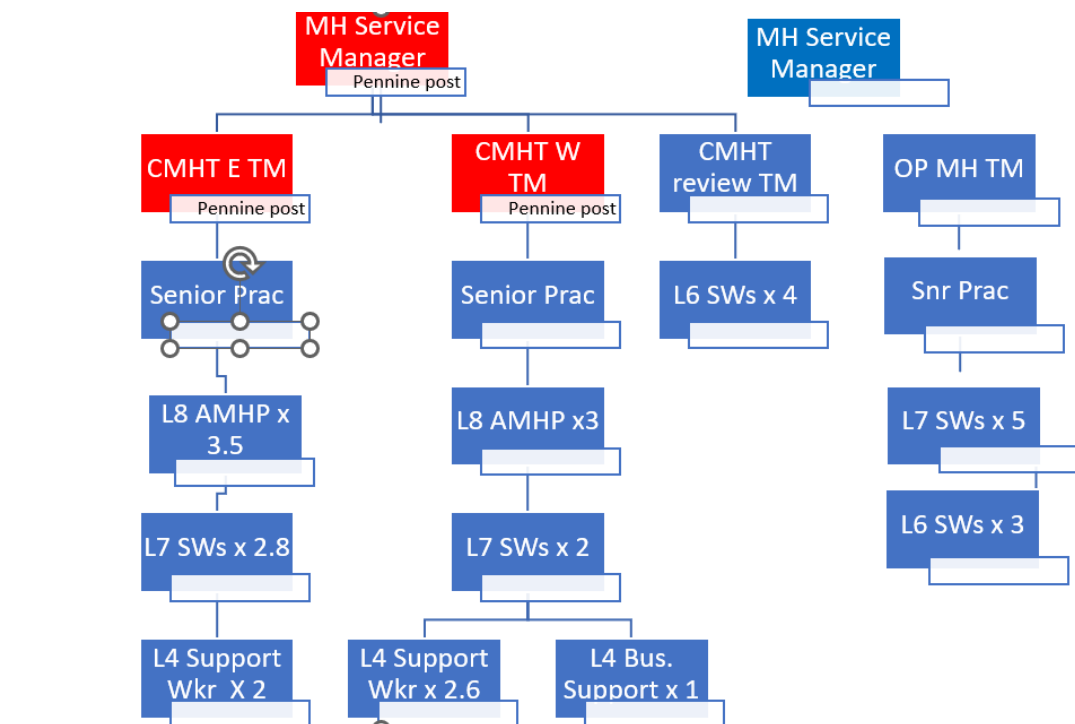


Position Statement – Adult Social Care in Mental Health Services

1. This statement is intended to provide a position as of October 2023 in reference to both the Community Mental Health Teams (CMHT) and Older Peoples Mental Health (OPMH) Social Work Services. This statement will build on the original Position Statement completed by Stephanie Haddock in May 2023. It is intended to support discussions relating to the current co-location, and integrated functions of mental health social work staff into Pennine Care NHS Trust. The paper will consider available data, which although not exhaustive, provides a snapshot of the Teams. This statement will provide a view on how to move forwards.

Current Situation

2. Social work staff in the Working Age CMHT’s currently sit within Pennine Care under a co-location arrangement, whereby the functions and activity across the teams is shared under a CPA approach with PCFT. Recruitment also sits within this framework, although more recently an agreement has been reached that the Council Service Manager for mental health leads on this in conjunction with the Team Managers. This is slightly different in OPMH Services as there is one Team Manager that is managed by the council. There is a Council Manager that works alongside the PCFT Working Age CMHT managers, but this role mostly manages the Care Management and Review function. Structure chart below:



