



Date: Monday, 19 April 2021

Time: 11.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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## HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

### TO FOLLOW REPORT (S)

#### 7 **Adult Mental Health (Pages 1 - 12)**

To understand commissioning arrangements for adult mental health services and scrutinise how Shropshire Council works with health service partners to provide support to patients, report to follow.

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<b><u>Committee and Date</u></b>
<b>Health and Adult Social Care Overview and Scrutiny Committee</b>
<b>19 April 2021</b>

<b><u>Item</u></b>
<b><u>Public</u></b>

## **Adult Mental Health Services**

### **Responsible officer**

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### **1.0 Summary**

This report provides an overview of Shropshire Council's adult mental services. It outlines the service's social work and housing strands, explains working arrangements with health partners such as the NHS, describes the challenges in securing permanent supported living and provides detail about working with drug and alcohol support services.

### **2.0 Recommendations**

2.1 Members note the report and highlight any areas of concern for further scrutiny.

## **REPORT**

### **3.0 Risk assessment and opportunities appraisal**

3.1 There are no direct risks associated with considering this report, as any consequent decisions arising from this scrutiny would be made by Cabinet, Council or delegated officers. Those decisions would be subject to an appraisal of their risks and opportunities.

3.2 Scrutiny of adult mental health services provided by Shropshire Council may provide opportunities for policy development. These opportunities would need to be referred to a decision-making body of Shropshire Council to be put into place.

### **4.0 Financial implications**

4.1 There are no direct financial implications in considering this report. However, any recommendations made by the committee, should they be considered by a decision-making body such as Cabinet or Council, will require detailed consideration of the financial implications of agreeing those decisions.

## **5.0 Climate change appraisal**

- 5.1 There are no direct climate change considerations arising from providing mental health support services to adults in Shropshire.

## **6.0 Background**

- 6.1 The Community Mental Health Social Work Team provides a county wide service across Shropshire. The services are delivered in line with the council statutory responsibility as outlined under the Care Act 2014 and the Mental Health Act 1983.

The local authority has a responsibility under the Care Act 2014 to:

- promote individual well-being
- prevent needs for care and support
- promote integration of care and support with health services
- provide information and advice
- promote diversity and quality in provision of services
- co-operate generally and
- co-operate in specific cases.

- 6.2 The team structure consists of:

- Two team managers one covering community and the other hospitals
- Four senior social workers with responsibility for providing staff supervision.
- Thirteen social care practitioners
- Thirty Six social workers working full and part-time hours and
- Eight administrators

In addition to the Community Mental Health Team we have a group of workers who are base within the Redwood Hospital. This is a specialist area of work which is delivered under the Mental Health Act 1983 code of practice legislation jointly with Section 12 doctors. This area of practice often involves the assessment and possible detention of individuals who are at risk of self-harm or risk to others in the community this professional practice is delivered across adults' and children's services.

## **6.3 Children and young people under the Mental Health Act 1983**

The Mental Health Act 1983, as amended 2007, (MHA) does not distinguish the situation of children and young people from that of adults, even though people of all age groups are subject to the Act. Most other relevant powers are contained in the Children Act 1989. These include powers to detain through secure accommodation as well as other relevant powers such as care orders. In some cases, secure accommodation under the Children Act would be an alternative for young people who are in fact detained under the MHA. Nevertheless, there is an obligation to provide MHA assessments for children and young people, as well as

ensuring they receive the aftercare services they are entitled to, even though adult social care may act as broker, rather than directly providing this.

It has been agreed that the MH team managers will look at social and community resources for children and young people with mental health needs, to ensure the best services possible are available

The directorate also provides an emergency service which is delivered between the hours of 5pm to 8.45am. Staffed primarily by mental health social workers, they deliver emergency care services for all client groups.

#### 6.4 **Key principles of the mental health model in Shropshire – working with partners**

mental health social work is an integral part of the multi-agency team around the person and family. Working effectively with partners is key to achieving successful outcomes for individuals. Key partners include:

- First Point of Contact
- Midland Partnership Foundation NHS Trust
- Children's Services
- The independent and voluntary sector
- Shropshire Clinical Commissioning Group
- West Mercia Police
- Other Shropshire Council teams
- Shrewsbury Ark
- West Midlands Ambulance Service
- Shropshire Recovery Partnership
- Multi-agency public protection arrangements
- Integrated offender management
- Families and carers
- Housing

The approach of the mental health social work team is a focused-on wellbeing, learning to live with mental disorder and recovery from it. We work with people and families to build resilience, enabling individuals to take charge of their life whenever they can. The person will be at the centre of everything that we do, with the individual involved at the heart of any planning or decision making and defining what recovery means to them. Social work is person-centred and holistic, starting with where the person is at. Establishing rapport and building effective relationships is central to our approach.

