commissioners of the NHS Mental Health Services, which is a statutory requirement will be sought at the MHSCG
- ◆ Once the consultation period is complete we will consider the responses and present the information to the Trust Board, Council Cabinets to enable them to reach a decision. MHSCG and Local Forums will be kept informed.

ANNEX A

FURTHER INFORMATION ABOUT THE BASIS FOR STAFF TRANSFER, IF THIS IS PART OF THE AGREED ACTIONS

- ◆ It would involve those staff employed by the City and County Councils who currently work in Specialist Mental Health Services.
- ◆ The basis of any transfer would be TUPE, which requires that affected staff are transferred under their existing terms and conditions.
- ◆ Given that this is a Public Sector transfer, the transfer between Pension Schemes are required to be broadly comparable. Currently the NHS Scheme is seen to be a better scheme for staff than its Local Government equivalent.
- ◆ Legal guidance has been sought from Counsel about the formal position of Approved Social Workers. This guidance confirms that Approved Social Workers can be seconded from the Trust to the Councils to undertake required duties under the Mental Health Act 1983.
- ◆ Subject to the outcome of the public consultation a separate staff consultation process for those members of staff who would be affected by any change, is planned from October to December 2005 as part of the formal TUPE process

ANNEX B

FURTHER INTEGRATION OF SPECIALIST MENTAL HEALTH SERVICES IN DERBYSHIRE

CONSULTATION DOCUMENT

Schedule of services proposed to become fully integrated under Derbyshire Mental Health Services NHS Trust:

GENERAL ADULT MENTAL HEALTH

- ◆ Community Mental Health Teams
 - including assessments, crisis assessments, care management, care co-ordination and social work service
- ◆ Assertive Outreach Service
- ◆ Transcultural Service
- ◆ Social Inclusion Rehabilitation Recovery Teams
- ◆ Homeless Assessment and Support Team
- ◆ In-patient Services
 - including assessment and treatment, acute and intensive care, intermediate care and day units
- ◆ Community Forensic Service
- ◆ Crisis and Home Treatment Services
 - including out of hours, ASW and emergency community care, emergency duty team
- ◆ Substance Misuse Services
 - including assessment and treatment in conjunction with primary care and other agencies
- ◆ Liaison Psychiatry
- ◆ Community Services
 - including day centres and social and therapeutic interventions
- ◆ Talking Therapies
 - including psychotherapy, psychology and cognitive behaviour therapy
- ◆ Early Intervention Service
 - including rapid intervention (early onset psychosis)

SERVICES FOR OLDER ADULTS

- ◆ Integrated Community Mental Health Teams
- ◆ Functional M.I. Day Centres
- ◆ Carer Support Services
 - including dementia care teams
- ◆ Memory Clinic and Out-patient Services
- ◆ Integrated In-patient Services
 - including assessment, treatment and dementia care