3. There is no current Section 75 agreement or Memorandum of Understanding to provide a framework and governance around the statutory duties required on behalf of Oldham Council.
4. A piece of work is being undertaken on behalf of all the Local Authorities across Greater Manchester in conjunction with the DASSs to progress a shared S75 agreement with all localities in the PCFT 'footprint'. However, this is ongoing at present.
5. Both CMHT & OPMH Services, are teams comprised of both social work and nursing staff, carrying mixed caseloads of both Local Authority statutory responsibilities and NHS mental health care co-ordination roles. All management, allocation, and quality assurance is undertaken by two PCFT Team Managers within CMHT, and two within OPMH one of whom directly reports to Oldham Local Authority.
6. All staff have access to both the NHS electronic recording system, PARIS and Oldham Local Authority recording system, MOSAIC, although the majority of work completed within the CMHT's, is inputted onto PARIS.
7. Training for Local Authority social work staff is agreed and sourced / facilitated by PCFT, in conjunction with the Principal Social Worker (PSW) and Local Authority OD team. AMHP lead should be ensuring training that AMHPs are up to date with support from PSW and OD.
8. The social work numbers and vacancies of qualified and unqualified staff in the respective services are:

CMHT

WAMH	FTE	Vacancies	Capacity
TM 10	1	1	-100%
SP 9	2	2	-100%
AMHP 8	6.5	4.5	-31%
SW 7	4.8	2.7	-66%
SW 6	4	1	-25%
CC 5	0		
Sup Wkr 4	4.6	1.6	-35%
Bus. Sup 4	1	0.5	-50%
AMHP lead	1	1	-100%
OPMH			
TM 10	1		100%
SP 9	1	1	-100%
SW 7	5	3	-60%
SW6	3	1	-25%

Overall Capacity in WAMH is:

Management/ leadership 0%

Social Work Assessment 47%

Overall Capacity in OPMH is:

Management/ Leadership 50%

Social Work Assessment 50%

There is currently 3 agency workers in post supporting assessment capacity. 2 in OPMH and 1 in WAMH.

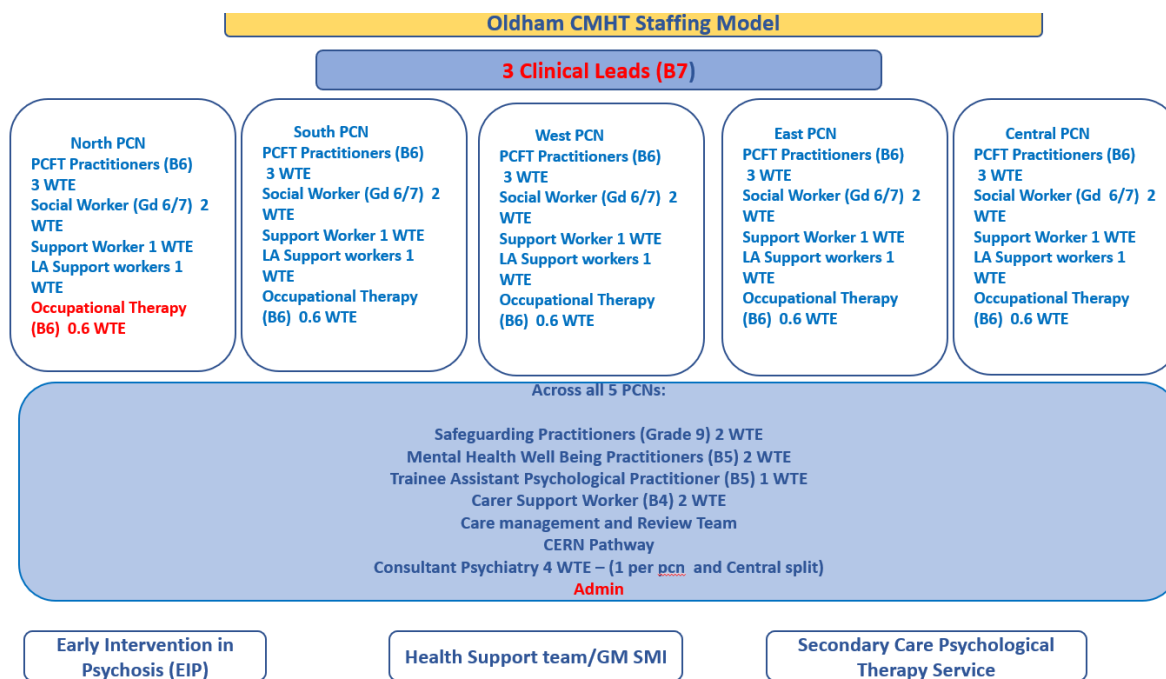
9. The PCFT numbers and vacancies are:

CMHT 16.8 WTE posts – 8 vacancies

OPMHT- 50% capacity

Since the original position statement was written. PCFT have gone into business continuity. They are reporting significant changes in recruitment of Health staff.

