

CHESHIRE EAST COUNCIL

REPORT TO: Health and Well-being Board

Date of Meeting: 31 May 2016
Report of: Director of Adult Social Care and Independent Living
Subject/Title: Mental Health Gateway
Portfolio Holder: Councillor Janet Clowes

1.0 Current Position

- 1.1 Mental health services are currently provided jointly by the local authority and the Cheshire and Wirral Partnership (CWP) Trust.
- 1.2 The current route for referrals of people with mental ill health in the East of the Borough is via a Single Point of Access (SPA). This is made up of 3.5 (FTE) social workers and 3.75 (WTE) Community Psychiatric Nurses, with a Nurse Manager, supported by two administrative staff. This team screens referrals and makes decisions about urgency and will arrange an assessment of need. This assessment determines whether the individual meets the criteria for secondary care services (in a Recovery team) or would benefit from primary care services (in which case a referral is made to the GP or to the Psychological services (IAPT)). Some residents are provided with a short term intervention by the SPA team, others are referred to the Recovery team and are likely to have significant needs and pose greater risks to themselves or others. Some residents will be referred to the primary care services as a result of mild mental health issues. People requiring assessment under the Mental Health Act are referred directly to the relevant social work team who arrange for an assessment by an Approved Mental Health Professional (AMHP).
- 1.3 Some of the current issues are:
 - Lack of capacity in primary care interventions for people with milder mental health issues
 - Delay in people accessing primary care services
 - Timeliness of the assessment in the SPA
 - Proportionality of the assessment undertaken by the SPA
 - Duplication of assessments
 - Multiple referral pathways

2.0 Key elements of a mental health service

2.1 The local authority requires the following key elements in a mental health service:

The service must be accessible to all adults over the age of 18 who are regarded by others or themselves as in need of assessment and support in relation to mental ill health.

A referral point to access a mental health social care assessment must be able to be accessed by any referrer who has concern for a person in need of mental health assessment. This will include self-referrals.

The service will have a range of health and social care professionals available to undertake assessments of individuals and their carers providing them with the appropriate service to best meet their needs in inclusive, flexible and diverse ways. People should be able to choose the support they want to achieve the outcomes they want.

The service will foster excellent partnership arrangements with a range of other professionals and organisations to promote a more socially inclusive style of service by using a range of community resources to appropriately meet the needs of those seeking help and to support them in their communities wherever possible.

Whilst adopting the approach of “No wrong door”, for those individuals who require or request an alternative service, the service seeks to assist people to access the appropriate level of support. There should be no barriers to people moving between levels of care to meet their needs.

Having regard to the requirements of the Care Act the service will need to focus on the well-being of individuals entering the service and seek to provide holistic and preventative services by linking with a range of key partners including all care sector provision, community and other council services.

The new national eligibility threshold for access to a personal care budget will be used to make a determination about eligibility for publically funded care and support where this is deemed appropriate.

There will be a clear pathway to secondary care services in the form of the integrated mental health teams who will deal with individuals with more complex and long term mental health problems. Such services will be recovery focussed.

In addition there will be a clear and fast track route to the AMHP service which will be available throughout the twenty-four hour period for those service users who require this level of assessment or for carers who request an assessment under the Mental Health Act 1983.

The service will be required to fulfil the statutory duties in responding to safeguarding concerns and must be in a position to uphold the principles and best practice of safeguarding and thereby ensure maximum protection for those individuals who use the service in line with Making Safeguarding Personal principles.

3.0 Proposed Gateway model

3.1 The Gateway model that has been developed by Cheshire and Wirral Partnership NHS Foundation Trust in response to health commissioners seeks to address the concerns about people with mental ill health accessing primary care services in a timely way. It provides a single point of referral into mental health services for adults living in the area of the Connecting Care integration programme (therefore including some services operated by Cheshire West). It is understood it will be used primarily (but not exclusively) by GPs as referrers. Having received a referral and undertaken a screening assessment, the service will offer one of the following:

- Signposting to an appropriate provider
- Provision of a brief intervention
- Referral to specialist services

3.2 The service comprises Community Psychiatric Nurses who will offer assessments, brief interventions, practical support and signposting to services for people with mild to moderate mental health problems. People with more severe mental health problems will be referred on to secondary care mental health teams for more in-depth assessment.