#### 6.5 **Key principles of the mental health model in Shropshire – prevention**

Government strategies including *No Health without Mental Health*, *the Five Year Forward View*, and *Making Every Contact Count* highlight key aspects to improve commissioning and individual engagement with support services including:

- provision of information; support for self-management of conditions

- early identification of arising issues, with a preventative focus
- partnerships with communities, the voluntary sector and with carers and families of people using services and
- support for people to gain and stay in work and ensuring that services meet people's self-defined goals.

To achieve this means supporting citizens to make positive changes to their physical and mental health. It must therefore be ensured that they are well informed to be able to make choices. Also, through encouragement and positive promoting their independence and well-being are met, while also ensuring they are connected to other individuals and their communities.

The community social work team has developed establish partnership working with the Clinical Commissioning Group in Shropshire (CCG).

## **7.0 Commissioned care and support**

7.1 Within adult social care we have undertaken a process to completely redesign how we commission our care and support for adults with learning disabilities, mental health needs and autism. Within this approach we have redesigned the tender and accreditation questions that we are asking providers when they apply to be accredited to deliver this support. We have done this piece of work collaboratively with service users, carers and other stakeholders fully coproducing the accreditation questions and model answers. There has been a particular focus on mental health because we recognise there are limited number of providers out there in Shropshire that can effectively support individuals with mental health needs. We have now evaluated these tender applications and we have successfully added nine providers on to accreditation list who can specifically support individuals with complex mental health needs.

The process for procuring the care for individuals with mental health needs will involve the individual, where they have capacity, developing questions that they would like to ask potential care providers to see if they are able to support those individuals and meet their specific needs. This will be supported with their circle of support and any advocacy and multidisciplinary staff working with them including health colleagues.

## **7.2 Third-sector commissioned community services**

In addition to the above we provide a specialist advocacy service delivered by Voiceability who recently won the re-tender for this service. We also commission voluntary sector organisations and supported housing services through Sustain. Although these commissions are not specifically for individuals with mental health needs, these providers support a number of individuals in the community who are suffering with their mental health.

### 7.3 **Trident Reach**

Previously there was a small amount of funding allocated from the Sustain contract to Trident up to April 2019 after which that ceased. In the run-up to April 2019 the mental health teams reassessed all Trident clients' support needs in light of the reduction in Sustain support, where appropriate, commissioned this support separately. Although there is no specific element allocated for people with mental health problems within the Sustain contract now, one of the contractual requirements is to support people whose poor mental health is impacting their housing situation. Anecdotally the providers will say that a significant number of their clients have at least a low-level mental health needs and that the complexity of issues clients present with are increasing.

### 7.4 **The Well Being and Independence Partnership Shropshire (WIPS)**

The WIPS contract does not have any specified Mental Health support commissioned, but within the Advice, Advocacy & Welfare Benefits (AAWB) contract led by Citizens Advice Shropshire there is provision made for a dedicated resource for a minimum one day per week to provide face to face and telephone advice to service users who are also engaged with adult social care's mental health teams across Shropshire. This advice will include welfare benefits, debt, housing and employment. The WIPS contract also provides 'friendship support'.

From the last data we had from WIPS they were supporting 847 people with friendship support, using 624 volunteers to do it. All the partners in WIPS provide friendship support – Age UK, RVS, Mayfair, Qube and SRCC (via the Good Neighbour Schemes). Over the last 12 months this has mostly been done by telephone.

### 7.5 **Voiceability**

Voiceability provide independent mental health advocates (IMHAs) supporting people with issues relating to their mental health care and treatment. They also help people understand their rights under the Mental Health Act 1983.

Advocates can support people who are:

- detained under the Mental Health Act 1983 (except under short term sections 4, 5, 135 and 136)
- conditionally discharged restricted patients
- subject to a Community Treatment Order
- subject to guardianship or
- being considered for section 57 or section 58A treatment, or electro-convulsive therapy.

People can refer themselves or ask a professional to make the referral.

## 8. **Accommodation**

A number the individuals presenting with mental health needs do often have accommodation and housing issues. In some instances, individuals are at risk of

being evicted due to behavioural challenges which have impacted on them breaching their tenancy agreement.

Currently there are support workers within the housing services who are supporting clients in our temporary accommodation and the B&B accommodation they are currently in.

