Portsmouth CITY COUNCIL

Title of meeting:	Health, Wellbeing & Social Care Portfolio decision meeting.
Date of meeting:	27th September 2022
Subject:	Adult Mental Health Section 75 agreement.
Report by:	Dave Joyce & Dominic Dew
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1. To seek approval of the Cabinet Member for Health, Wellbeing and Social Care to implement a new section 75 agreement for the Integrated Adult Mental Health Service (AMH)

2. Recommendations

2.1. That the Cabinet Member delegates authority to the Director of Adult Social Care to negotiate and enter into a new Adult Mental Health, (AMH) s.75 agreement for a period of three years, from 1st October 2022, once a legally compliant staffing model has been agreed.

3. Background

3.1. The provision of social work to working age Portsmouth residents with mental health needs has historically been provided through an agreement made under Section 75 of the NHS Act 2006. This allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. The previous arrangement appointed Solent NHS Trust as the lead provider, delivering the requirements set out in the Care Act 2014 to people in Portsmouth whose primary needs are linked to their mental health. Solent NHS Trust have direct line management responsibility for PCC staff, and staff are co-located with their NHS colleagues and based at St Mary's Hospital in Portsmouth.

3.2. Under the partnership agreement PCC contract with Solent NHS Trust for an agreed staffing establishment and associated costs with clear outcomes. Solent NHS Trust have the delegated responsibility, as the lead provider for delivery of the social work element of AMH services. Quarterly meetings of the Partnership Management Group are held to monitor the effectiveness of the arrangements.

3.3. The service provides support to around 120 people from the perspective of social care funding.

3.4. The current agreement, which commenced November 2013, was set to run for three years and expired in 2016. For 16/17 and for 17/18 it was agreed the arrangements would be extended. The agreement was extended for a further year in June 2018.

3.5. In 2019 the Cabinet Member for Health, Wellbeing & Social Care granted a further 3-year extension. It was recognised that the former agreement did not reflect the changes brought in with the Care Act 2014 and that it needed to be rewritten. This process has now largely been completed the new agreement clearly articulates the requirements of the Care Act (2014). The updated agreement has been some time in the drafting due to the COVID-19 pandemic and management capacity.

3.6. The s75 partnership agreement is overseen and monitored by Adult Social Care, through Partnership Management Group meetings.

4. Reasons for recommendations

4.1. The overarching strategic aim of this Agreement is

To ensure the integrated provision of high quality, cost effective mental health services which meet local health and social care needs, through the establishment of a single line management structure whereby each party contributes staff and shared costs; under Section 75 of the National Health Service Act 2006.

4.2. The Sec 75 agreement ensures service user's health and social care needs are assessed and met at the point of entry to Adult Mental Health services. Solent NHS is the 'front door', but all assessments are in line with the Local Authority's duties under the Care Act (2014). Consequently, social care needs are at the centre of the strength-based care and support planning coordinated through the integrated service.

4.3. The alternative would be a disconnected system that relied on Solent NHS practitioners carrying out a health assessment and then referring people to ASC where they would need to tell their story all over again. Feedback from recent coproduced discovery events with partner agencies and AMH service users noted a clear request from people using services that there should be a single point of access whereby they only need to tell their story once. The Section 75 health and social care partnership ensures that this is the case in AMH services.

4.4. Health and Social Care practitioners work together to ensure that all mental and physical health needs are addressed in unison with social care needs, meaning that service users are fully engage with all aspects of their care, support, and recovery plans.

4.5. The service has developed strong partnerships with PCC housing and local supported housing providers to ensure that service users can live longer in the community.

4.6. Strength-based support planning at discharge from hospital allows people to return home with the right level of support to maintain independent living. Thus, avoiding relapse and return to hospital or the need for social care funded registered care. Plans include voluntary and community service partner agencies, as well as the peer led community, to maximise service user choice and control and support community engagement opportunities.

4.7. A partnership care management panel is led by health and social care managers who work creatively to support practitioners find the most appropriate and financially viable care and support plans.

4.8. Direct payments are promoted to support choice and control and augment independence. ASC supported accommodation pathways are utilised to the full before consideration is given to further costed residential placements. Thus, ensuring service users have the support they need to continue their recovery journey towards independent living in the community with the appropriate support.

4.9. Risk assessment and risk management plans will underpin strength-based needs assessments. Our aim is to do 'with' and not 'for' people. To achieve this aim, person centred care and support planning with service users, families, carers and advocates is firmly embedded withing the functioning of the Sec 75 agreement.

4.10. The following extracts, statistics and case study are taken from the AMH Sec 75 Partnership Management Group quarter 1 report for 2022/2023:

Mental Health Workshops for Adult Social Care Staff:
It is recognised that many social workers in other areas are working with residents with multiple needs and at times mental health complexities which may be affecting a person's life but does not warrant support for treatment or met the criteria for mental health services.

It can be difficult to manage what to do, how this can make practitioners feel or what to do next. A Cognitive Behavioural Therapy (CBT)/Dialectical Behavioural Therapy (DBT) practitioner, AMH Clinical Manager and PCC Principal Social Worker have started to facilitate workshops every 6 weeks with a focus on: strength-based practice, emotional resilience, being comfortable with being uncomfortable, models of behaviour for practitioners and solution focused outcomes.