10. Early Intervention (EIT) and Personality Disorder Services are not integrated Teams. Any request for LA support within these Services is currently sent to ARCC and picked up via either ARCC or Clusters.
11. There are ongoing discussions around the alignment of social work within mental health services to the Living Well Model. However, these cannot be progressed without a clear agreement of how social care will look and be managed moving forwards.



12. There are discussions around how all services align with the Target Operating Model (TOM) and an agreement is needed regarding where social work sits within mental health services to support these discussions.
13. There is a criminal justice liaison team post sat within the assessment service that is currently vacant and requires recruitment. There needs to be a clear understanding of the need for a dedicated social work post within this area and how this will align with Local Authority statutory functions.

Approved Mental Health (AMHP)

14. Local Authorities have a statutory duty to provide Approved Mental Health Professionals (AMHP's) who are available for assessment across 24 hours seven days a week. The daytime AMHP Service sits within the CMHT providing cover between the hours of 9am – 5pm Monday to Friday, with evening, bank holiday and evening cover provided by the Emergency Duty Team Service (EDT).
15. Grade 8 social workers form part of the Approved Mental Health Professional (AMHP) Service, which provides assessment for those people who are felt may require compulsory admission to hospital under the Mental Health Act (1983). This is currently being reviewed as a separate piece of work (appendix A) however it is likely that the intention will be to amend the role of the AMHP to provide an AMHP and specialist practitioner role within mental health services, to include taking the lead in Adult Safeguarding Inquiries, Ministry of Justice (MoJ) cases and

those cases open to MAPPA and MARAC. This will necessitate a review in roles and job descriptions if agreed and progressed. This management of this Service sits with the CMHT's alongside the majority of AMHP's however support is also provided to the AMHP rota from Children's Services and EDT.

16. The AMHP Lead post currently sits under the Service Manager for Mental Health in Pennine Care NHS Trust. This post has overall responsibility for ensuring the rota provides statutory cover between the hours of 9am – 5pm Monday to Friday, AMHP training and the allocation of resources, peer support and supervision arrangements, re-registration procedures and practices and the identification and support for those undertaking AMHP training.

Social Care Assessments / Reviews

17. Social Care Assessments / Reviews for mental health are undertaken within the CMHT & OPMH Services and are undertaken by both social work and nursing staff. Within the CMHT's there are two social work posts aligned to specific review worker posts, with currently 166 reviews detailed by Pennine within their records, with 151 of these being out of date. These figures are not exhaustive and are based on information provided by Pennine Care and last updated in January of this year. Review data is available from MOSAIC and there is a piece of work being undertaken to match the data to provide a more accurate figure. Reviews for OPMH for cases who are closed to clinical care and settled are completed by Clusters.
18. Using PSR as a guide there are currently 238 people who have a PSR for Mental Health Support that are of working age.
19. Both Local Authority and Pennine Care staff undertake Care Act assessments, which is part of a historical arrangement. There is no trusted assessor status recognised within the Teams as all staff are integrated.
20. There is no formal process in place for social care reviews or Section 117 reviews within the CMHT.

Safeguarding Inquiries

21. Safeguarding Inquiries and the Safeguarding Adult Manager roles sit within Pennine Care, with both Local Authority and Trust staff within CMHT & OPMH completing investigations. These enquires should be working to the framework held across the OSAB partnership. There are current Safeguarding enquiries that require progressing within the CMHT's. However, the capacity and understanding of any open Inquiries within the CMHT is limited.
22. OPMH Safeguarding Inquiries are managed via the Team Manager with direct report to the Local Authority.