These officers give general housing advice in relation to the following:

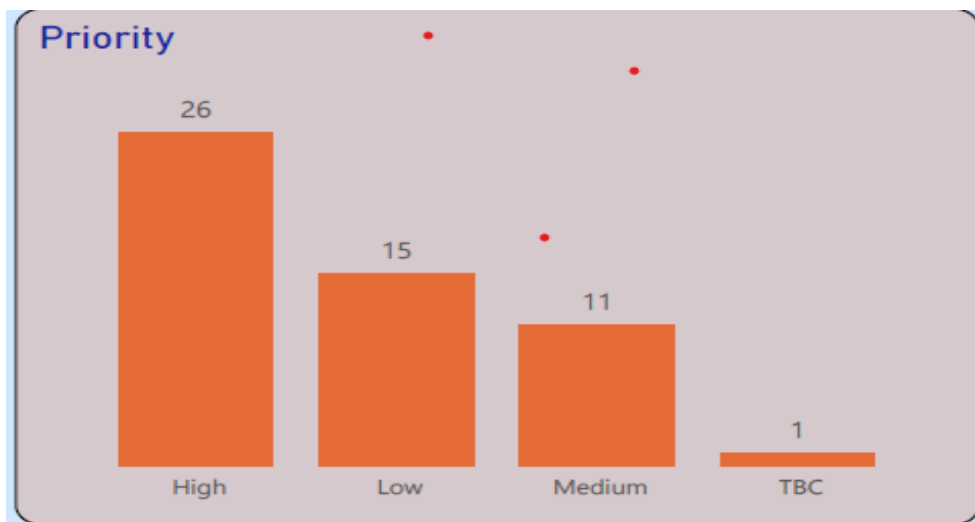
- supporting the client to find alternative housing
- supporting them to complete housing benefit forms or discretionary housing benefit forms
- supporting clients to apply for benefits such as Universal Credit
- supporting clients with their former tenancy
- supporting client to obtain various documents for agencies and
- referring clients to agencies, for example MARAC, mental health teams.

In general, if a client has any sort of issue relating to former or current housing the support officer will try and support or seek further advice from a senior officer for guidance.

There is currently no support officer who is a mental health worker specifically but if clients have issues with their mental health then officers would refer to the mental health team. Housing Options officers would also refer to the mental health team if on their initial call to the client (who is homeless) there were some concerns with a client's mental health.

- 8.1 We have recently set up a specialist accommodation and single referral forum for mental health accommodation needs. This provides an opportunity for social care practitioners to discuss cases of individuals who require accommodation and support and identify suitable accommodation where it is readily available or identify accommodation development opportunities put forward by developers and registered social landlord (RSLs). The single referral forum is an opportunity for social care practitioners to put forward their cases of individuals who require accommodation and support who also have a mental health needs to our RSLs to see what availability they have in the schemes they already have in Shropshire.
- 8.2 Due to the current lack of accommodation and specialist care and support available in Shropshire, several our individuals with complex mental health needs have to be supported out of county in other specialist residential homes. Below is information detailing the number of individuals who require supported accommodation in Shropshire, we are also able to identify the locations individuals would like to live in, the type of property and the priority need (identified by their current accommodation situation and level of need). We are prioritising any new developments for these individuals in hope that in the next 12 to 18 months we have increased availability of accommodation for individuals with complex mental health needs in Shropshire.





We have a total of 52 individuals currently on the waiting list for supported living accommodation in Shropshire. Of the high priority cases detailed above we know that 13 need single service accommodation, whilst five would like to live with others, seven would like to live in Oswestry, seven in Shrewsbury, one in rural Shropshire and the others are yet to be determined through further assessment. this data helps us to plan for our future housing requirements for individuals with mental health needs and enables us to provide clear information to developers who are looking to invest in supported accommodation.

This property platform is a brand new database and has only been in use for a month now, we have found this data invaluable so far, but we recognise we need to add more information into this platform to further inform our future commission intentions, for example, the current location of these individuals, age profile, and any other relevant background information.

- 8.3 In addition to this piece of work we have existing specialist mental health supported accommodation provision provided by Bromford housing group. These are detailed below and include schemes across the county in Shrewsbury, Shifnal and Whitchurch.

Shrewsbury is supported accommodation for people who are recovering from some form of severe and enduring mental distress, which is affecting their ability to live independently. This service is funded by Shropshire Council

There are seven self-contained flats which come provided with white goods and carpet. Support is offered between Mon-Sat between the hours of 9am – 5pm. Within the scheme there is a resource flat, where colleagues are based. This flat also has a sleep-in room should anyone need this support in addition. The resource flat is also used as a social hub for tenants to get together to practice life skills such as cooking and other tasks.

