

Social and Health Care Overview and Scrutiny Committee

Date of Meeting	5th December 2024
Report Subject	Future of Integrated Community Mental Health Team (CMHT)
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer – Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

To consider a proposal to cease an integrated CMHT partnership with BCUHB (Betsi Cadwaladr University Health Board). This would involve withdrawing Social Workers from the three CMHT Teams and locating them alongside the existing Well Being and Recovery Team within Social Services.

RECOMMENDATIONS

1	To accept the proposal contained within this report.
2	To determine the process to achieve political support for this proposal.

REPORT DETAILS

1.00	EXPLAINING THE FUTURE OF INTEGRATED COMMUNITY MENTAL HEALTH TEAM
1.01	Flintshire is the only remaining local authority in North Wales to operate a joint CMHT with Health. The other five North Wales local authorities have withdrawn from this integrated model over recent years. Flintshire have actively sought to explore options for improvement within the current operating model, without success, and limited engagement from health partners. We no longer feel able to sustain the existing arrangements and the associated impact on clients and our workforce. We are therefore recommending that we cease the CMHT arrangement to enable the local

	<p>authority to focus our resources and workforce in meeting our statutory responsibilities.</p> <p>Current team configuration is:</p> <p>Three x CMHTs in Flintshire. One team based in Aston House, Deeside covering Deeside area, two based in Pwll Glas Mold, covering all other areas of Flintshire.</p> <p>One Primary Care Mental Health Team based at Aston House. This team do not feature in the following proposal as a separate proposal will follow.</p>
1.02	<p>Current Team Location</p> <p>Each CMHT is located within a BCUHB building and is a multi-disciplinary team comprising of Managers, Psychiatrists, Psychologists, Community Psychiatric Nurses, Social Workers, Occupational Therapists, Health Care Support Workers.</p> <p>FCC employ seven social work staff in total within CMHT. Whilst management responsibilities are shared between Social Services and BCUHB, predominantly, BCUHB manage the majority of CMHT resource, and the service is based in BCUHB buildings, giving them more influence than Social Services.</p>
1.03	<p>The Issues / Challenges Facing the Team</p> <p>The team have, for almost two years, reported to FCC managers that workload is continually increasing, pressure is increasing, levels of stress are increasing and that they feel they are expected to carry out excessive work demands. Tasks are added to their workload without anything being reduced. They represent having to undertake work to demonstrate good performance against the Welsh Mental Health Measure, but that this is not meaningful/truthful or honest. There have been extended periods of sickness absence within the team due to stress.</p> <p>Numerous attempts have been made by managers in Social Services to address the issues presented, largely with no positive affect. These include:</p> <p>(a) Managers met with staff to hear their perspective, and to creatively respond to demands. Managers then met with Senior Leadership team in BCUHB to explain how staff were struggling to cope and to attempt to address matters.</p> <p>(b) In March 2023, a detailed workload analysis was undertaken with Social Workers which concluded that</p> <ul style="list-style-type: none"> - Social Workers workloads could not be managed within full time hours. Workers were regularly working in excess of their hours and lower priority tasks were delayed or not completed. - reviewing placements/care packages are seen as a lower priority and therefore not regularly reviewed. This results in funding risks

	<p>to FCC. We believe there are historic packages that need to be updated and a financial saving will be made.</p> <ul style="list-style-type: none"> - People presenting as high risk are not seen regularly by Social Workers. - There is an increase in expectation that Social Workers will participate in health tasks, to the detriment of their Social Care responsibilities. - Over the last two years, four of the seven posts have been vacated with the employees citing work pressure as the reason for this. Previously, this team were static with few vacancies arising. - An action plan to address the recommendations of the workload analysis was written and presented to BCUHB managers. No action has been taken. <p>(c) More recently, Social Services managers have had to introduce restrictions on staff workload to protect the team from facing pressure to take on health allocated work. This causes challenges for the team in their multi-disciplinary role, their direct line managers being BCUHB employees.</p>
1.04	<p>The Proposal</p> <p>We are proposing the 'removal' of Social Workers from CMHT, and to locate them alongside the existing Well Being and Recovery team within Social Services, thus ending the operational partnership with BCUHB.</p> <p>Note: All five other North Wales LA have made this decision and changed over recent years. Flintshire refrained from doing so as we wanted to explore options for improvement within the current operating model. We no longer feel able to achieve this.</p> <p>Social Services managers do not believe the current model is sustainable in ensuring our legislative requirements are met from the Social Services and Wellbeing Act, or the Mental Health Act perspective. Nor do we believe we can retain the skilled qualified, and experienced practitioner's we need for the future within the current structure.</p> <p>As a result of Health managers closing cases which Social Services fund, or not reviewing them, Managers in Social Services have recently embarked on a review programme for people receiving care/support through the use of existing resources. The following outputs have been achieved.</p> <p>Ten reviews completed. Of these:</p> <p>Six people. No change to current support. Two people. Remove care package for medication prompts. Annual saving £22,890.</p> <p>Two people. Residential placements ending. Annual saving £168,750</p>