23. There are challenges around allocation within the CMHT's given capacity within the Teams and a recent request for the allocation of a practitioner to support with an Organisational Safeguarding has presented with some challenges.

Challenges

24. Oldham Council has delegated statutory services aligned under Mental Health to Pennine Care. There are few governance arrangements in place to ensure the timely completion and quality of these tasks from a Local Authority statutory perspective.
25. All Local Authority statutory tasks are allocated and prioritised by Pennine Care. This is challenging as the Teams and workloads are integrated, meaning Local Authority work is prioritised alongside NHS business.
26. Oldham Local Authority staff record predominantly on the NHS recording system, PARIS, which provides challenges in examining data for Local Authority assurance.
27. The allocation of Safeguarding Inquiry practitioners and Safeguarding Adult Managers within the CMHT's has been challenging. As is the allocation of Section 117 reviews to those People either closed to mental health Services or open to non-integrated Teams.
28. Local Authority CMHT staff use Pennine Care computers and phone equipment and connection to Local Authority systems within the current building Maple House, is difficult.
29. Requests for statutory work within EIT and Personality Disorder Services are sent to ARCC (as these Teams are not integrated) for allocation. This is a gap in Services that needs to be addressed. Discharge from section 117 is also a challenge from these Services, with no formalised framework for Local Authority involvement and support.
30. There is little understanding of Local Authority statutory work aligned to mental health Services as caseloads are integrated and data is limited.
31. The AMHP rota only has one AMHP on duty each day, with a back up on a Friday.

Positives

32. Relationships between Local Authority staff and Pennine colleagues are good and need to be maintained.
33. Pennine Care are currently reviewing caseloads to begin to understand pressures of both NHS and LA work.
34. There have been no gaps on the AMHP rota, despite staffing challenges within the Team.
35. The Service Manager within Pennine Care is very supportive of Local Authority staff and processes and is keen to work together moving forwards.

Summary

36. At present the statutory functions of the Local Authority are delegated to Pennine Care, with the Local Authority having little Governance and oversight of these functions. There is no current section 75 agreement or Memorandum of Understanding in place, which is a risk. At present there is a greater understanding of the backlog of work required from a statutory perspective, including the progression of Safeguarding inquiries and reviews, however, without the ability to prioritise and allocate, Oldham Council are unable to independently progress these pieces of work.
37. CMHT & OPMH are different in their workload and allocation processes so should be considered separately. The Team Manager in OPMH is a direct report to Oldham Council. OPMH report lower referral rates and caseloads, separate arrangements for low level and settled reviews, no responsibility for the AMHP Service and a Team Manager with direct report into the Local Authority. There are changes that need to be made to the Service, including increased oversight by the Service Manager / Head of Service for all statutory functions and a more defined framework for allocation. The Service runs well and although it would be helpful to align CMHT with OPMH, this would currently have a destabilising effect.
38. It is difficult to see, with the backlog of current work and staffing pressures within the CMHT's, how Local Authority statutory work can be progressed in a meaningful way and how it will be prioritised within the current integrated arrangements, as Pennine Care priorities will compete, given the nature of the client group and the level of risk managed within the Service.

Recommendations

39. The level of risk around statutory mental health services currently for Oldham Local Authority within CMHT's is high and requires the implementation of a robust framework to ensure accountability, governance, quality assurance and progression. It is my view that CMHT & OPMH should be considered separately with the following progressions:
40. Arrangements within OPMH Services should remain in situ. A governance arrangement is being introduced across GM for the Local Authority statutory element to provide necessary assurances and oversight, within the framework of a robust Section 75 agreement / Memorandum of understanding. This should be reviewed regularly and re-considered when LA work within CMHTs is up to date and understood.

41. Oldham Local Authority staff should be stepped away from integration to allow a focus on statutory responsibilities and the introduction of a robust governance and accountability framework. A co-located arrangement should be progressed within a staged approach to ensure that neither area is left with unprecedented and unmanageable levels of risk. This should be detailed under a Service & Quality Improvement Plan and underpinned by a Section 75 agreement. This can be reviewed.