The service can be accessed by people who are recovering from mental health difficulties. Customers need to be registered and supported by local specialist services within Shropshire

The emphasis of the scheme is to provide more than just a place to live. It provides stability with the tenancies and a positive proactive approach to recovery to support individuals to achieve greater independence and the opportunity to move onto more independent living.

Shifnal is similar accommodation to the above, but eight self-contained flats with an emphasis on the tenancy being short term, up to two years with a view to preparing individuals to move onto more independent living. This service is funded by Shropshire Clinical Commissioning Group.

Whitchurch again, similar to the above schemes, with nine self-contained flats, however this scheme will take referrals for individuals with both Mental Health needs, Acquired Brain injury or a Learning Disability. This service is funded by Shropshire Council.

#### 8.4 **Future developments and proposed schemes**

We are sharing information with developers who are keen to take forward opportunities to develop the type of accommodation that we need across Shropshire in order to support their potential investments. We ask all developers to complete a due diligence form, so that we can be assured of the security of the development and that investment is sound. We also require them to state their expected rent levels so that we can ensure they are achievable and reasonable.

We are in the process of updating our market position statement and the revised version will include more detail on the need and demand for supported accommodation across Shropshire based on the information we have on our property platform. As well as supporting developers to make decisions in relation to investment, this information will also support our planning colleagues when developers put applications in to see if there is a need for the development in the area.

We have recently set up a new scheme in Shrewsbury, which contains four one-bed flats with both shared and 1:1 support for individuals. This service began in March 2021. We are also working with one of our providers who currently provides residential care in Shrewsbury. They have been given planning permission for ten single units of accommodation to support individuals with mental health needs. Further to this, as we work so closely with our registered social landlords, we have been offered a number of new flats in the centre of Oswestry that have been built and will be ready in June 2021. We have asked if we can have eight of these flats to support individuals with mental health needs.

When working with developers and RSLs to support new schemes, there are a few challenges that need to be overcome, firstly is the response of the local community to the development of supported accommodation. Early engagement with community groups and local parish councillors is key to the success of these schemes. They also require the developer to forge a relationship with an RSL in order for them to lease the property from the developer so that they can then support our vulnerable individuals to access the rent levels needed to live in this accommodation

8.5 At this stage the commissioning of support accommodation for individual with mental health needs is being done intuitively, by responding to need rather than large scale commissioning and block purchasing. This model of commissioning proves more successful for this cohort of individuals due to the changes in their needs, and if accommodation can continue to be commissioned in a bespoke way, it means that individuals can remain in the community in their own home for longer with the right support around them at the right time.

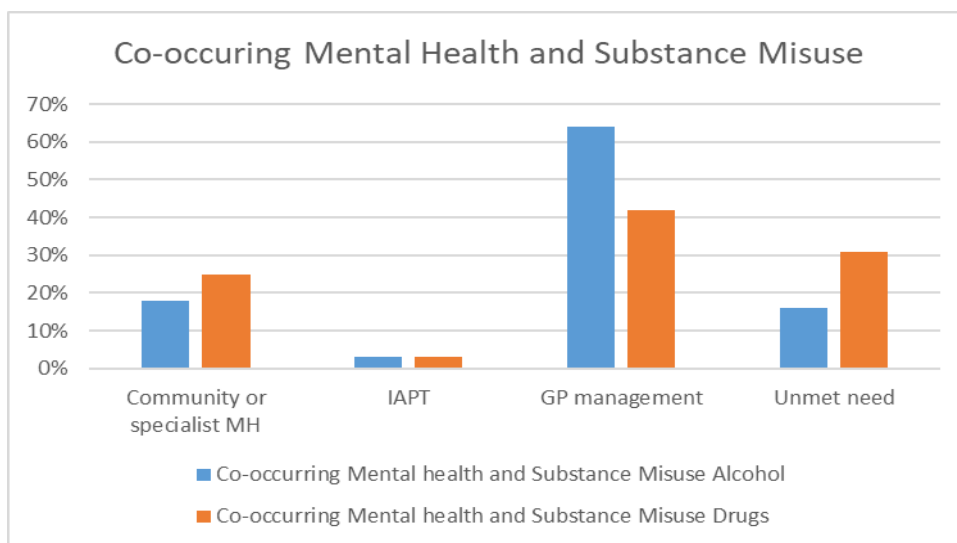
8.6 Despite the proactive work that is now taking place to address the supported accommodation needs to individuals with mental health difficulties, there remains an unmet need in supporting individuals following hospital admission, who are not yet ready to return to their own accommodation or take on a tenancy and need a period of assessment or step down from hospital admission. This is something we are working closely with colleagues in the Clinical Commissioning Group to address.

