



Report to Policy Committee

Author/Lead Officer of Report: *Tim Gollins*
 Assistant Director, Access Mental Health, and Wellbeing

Report of: *Strategic Director Adult Care and Wellbeing*

Report to: *Adult Health and Care Policy Committee*

Date of Decision: *8th November 2023*

Subject: *Mental Health Update and Approved Mental Health Professionals Annual Report*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No		
If YES, what EIA reference number has it been given? 2413					
Has appropriate consultation taken place?	Yes	x	No		
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	x	No		
Does the report contain confidential or exempt information?	Yes		No	x	
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- <i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>					

Purpose of Report:

The purpose of this report is to update Committee members on the delivery of adult mental health social services and our partnerships which enable a shift towards prevention and early intervention in order to improve the wellbeing and outcomes for individuals.

The update covers the Approved Mental Health Professional (AMHP) Annual Report as well as our system wide developments regards early intervention and prevention, and discharge.

Recommendations:

It is recommended that the Adult Health and Care Policy Committee: -

- Approves the Approved Mental Health Professionals (AHMP) Annual Report 2022 - 2023.
- Endorses the approach to prevention and early intervention noted at section 1.6 so that recovery can be promoted across communities in line with our Strategic vision.
- Notes implementation of a Discharge from Hospital Programme to enable people experiencing mental ill health to return home from hospital when well.
- Notes the work being undertaken jointly with the Integrated Care Board (ICB) and Sheffield Health and Social Care Trust (SHSC) to develop local services for people with multiple care needs.
- Notes progress with the return of mental health social work teams

Background Papers

Appendix 1 - Approved Mental Health Professionals (AMHP) Annual Report.

Appendix 2 – Details of the Synergy Commissioning Model

Appendix 3 – Equalities Impact Assessment

Appendix 4 – Climate Impact Assessment

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Tim Gollins</i>	Job Title: <i>Assistant Director Access, Mental Health and Wellbeing</i>
	Date: 2 nd October 2023	

1. PROPOSAL

- 1.1 Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Cooperative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.
- 1.2 The strategy focuses on five outcomes as the guiding principles we will follow to deliver upon the wellbeing outcomes. Through our [strategy delivery plan \(sept 23\)](#), [Adult Care Performance Report](#) and working in partnership with colleagues across the City, we want to achieve positive experiences and outcomes in the city for citizens of Sheffield. In particular, our strategic and operational development of the Mental Health Services contributes to the Active and Independent and Safe and Well strategic outcomes.
- 1.3 The [All Age Emotional and Mental Health Strategy](#) (approved March 2023) and the [Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People](#) (approved September 2023) sets out an ambitious vision for the city's emotional recovery and the wellbeing of Sheffield people. We need our services to be excellent, joined up, and to support people in the right way so that people can recover and live the life they want to live.
- 1.4 By working in partnership, we know we can begin to make the changes we need. To this end, the update at Committee focuses on key strategic developments which are all delivered as a partnership with health colleagues, VCSE, social care providers and partners across the city. These are: -
- Approved Mental Health Professionals (AHMP) Annual performance.
 - Mental Health Hospital Discharge and Crisis Intervention following approval of the [hospital discharge model in June 2023](#),
 - A New model of early Intervention and Prevention following establishment of an [early help delivery plan](#) in March 2023.
 - New Commissioning Model, Residential and Complex Needs Programme following approval [Mental Health Market Position Statement](#) in September 2022.
 - Progress in transferring Mental Health Social Workers to Sheffield City Council following decision made on 16th March 2022 to [Transfer Mental Health Social Care to the Council](#),
- 1.5 Approved Mental Health Professionals Annual Report**
- 1.5.1 Approved Mental Health Professionals (AMHPs) are highly skilled, experienced, specialist professionals, trained to undertake Mental Health Act (MHA) Assessments with Doctors. Since 2007, Mental Health Nurses, Occupational Therapists and Psychologists have joined Social Workers as being eligible to train as AMHPs. In practice, social workers make up most of the practicing AMHPs.