4.0 Issues and concerns about the Gateway model

4.1 The Council recognises and welcomes the significant additional capacity to provide primary care mental health interventions within the new service development and acknowledges that this is an attempt to provide a better service for this group of people and to streamline access into mental health services for General Practitioners in particular. However, the proposed Gateway model poses a fundamental problem for the Adult Social Care services in the Council:

The move from a multi-agency to a single agency approach to receiving and responding to referrals is a move away from integrated services and will not fulfil the statutory duties of the Local Authority at the point of referral.

4.2 The Local Authority cannot be confident that social care needs will be identified and responded to appropriately in this single agency approach using a medical model. There is a high level of risk that people's rights to an assessment under the Care Act 2014 may not be recognised and responded to appropriately by a health only staff team. There is no evidence of the criteria the team will apply to determine the need for social care assessment and intervention and there are serious concerns that this proposal does not take sufficient account of the local authority's responsibilities.

- 4.3 In addition, the development of the gateway means a move away from the SPA as the multi-agency referral point for all residents of Cheshire East and would require the authority to operate two different models for accessing mental health services. In the Caring Together integration programme, the intention is to move the resources currently in the SPA in to the community integrated teams.

5.0 Options appraisal

- 5.1 We have not been able to reach a consensus as a partnership about this proposed change and how it might be implemented in a way that addresses the health priority of residents accessing primary care services in a timely way and the Local Authority concern about moving from a multi-agency process for screening referrals to a single agency process.
- 5.2 There are a number of possible options which are summarised in appendix 1 with a brief description of the benefits and risks of each.
- 5.3 Options 1 and 2 are the local authority's preferred options and have been discussed with health colleagues but there is no agreement.
- 5.4 Options 5 and 6 would assert the role and significance of adult social care but would probably cause confusion and damage working relationships with health colleagues.
- 5.5 Option 4 does not provide a multidisciplinary approach to the screening of mental health referrals and therefore poses a significant risk that service users will not gain prompt access to the service they require.
- 5.6 Option 3 poses some significant practical issues, particularly in the timescale suggested for the introduction of the Gateway service, but it protects the key feature of a multi-agency approach to the screening of referrals and provides a safeguard that there will be a 'social care' view taken on referrals received. This is not the preferred option for the local authority as it may present Adult Social Care with significant risks. It is however being explored further with health colleagues to see if it is a viable option for both parties.

6.0 Conclusion

- 6.1 We have all invested considerable time and effort in seeking to resolve this issue in a way that addresses the aims and aspirations of all parties but have not been able to reach a successful conclusion. Partners' perception of the risks of this service development are at significant variance and the anxieties of the local authority about the model are not shared by health colleagues.
- 6.2 The development of this service has taken some time and is a welcome development in many ways. It is absolutely understandable that, given the acknowledged capacity issues in primary care mental health services, health colleagues are keen to proceed with this service development. However, the move from a multi-agency to a single agency approach to the management of

referrals is a retrograde step and is not in keeping with the stated wishes across the health and social care system to develop more integrated working arrangements and is not in the spirit of partnership working.

- 6.3 We believe that the development of the proposed Gateway has a potentially significant impact on a large number of people. As such it constitutes a substantial development or variation (SDV) under the Health and Social Care Act 2012 (section 23 of the 2013 Regulations) and should have been referred to the Health Scrutiny function by the responsible person (in this case South Cheshire CCG).

7.0 Recommendation

- 7.1 As this service development is no longer a proposal but is in the process of being implemented, we are clearly well beyond the point at which this matter should have been referred to the Scrutiny Committee. Given the unresolved concerns of the Council and the fact that we believe that due process has not been followed, the Health and Well Being Board is invited to take a view on this issue. A delay in full implementation, if agreed, would allow time for a formal scrutiny meeting to review the proposals and for all options to be reconsidered.

The background papers relating to this report can be inspected by contacting the report writer:

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