## **9.0 Drugs and alcohol service**

9.1 There is a high prevalence rate of people in drug and alcohol treatment who experience poor mental health. National research finds 70% of people in treatment for problematic drug use and 86% of those in treatment for alcohol dependency also experience co-occurring mental health conditions. Drugs and alcohol are also a factor in 54% of all suicides by people with a mental health need according to national data.

9.2 Latest data recorded for Shropshire Recovery Partnership (community drug and alcohol service) for 2019-2020 identified 64% of new presentations for alcohol treatment also had co-occurring mental health condition and 62% of people presenting to drug treatment in that year also had an identified mental need. Whilst the majority of people on entry to the service were in receipt of some level of intervention (see graph below) 16% of alcohol presentations and 31% of drug treatment presentations were not receiving any support for their mental health need. Co-occurring drug and alcohol use with a mental health condition, behavioural and other social factors often increases the level of complexity and the response needed.

- 9.3 Although on paper it appears that a good proportion of people are having their needs met locally, this disguises whether they have been met appropriately, by the right service at the right time. Anecdotal information from parents, carers, significant others, as well as service users and staff, report difficulties in accessing mental health services for people with complex needs.



- 9.4 In the 2017 guidance by PHE to support local areas achieve the ambitions of the Five Year Forward View for Mental Health there were two key principles:
- Everyone's job
  - No wrong door
- 9.5 To support the principles above the guidance also suggests the following measures are put in place:
- agree a pathway of care which will enable collaborative delivery of care by multiple agencies in response to individual need
  - appoint a named care coordinator for every person with co-occurring conditions to coordinate the multi-agency care plan and
  - undertake joint commissioning across mental health and alcohol/drugs (including primary care, criminal justice settings and specialist/acute care, supported by strong, senior, and visible leadership).
- 9.6 In line with the guidance and under the local of mental health transformation programme there is a task and finish group set up, working across Telford & Wrekin and Shropshire, to develop a set of key principles to underpin practice when working with this group of people. Supporting the development of these principles are statutory partners, voluntary sector, service users and carers. The prime objective is to stop people been bounced around the system and ensure they get the help they need when they need it.

9.7 Shropshire Recovery Partnership provides a range of treatment services for people with problematic drug and alcohol use including:

- comprehensive assessment, including health assessment
- care planning
- access to detox, home, ambulatory or inpatient detox
- clinical services
- harm reduction, including needle syringe programmes, hepatitis B vaccination programme, hepatitis C screening and treatment in collaboration with the Shrewsbury and Telford Hospital NHS Trust
- recovery support
- mutual aid
- online accredited programmes and support
- support to those affected by someone else’s drug or alcohol use
- assessment to support access to residential treatment and
- multi-disciplinary team working.

**10.0 FUNDING ARRANGEMENTS**

There is occasion when the Clinical Commissioning Group and Shropshire Council has joint responsibility for meeting the needs of the individual. Where this has been identified the cases will be presented to complex care budget panel which is jointly chaired by the council’s service operation manager with responsibility for mental health and the Clinical Commissioning Group clinician.

<p><b>List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p> <p>None</p>
<p><b>Cabinet member (portfolio holder)</b></p> <p>Cllr Dean Carroll – Portfolio Holder for Adult Social Services and Climate Change</p>
<p><b>Local member</b></p> <p>All</p>
<p><b>Appendix 1 – Regulatory Framework</b></p>

## **Appendix 1: Regulatory framework**

The Care Act 2014 introduces the duty to promote wellbeing and provides a structure in which to assess and determine eligible needs. It places statutory duties (including for prevention) on the local authority and throughout this model there is the expectation that the mental health social work team will assess and provide services in accordance with statutory guidance, including undertaking safeguarding enquiries. Where appropriate, risk assessments and risk management plans will also be put into place.

The Mental Capacity Act 2005 places statutory duties on a range of organisations, including the local authority, in relation to how they work with people who lack capacity. The primary purpose of the Act is to promote and safeguard decision making within a legal framework. It does this by empowering people to make decisions for themselves wherever possible. It also protects people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process, by allowing the least restrictive decisions to be made in the best interests of the person where the individual lacks capacity to make the decision themselves at the time they need to.

An adult's needs meet the eligibility criteria if:

- the adult's needs arise from or are related to a physical or mental impairment or illness;
- as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in the Act and
- as a consequence, there is, or is likely to be, a significant impact on the adult's wellbeing.

The specified outcomes are:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs and
- being appropriately clothed.