Supporting accommodation providers to continue to develop skills and knowledge when working with our client base:

Both Solent and PCC AMH staff are providing bespoke training and education to the voluntary and not for profit sector housing projects (The Foyer, AMH supported housing pathway, Oakdene, Herbert Road and Hope House). This includes working with services users with a diagnosis of Emotional Unstable Personality Disorder, Psychosis, medication management, this training includes practical tips when managing challenging and risky behaviours.

Performance Criteria for reporting and monitoring

AMH Dashboard for S75 Agreement	
Summary	**Q1**

Average wait time for Care Act Assessment in Recovery Teams (weeks)	1.2
Count of MH clients receiving social care interventions	322
Count of how many times social care interventions have been provided in the quarter	2369
Count of MH clients who have received a Care Act compliant assessment or review	950
Count of MH clients who have had a formal Care Act Assessment	63
% of ASC funded clients with a Support Plan	100%
% of ASC funded clients who have received an annual review of their assessed eligible needs	93%
% of ASC funded clients with a named worker	100%
% of ASC funded clients with assessed eligible needs who receive a Direct Payment	5%
Social Supervision 37/41 – number of allocated cases/unallocated	39/0

CASE STUDIES

Case Study - AE

The family of this resident gave permission or this case study to be in the public domain to demonstrate the value of the service received through the integrated arrangements in Portsmouth.

AE was born in 1967 and was one of 5 siblings, 4 brothers and a sister. His father was a trawlerman working out of The Camber in Old Portsmouth and was often at sea for days at a time. His mother died when he was 3 years old, and

his father had remarried a woman who was an alcoholic and abusive to her stepchildren. He could recall being 5 years old and following the stallholder at the Charlotte Street market at the end of the day and picking up the rotten fruit and vegetables to take home to his stepmother. He remembered her asking him what he wanted to be when he grew up, he said an Eskimo and she made him eat a raw fish. From the age of 10 he was in and out of local authority care. In adulthood AE sought acceptance, a pseudo family. He found it as a supporter of Portsmouth FC, he became a member of the 657 crew, a football hooligan firm link to Portsmouth FC. He was given the nickname xxxx from a 1977 television series because he always had a cigarette in his mouth like the main character from the show. He used substances and alcohol, he regularly engaged in football violence.

In his teens and into early adulthood, he experienced symptoms of psychosis and was diagnosed with drug induced psychosis. He was later diagnosed with paranoid schizophrenia. Whilst in prison he had attempted to hang himself and self-harmed by cutting. He remained a long-term risk of completed suicide. There were multiple incidents of violence and sexually disinhibited behaviour recorded between 1989 - 2000. He committed his first serious offence in the 1989 when he took a hammer to a known male causing fractures to the skull and jaw. He was sent to a high secure hospital under S37/41 MHA 83, a hospital order with restrictions. He was conditionally discharged from a medium secure hospital to Gosport in 1997. In 2000 he committed his second serious offence of indecent assault in the context of a relapse of his paranoid schizophrenia linked to non-compliance with medication. He was given another S37/41 MHA 83 and placed indefinitely on the sex offender's register. On this admission he was started on Clozapine to good effect.

In January 2009 AE was granted a conditional discharge and moved to Portsmouth. He lived in 24-hour supported accommodation and had the provision of a psychiatric supervisor and PCC social supervisor and a Solent MHS care coordinator. He was seen regularly at the Clozapine Clinic. His stepmother passed away and he had rebuilt the relationship with his father. He was also in contact with his siblings and their families. After a year he moved into semi-supported accommodation before being given an assured tenancy for his own flat by Portsmouth City Council. He loved to go fishing and was an expert at filleting his catch. He was an accomplished artist, painting on canvas, and on watering cans and plant pots. All his Christmas cards were painted by him. He was a devout supporter of PFC and had a season ticket. He would often take his young nephew or a friend to games. He liked the fact that football matches had become a family event. MR had learnt and believed that the key to having had a successful life in the community was commitment to his treatment and medication, he resolved to remain abstinent from illicit drugs and alcohol and value the high level of support he was receiving from mental health professionals.

In April 2022, AE was diagnosed with lung cancer and the prognosis was poor. He had suffered with COPD for a few hears and had tried to stop smoking

without success. On the May bank holiday this year he had a stall at the St Mary's Church May Day Fair to sell his artwork. He was delighted when he made £400. The following day on the 3 May 2022 he was admitted to QAH with a chest infection and latterly pneumonia. He passed away on the 7 May 2022, he was 55 years old. He had been out of secure psychiatric hospital for 13 years. He had a simple cremation without a service however on Saturday 9 June 2022 family and friends gathered at The Camber to scatter his ashes on the water and lay a wreath. Previously his father and 2 of his brother's had their ashes scattered in the same way. Over 40 people attended the event, and his football friends had a banner that read, "Rest in Peace, one of our own". He achieved a lot in those 13 years and had finally found happiness. He touched many with his kindness. He sincerely valued those professionals who supported him to remain well. If you have an opportunity to visit any of our supported accommodations around the city, you are likely to see his artwork adorning the walls.