	<p>Once the Social Work team are separate and Social Service manage their workload, a full review programme will be undertaken and further efficiencies are anticipated.</p>
1.05	<p>Challenging Aspects of this Proposal</p> <ol style="list-style-type: none"> 1. Damage to Social Services / BCUHB partnership relationship. Within the political arena, this might be perceived to work against an integrated services model. 2. Concern exists that new referrals to the service might not be accepted by either Social Services or BCUHB and would cause delays in allocation. 3. Loss of the positive operational multi-disciplinary working relationship which brings cohesion to clients and ensures a holistic response is provided. 4. Additional work created in the transitional phase. 5. The team currently use administrative support provided by BCUHB, so, admin support will be required in the future. 6. Additional equipment will be required for some team members but likely to not exceed £2,000. 7. Following this change, there will be fewer CMHT members for BCUHB to achieve their performance targets (Mental Health measure). Performance is likely to reduce and Social Services removing resources may be cited as the reason for this. The new Social Work team will work to Welsh Government Performance measures for Social Services.
1.06	<p>Positive Aspects of the Proposal</p> <ol style="list-style-type: none"> 1. The team will not have to undertake health related work, enabling them to focus on Social Work. This will protect their mental health and their motivation, commitment, energy for their work and future recruitment should be improved. 2. The other five LA's have all offered their support to undertake the work required and we can learn from their experience. 3. We have consulted with all the team members, who are supportive of this proposal. 4. The team can focus their capacity to achieve personal outcomes with people. 5. Reviews of costly placements and care packages will occur with regularity. With a focus on Recovery, we envisage savings on placement spend.

	<ol style="list-style-type: none"> 6. Located within the Well Being and Recovery team, and Mental Health Support Services, this will offer opportunities for Recovery work to advance and reduce the reliance on statutory services. 7. Those within S117 of Mental Health Act will be reviewed and the funding source and proportion of care package costs well managed. This is likely to lead to a reduction in spending. 8. Client recording will be through PARIS, as opposed to the poor paper systems currently used.
1.07	<p>Work / Tasks Required to Achieve a Separation</p> <ol style="list-style-type: none"> 1. Policies, procedures and processes will need to be developed. 2. PARIS system usage to be agreed and implemented. 3. Location. This can be achieved within the current Mental Health Support Services accommodation at no additional cost. 4. Managerial arrangements. Team and Service managers would have to take on additional managerial duties. 5. HR implications. Office move. 6. Political agreement. 7. Informing BCUHB. 8. Consider if Primary Care Mental Health team would also need to relocate. 9. IT equipment. Most Social Workers already have FCC funded equipment but some additional may be required.

2.00	RESOURCE IMPLICATIONS
2.01	This proposal can be implemented at very low cost. Accommodation and equipment are available within existing resources. Managers believe that, with the prompt management and review of placements and care packages, reduction in spend is highly likely to be achieved.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	An impact assessment is not required as this is an existing service.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	All staff affected by this decision have been fully involved in the process and are supportive.
4.02	Managers in BCUHB have been informed that this decision is being considered.

5.00	APPENDICES
5.01	None.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Jo Taylor, Service Manager, Disabilities Telephone: 01352 701341 E-mail: jo.taylor@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	CMHT - Community Mental Health Team BCUHB - Betsi Cadwaladr University Health Board