- 1.5.2 Local Authorities have a statutory obligation to provide enough AMHPs to deliver an accessible service 24hrs a day, 365 days per year. National Service Standards for AMHPS provide best practice for delivering AMHP Services and a guidance for ensuring statutory requirements can be met.
- 1.5.3 Our priority is to deliver upon our duties, the National Service Standards, and with that, provide an accessible, responsive, and excellent quality service support to people of Sheffield and our partners.
- 1.5.4 On 16th March 2022, Sheffield City Council approved the return of all Mental Health Social Work Provision to Sheffield City Council. Social Workers returned on 1st April 2023 with activity completed during 2022 to 2023 to support transfer and build AMHP capacity.
- 1.5.5 Appendix 1 provides the first annual AMHP report and within the report there are key priorities for 2022 – 2023. This is recommended for approval.

1.6 Early Intervention and Prevention – New Recovery Model

- 1.6.1 The Adult Care Strategy and Adult Care Operating Model approved at Committee in November 2023 sets a direction of travel towards earlier intervention and prevention.
- 1.6.2 As part of this, Adult Mental Health has set a strategic priority towards investment in the Voluntary Community Sector (VCS) to develop a concerted shift towards earlier intervention and prevention, and with that, enable people to recover and live independently across all communities in Sheffield.
- 1.6.3 A new model has been developed as a partnership between Adult Care, the Integrated Care Board (ICB) and their Primary Care Network (PCN), national government, Re-Think (a national voluntary sector mental health charity), and Synergy (a local Voluntary and community sector partnership), see appendix 2 for more detailed information on the new model.
- 1.6.4 The aim of this new collaborative model is to coordinate commissioning of preventative mental health services through closer working arrangements with the VCS itself. The model is exciting as it will increase the potential for more local voluntary sector mental health specialist providers operating across our communities.
- 1.6.5 Ringfenced national funding is allocated to Rethink as the Accountable Body for Synergy. Primary Care Services (PCS), part of the ICB, acts as the ‘banker’ underpinned by a Memorandum of Understanding (MOU) between all parties including the local authority. The MOU addresses delegations, accountabilities, and roles/responsibilities. It also provides a check point to ensure planned VCS investments remain in keeping with the purpose for which funding is granted to Synergy via PCS, see appendix 2 for more details.
- 1.6.6 Adult Care and Wellbeing input to the partnership includes the provision of commissioning expertise to support Synergy to review some current contracts

and make re-modelling / investment / disinvestment decisions, including activities currently undertaken within acute provision and the ICB. This work will create delivery opportunities for the VCS against local commissioning priorities.

- 1.6.7 To provide the resilience to undertake this activity and further develop our approach to recovery and earlier intervention, a dedicated Strategic Commissioning Manager with a specialist focus on Mental Health and Early Intervention has been recruited to lead and support Synergy in this commissioning role.

1.7 Discharge from Hospital – New Joint Model

- 1.7.1 At Committee in June 2023, a partnership approach to discharge and a new discharge model were agreed. This was supported through use of Better Care Fund (BCF).

- 1.7.2 A crucial part of the development of our arrangements for supporting timely discharge is a dedicated programme to enable people with mental health conditions, including where these conditions are made more complex through associated learning disability and or autism, to return home when well.

- 1.7.3 To this end, the Strategic Director Adult Care & Wellbeing and Executive Director Operations Sheffield Health and Social Care (SHSC) have become joint executive leads for a dedicated mental health discharge programme with operational leadership from the Adult Care and Wellbeing Operations Director and Assistant Director Access, Mental Health and Wellbeing and the Senior Head of Service SHSC. A programme manager and support have been implemented to provide capacity to deliver the programme.

- 1.7.4 As part of the programme, a review and business case has been taken forward to build capacity to respond to discharge in a timely way. This includes implementation of the following:

- A Social Care Mental Health Discharge Team – This is new team consisting of initially a joint Health and Care Team Manager and three social workers, funded between SCC, the Integrated Care Board (ICB) and the Better Care Fund (BCF). This small team will work with the SHSC discharge service to support early assessment, and support planning. The posts are in recruitment with interim support being put in place for winter.
- Interim Care Support – Commissioning of three ‘interim-beds’ which will act as a temporary placement if an individual awaiting a provider placement is better waiting for the placement in a bed outside the hospital ward. These beds are therefore aimed to enable a smooth and less restrictive option whilst a provider undertakes workforce recruitment to meet a particular placement need. The use and effectiveness of the interim beds will be monitored closely to learn lessons and iterate the scheme as we do so.

- Shared Operational Governance – A joint operational group to review mental health discharges is place and to be co-chaired by Operations Director, Adult Care and Wellbeing and Senior Head of Service SHSC to demonstrate joint leadership in relation to enabling people to return home when well.
- Shared Performance Framework and Pathways – Development of a shared performance framework and pathways which support and a joined-up approach to discharge, operational decision making and working and continuous improvement and learning. This includes looking at arrangements for pathway 0.

1.7.5 Developing the joint approach, will continue to build and strengthen relationships between organisations and through this improved relationship improve the lives and outcomes for people of the City. Updates in relation to progress will be provided through our discharge from hospital update.

1.8 Residential and Complex Needs Commissioning Programme

1.8.1 There are adults in Sheffield who receive support within residential and nursing care settings or a specialist setting due to their mental ill health. Individuals who have been placed in 24/7 residential/nursing care to meet their initial critical needs can often experience a lack of support to enable them to move on to independent living within the community, which results in individuals remaining in residential care on a long-term basis.

1.8.2 The Market Position Statement (MPS), which was produced last year, identified the need for specialist placements in Sheffield which can support autistic people and people with a personality disorder, learning disability and people experiencing mental ill health. Developing local services with the ICB and SHSC that can meet these needs is an important step forward.

1.8.3 There are two programmes underway in response to the above two issues: the Promoting Independence Project and the Complex Needs Commissioning Programme.

1.8.4 The Promoting Independence Project (PIP) is a partnership with South Yorkshire Housing Association (SYHA) that addresses the first of these priorities by:

- Achieving a shift in the way individuals with mental health conditions who require 24/7 residential/nursing care are supported in Sheffield.
- Achieving a culture change from a residential 'home for life' approach to one where there is a recovery focussed approach that supports individuals aged 18 -64 to move into their own tenancy arrangements within supported housing or independent living.
- Continuing to provide support to individuals up to 18 months after the move from residential care.
- Working with individuals using a strength-based approach to encourage them to take a more active role in their own support and access links to local community services.

- 1.8.5 A priority is to embed this good work and partnership arrangement as the transfer of mental health social work is completed during 2023 to 2024 to achieve a community-based model focused on strength-based practice, recovery, and early intervention.
- 1.8.6 Alongside this programme, is our multiple and complex needs commissioning programme. A recent provider event held in September 2023 enabled commissioners, social care practitioners and provider organisations to get together and talk about shared objectives and issues. An action plan emerged from that event which includes key elements:
- Creating a ‘navigational tool’ for service providers to help them understand the complex interfaces between organisations in Sheffield.
 - Enabling sight of risks evaluations as well as care and support plans
 - Contingency planning as part of creating the care and support plan.
 - Developing stronger links with Primary Care Networks led by the ICB.
 - Reviewing the brokerage processes
- 1.8.7 This event and the learning from it will inform commissioning priorities and intentions for 2024 – 2026, including a new commissioning strategy so that we can meet the needs of all individuals.
- 1.8.8 A Snr Commissioning Manager Mental Health and Early Intervention was recruited during summer 2023 and will provides a dedicated resource in relation to supporting delivery upon these programmes including development of the new commissioning strategy.