PCC ASC and Solent NHS Joint strategic short-and medium-term planning will see:

Development of a panel of experts by experience and our wider community partners through collaboration with the HIVE. Once established this panel will be used to co-produce service transformation and developments

Continued work with Partners in PSEH, (Portsmouth, South East Hampshire) on crisis pathways. On-going development of relationships with partners on the HIOW (Hampshire & Isle of Wight) ICB, (Integrated Care Board) to identifying areas where we are better together and can work collaboratively to support service delivery and quality of care and support. Increased partnership working as part of the ICS, (Integrated Care System) and mental health provider collaborative to support those with mental health needs to access high quality health and social care services.

We will continue transformation plans to ensure better access for service users, improved integration with the wider community, closer working with Primary Care Network's PCN's) to support users to receive the most appropriate care and support, improve flow through services enabling the right care and support to be delivered at the right time.

Partnership includes transition of young adults (16-25) working alongside Children's services, dementia, functional MH and frailty pathways. Increasing access to secondary care through the provision of psychological therapies.

5. Governance/Audit

5.1. The PCC Head of Service for Mental Health, Safeguarding and Learning Disability Services meets monthly with the Solent Operations Director for Mental Health to review tactical issues within the service.

5.2. A PCC employed lead for Adult Social Care and Transformation works within mental health services in Portsmouth and is accountable for the operational effectiveness and quality of the service. A Partnership Management Group is established between Solent NHS Trust and PCC, chaired by the Chief Operating Officer for Solent NHS Trust and oversees the strategic direction of the service.

5.3. Having an integrated service, made up of a range of professionals across different disciplines, sitting under one line management structure allows for coordinated multi-agency planning to meet the needs of people with mental health difficulties.

5.4. The sec 75 agreement will guarantee continuity of service delivery and ensure it complies with the requirements of the Care Act 2014.

6. Integrated impact assessment

6.1. A new assessment is not required for the new s75 agreement as there is no fundamental change to service user experience and service delivery from the current ways of working and will have no negative impact on the protected characteristics.

7. Legal implications

7.1. Under section 75 of the National Health Service Act 2006 ("the 2006 Act"), local authorities and NHS bodies can enter partnership arrangements to provide a joined service and pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised.

7.2. The 2006 Act permits the following (powers);

7.2.1. The formation of a fund (pooled budget) made up of contributions by both parties "*out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies, and prescribed health-related functions of the authority or authorities"*

7.2.2. the exercise by an NHS body of a local authority's prescribed health-related functions in conjunction with the exercise of the NHS body of its prescribed functions or the exercise by a local authority of an NHS body's prescribed functions in conjunction with the exercise by the local authority of its prescribed health-related functions; and

7.2.3. the provision of staff, goods or services, or the making of payments between the two partners, in connection with the above arrangements,

7.3. The flexibilities can be used together, for example, where one partner takes on the role of commissioning services for both partners and managing existing services and staff, whether or not the partners retain separate budgets. Alternatively, the partners could establish an integrated service, where staff are integrated and services pooled and managed by one partner through a pooled budget

7.4. Section 75(2)(b) of the 2006 Act and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the “2000 Regulations”) permit a health body (including an NHS Trust) to exercise certain prescribed statutory functions of a local authority on behalf of the local authority(ies). This delegation can relate to broadly speaking two types of delegation: (i) lead commissioning,

which involves the delegation of the commissioning of a service by one partner to another; and (ii) integrated provision, which is where the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the frontline. It is the second option that the Council is proposing to continue here.

7.5. Whilst the Council would delegate its functions to Solent NHS Trust, the Council would retain responsibility for the functions it has delegated. Therefore, appropriate schemes of delegation must be established and the scope of the activities to be performed by each partner must be clearly defined, together with provision for management and monitoring. Risks should be appropriately apportioned according to contribution and the partner best able to manage them.

7.6. The legislation does not specify a particular form of governance for s.75 arrangements however, clear thought must be given to the extent of the delegated authority and how decisions will be taken. Where a joint committee is established under regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 "*to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements*", it is important to define its remit, the decisions it is entitled to take on behalf of the partners and voting rights.

Joint posts and/or secondment arrangements

7.7. The Council has placed staff at the disposal of Solent NHS Trust through s.113 arrangement. The Council can supply to an NHS trust (or vice versa) staff for the purposes of carrying out its functions.

7.8. When using such arrangements, the Council must be conscious of the implication of the TUPE Regulations as the parties cannot contract out of the TUPE Regulations by way of a secondment agreement. Before concluding this agreement, the Council will need to take a view on the risks with the proposal and clarify its view prior to the formal signing of the S.75 agreement

8. Director of Finance's comments

8.1. There are no additional financial implications arising from the recommendation contained within this report, as it seeks to continue and clarify the existing financial arrangements.

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Signed by Director

Portsmouth CITY COUNCIL

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Sec 75 document	

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

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Signed by: