AGENDA ITEM 5

CWOP/45/11

Policy & Scrutiny Committee Community and Older People

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Subject: Annual Reports from North Essex Partnership NHS Foundation Trust (NEPFT) and South Essex Partnership University NHS Foundation Trust (SEPT) 2010/11

Background

In line with previously agreed procedures the Annual Reports from the two Partnership NHS Foundation Trusts to the CWOPPSC are attached. The Partnerships were established under Section 31 of the Health Act 1999 for an initial three years, in order to deliver integrated mental health services under a single management arrangement. They have been extended under Section 75 of the NHS Act 2006 until March 2012.

The reports of both Trusts make reference to the background to the establishment of the Partnerships and the benefits of partnership working in the delivery of health and social care mental health services for Essex Citizens with some of the highlights set out below..

The reports continue to demonstrate a record of achievement and expansion with both Foundation Trusts broadening their base with general healthcare services as well as extending the geographical boundaries. For SEPT this includes the acquisition of the contracts for mental health services in Bedfordshire and Luton, NHS community services for West Essex and South East Essex and NEPFT has secured the contract for Suffolk Community Healthcare. Whilst both Trusts are to be congratulated on their achievements, the County Council will want to be assured that the Trusts continue to maintain excellent performance in mental health services.

We are currently considering recommending to members the extension of the Partnership Agreements for a further year in order to complete work on a Joint Mental Health Commissioning Strategy for South Essex, with Southend, Thurrock and NHS commissioners; to align arrangements for mental health services for older people with those of working age adults and to develop thinking around the continuum for commissioning for families. We are also working with an extensive stakeholder group to develop an outcomes framework for mental health across

Essex. Options and recommendations on the Partnership Agreements will be presented to members by the end of the calendar year.

Performance 2010/11

Performance against social care performance indicators during 2010/11 has been maintained and in many areas improved.

It is worth highlighting the following:

1. Both Trusts have exceeded targets this year and continued to make progress with carer's assessments and provision of services to carers having implemented their action plans and increased investment in services to Carers. For example, NEPFT undertook an independent survey of over 500 carers with the findings now underpinning it's revised carers strategy whilst SEPT concluded the DH demonstrator site project "Who Cares?" which included developing Carers Pathways across primary, acute and secondary care to enable early identification and support for carers of people with mental health problems, dementia or learning disabilities.

2. Following the initial pilot project, SDS is now being embedded into the Trusts. The service user involvement project "Making Involvement Matter in Essex" (MIME) evaluation of the pilot was limited by the small response to requests for feedback from service users but indicated that people found the process of applying for a personal budget complex and lengthy although the information and support provided throughout the process appeared to mitigate the problems to some extent. Ensuring that accurate, comprehensive information is provided by knowledgeable staff therefore seems key to a positive experience. It was also proposed that it may be worth revisiting the way in which questions are framed to ensure these are appropriate for people with mental health problems.

3. After a relatively slow start, the number of personal budgets increased significantly and by the end of March 2011 the figures for direct payments and Personal Budgets stood at 129 (NEPFT) and 84 (SEPT) which is a substantial number when set against the number of non-residential care packages i.e. on 31 March there were only 51 domiciliary care packages in the North plus 4 day care packages and 46 domiciliary care packages in the South, plus 2 day care packages.

4. Helping people into employment, volunteering, education or training continues to be a high priority for both trusts. In the North the year end out-turn identified that 518 people were helped, with SEPT providing a direct service in north Essex that contributed to this figure. (the contract with SEPT ended in July and was succeeded by the NEPFT + Employ-Ability partnership effective from 1 August 2011)

5. Last year we reported that whilst there have been improvements in reviews the number of people in residential care continue to rise alongside the cost of individual care packages more generally. The rising costs present the greatest

risk to the management of mental health budgets. A case file audit was undertaken between January and March 2011 to identify the underlying issues in terms of demand, practice and opportunities to support people to live more independently. It identified that, from 198 residential files that were considered, 126 service users had been in residential care for 5 years, 81 are in their 60s; 74 of these are over the age of 65 and 31 are in their 70s. It also identified that 118 people are considered to have such complex needs that independent living is not an option in the short term, 50 have been in long term care but 40 could be possibly considered for more independent living.

The review of files revealed some excellent work that is both innovative and proactive and also identified areas for further work in effectively managing and reviewing social care packages, included improving file recording around care packages and decision making and improving the quality of reviews. The audit highlighted that S117 status is not routinely considered at review stage and there were concerns amongst practitioners about substantial caseloads. These issues will need to be addressed in managing the challenges ahead.

Priorities for 2011/12

The achievements for the Trusts in 2010/11 need to be set within the context of preparing to meet the challenge of delivering services against increasing pressures on public sector finance. In 2011/12 there has been a reduction of 10% on the mental health social care budget which is being managed by taking out vacancies identified during 2010/11and transforming services to deliver personalisation.

In addition to maintaining the provision of Approved Mental health professionals (AMHPs), safeguarding, supervision and workforce development, which are continuing priorities, the focus for this year will be:

1. Strengthening the implementation of Self Directed Support by effective staff training and development in personalisation processes, introducing robust review monitoring processes and demonstrating shared accountability in achieving best value. In addition paperwork and processes need to be streamlined to reduce any unnecessary bureaucracy.

2. Redefining the social care operating model to complete the transformation to personalisation. This work will include establishing activity levels which will be important in re-negotiating the Service and Financial Agreements in the future. This will require the Trusts to define and quantify the social care role, which may be delivered by health or social care workers within an integrated team, as distinct from other responsibilities attributed to a ‘health’ role.

3. Developing an Outcomes Framework that will underpin future commissioning. This work began in August with a 2 day stakeholder workshop, with a further 2 days being planned for December during which we aim to agree the high level metal health outcomes, performance indicators and performance measures and to align them to care pathways.

4. Integrating commissioning of mental health services, removing age barriers and supporting a family approach to service delivery to ensure that there is equitable provision for all people.

Joined up commissioning

In the context of health and social care working together over the next year, our task will be to align performance management of the Trusts and bring together both the health and social care commissioning priorities under an agreed framework which enables resources to be more effectively targeted. This is also intended to provide a positive response to the shifts towards Clinical Commissioning and governance through the Health and Well Being Boards.

Focusing on the priorities we have set out above for the Trusts will contribute to this work and enable us to fully consider the options in reviewing the Partnership Agreements over the next year, including whether they should be extended to older adults and to Children and Adolescent Mental Health Services (CAMHS). We value the benefits that the integration between the delivery for Health and Social Care Mental Health services through the Mental Health Trusts has brought to Adult Mental Health Services

The presentation of the Trusts' annual reports is a requirement set out in the Partnership Agreements to report formally to Essex County Council Members. We welcome the scrutiny offered by Members in reviewing the achievements of the two Mental Health Partnerships over the year and being able to discuss some of the challenges ahead.

Caroline Robinson.