1.9 Mental Health Social Work Transfer and Priorities 2023 – 2024 update

- 1.9.1 Responsibilities for mental health social work changed in April 2023 when 54 social work staff previously seconded to Sheffield Health and Social Care Trust (SHSC) were returned to the management of Sheffield City Council’s (SCC) Health and Wellbeing Directorate. This followed a decision made by Co-Operative Executive on 16th March 2022 to return Mental Health Social Workers.
- 1.9.2 A partnership-based programme was implemented to support the transfer which included project management support and a programme board to manage the overall programme. Several feedback sessions were also provided to staff including Q & A responses to ensure feedback was provided. Throughout and after the transfer a key priority has been to maintain and build a strong working relationship with Sheffield Health and Social Care Trust.
- 1.9.3 Upon transfer of the Staff back to the Council, there are four priorities which are the focus for 2023 – 2024 with completion by April 2024. These priorities are:
- Priority 1 – Information Sharing and IT – This involves enabling mental health social workers access to a new SHSC IT System and building

the SCC electronic system to reflect needs of mental health services. It's aimed that this will support effective information sharing.

- Priority 2 - Outstanding Annual Reviews - Completing 700 annual reviews by 1st April 2024 that were transferred to SCC on 1st April 2023 through employment of an Agency Review Team to complete as a one-off piece of activity. Whilst undertaking the reviews the Team will also be transferring any remaining documents from SHSC to SCC IT Systems which will in turn support IT priorities.
- Priority 3 – Stabilising Staffing Levels – Recruiting to vacancies. Additionally, 8 posts have been recruited to meet demand in community mental health and first contact. This represents investment into the Mental Health Services to meet statutory duties for the AMHP rota and meet community demand in a timely and responsive manner, and to impact positively our delivery of care by enabling delivery of strength-based practice.
- Priority 4 – Practice Development - It's been recognised upon transfer, that the transition to the Council brings an expectation and focus that social work teams deliver strength based practice, compliant with social care legislation (the Care Act 2014, Mental Capacity Act 1998 and the Mental Health Act 1983). A learning programme has been developed to support the transition and will be implemented throughout November to March 2024 with both new and existing workforce.

1.9.4 An action plan is in place, and it's aimed to complete the first phase of the transfer using these priorities by April 2024. It's planned that future service priorities will be coproduced with individuals, carers, and our workforce to enable delivery of a strength based and outcome focused community-based provision which enables people to live the life they want to live.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Our Adult Social Care Vision is that *Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.*

2.2 This proposal is in alignment with this vision.

2.3 We have developed an [Adult Health and Social Care Strategy](#) and delivery plan to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. This proposal meets several of the ASC outcomes that are set out in the ASC Strategy in several ways:

- **Safe and Well** - Quality and Sustainability of Care and Prevention of Admission and Discharge from Hospital

- **Active and Independent** - ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment, ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population. Overall figure of people receiving Community Support per 100,000 18 - 64 population, % people receiving long term support who had an annual review. (Care Act Duty), Number of Reviews Completed (rolling 12 months), Median no. of days to determine if support needed, Median no. of days to put support in place, Number of people awaiting an assessment for long term support (Based on average referral rate per month)

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 This report provides an update in relation to activity underway to deliver improved outcomes for people experiencing mental ill health. Engagement and co-production is undertaken as part of each development.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.

- 4.1.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.

- 4.1.3 The EIA covering this report is being reviewed and updated to ensure all available equality and demographic information can help to assess whether (or not) there are any additional inequalities.

4.2 Financial and Commercial Implications

- 4.2.1 The investment set out in 1.7.4 will be funded by the Discharge Support Grant via the BCF governance process.

- 4.2.2 Investment in staffing will be addressed as part of the 2024/25 Business Planning process and will be subject to approval.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

4.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

4.3.3 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to: "... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

4.3.4 Further, under the Health and Care Act 2022 and the associated guidance Local Authorities are required to work with local health systems to provide local discharge models that best meet the needs of the local population that are affordable within existing budgets available to NHS commissioners and local authorities.

4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its [10 Point Plan for Climate Action](#) – is a partner in the Urgent and Emergency Care Board.

4.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

4.5 Other Implications

4.5.1 Proposals will support better partnership working and improve positive outcomes for people who use services

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The alternative to the proposals made are to maintain current delivery practices and not improve the social care offer to people with mental health problems

6. REASONS FOR RECOMMENDATIONS

6.1 The proposals support improves outcomes for people with mental health problems who need social care, and those people being discharged from acute settings

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