

## **ANNUAL REPORT ADASS NORTH-WEST GROUP MENTAL HEALTH 2017-2018**

**Introduction:** The NW Mental health ADASS group provides a forum for the sharing of ideas and the development of north-west specific social care policy developments across the region within mental health. Meeting every two months at New Town House, Warrington; the group acts as the sounding board for NW directors of Adult Social Care in mental health policy, practice and law.

**Representation:** Whilst the group has a comprehensive distribution list of NW senior managers and AMHP leads, physical representation is not consistent, with some local authorities having an excellent attendance record and others less so.

Furthermore, the last 12 months has seen a number of long standing members of the group, either move on or retire. Whilst alternative names have been put forward to represent their respective local authorities, this is not always reflected in their attendance at the group. We would encourage directors to ensure that time is made available to their MH leads to attend the group to ensure its continued relevance and broad representation of opinion on key issues relating to mental health.

NB: Membership is open to social care leads in mental health trusts as well as LA mental health leads.

### **Summary of the work of the Group:**

**ADASS:** the NW group is developing stronger links nationally with ADASS to promote the social care agenda in mental health. The Five Year Forward View only makes a passing reference to the role of local government and makes no mention at all of the role of AMHPs. There is a real concern that if local government does not play a full and active role in the developing mental health agenda, any new national initiatives from the Five Year Forward View will become too clinical, without sufficient and proportionate weight given to the wider determinants of mental ill health and wellbeing.

Rachel Tanner, assistant director at Bolton is the confirmed lead for mental health from NW ADASS. Rachel met with Keith Evans and Lindsay Smith

from the NW ADASS group together with Tom Maloney, NW ADASS Programme director, NW Employers, in January 2018 to look at how the agenda for mental health can be taken forward both regionally and nationally. At a national level the main priorities include:

- AMHP surveys
- Employment and mental health service users
- Social work for Better Mental Health
- Workforce planning
- Co-production in mental health
- Integration with health
- CQC focused visits.

The group intends to fully engage with this developing agenda and to support NW ADASS in promoting the role of local government in mental health.

**Support to AMHPs:** probably one of the biggest concerns that the group has grappled with over the last twelve months, is the increasing pressure AMHPs are facing. The delays in response from support agencies such as police and ambulance (see below re NWAS) has become exacerbated by difficulties in sourcing a bed to complete admission. Bed management is therefore a rising source of concern, in particular the Lancashire and Blackpool area, where mental health service users who need to be admitted can wait several days before a bed is found.

Based on advice to AMHPs from Nottingham, the group has drafted a protocol for AMHPs in the event of a prolonged wait due a bed problem. Local authorities are encouraged to adapt this to reflect their own local situations and to discuss its implementation with their partner trust. AMHPs are encouraged to report any incidents of undue delay to their local safeguarding units and to ensure that the issue is raised on the agenda of the local safeguarding board. Local authority senior managers are also encouraged to remind CCG's of their duty under S140 to notify councils of the arrangements they have in place for the urgent admission of patients.

The group supported and encouraged members to engage in the AMHP survey that was held over two weeks in November. Future reiterations will need to consider how the survey can be more effectively advertised to ensure that its purpose is properly understood. The range and complexity of questions presented itself as a barrier to completion as well as the guidance on how to return the questionnaire. However, we await the results of the survey with keen interest.

**NWAS ambulance Protocol:** The group continues to engage with NWAS on the review of the two ambulance protocols – MCA and MHA. The main concern expressed from the group is the redaction from the MHA protocol of any timescales for response – 20 minutes for S135/136/4 and one hour for S2/3/35. The explanation for this change is that all requests for ambulances should be based on clinical need, but also recognised the fact that NWAS was unable to achieve any of these targets and therefore setting itself up to fail.

Whilst the group is sympathetic to the situation NWAS finds itself, having to respond to a wide range of emergencies, our first priority is the mental health service users and secondly to the health and wellbeing of AMHPs. As a consequence, the group felt unable to endorse the MHA protocol but will continue to work with NWAS to monitor and improve performance. The advice to AMHPs is to use 999 to call an ambulance and not to rely in the first instance on the regional numbers listed in the protocol.

**Integration with Health:** the group has reviewed the wide range of relationships with health, with some partnerships moving apart, whilst other areas entering into a fully integrated model, involving the transfer of staff or refocusing existing arrangements to bring them into line with current statutory social care needs. The impact of the Care Act has had a significant impact on the role of social workers as care co-ordinators, with some local authorities pulling their social workers away from the CPA to concentrate on Care Act assessments. The group welcomes the DoH commitment to review the working of the CPA in the context of the Care Act.

Whilst integration is fulfilling a national directive, local authorities need to ensure that systems are in place to ensure that the legal duties and business of social care are properly recognised and delivered. This not only includes support to AMHPs but duties under the Care Act and safeguarding.

**Cross Border Protocol:** the group has revised and improved on the current protocol for MHA assessments in other areas. It is due to be launched in the spring of 2018. Recognition is made within the protocol of local concerns especially for those local authorities which have large geographies or have regionally utilised resources within their locality.

**Call for Evidence MHA:** the government is committed to reviewing the workings of the MHA in the light of concerns around increasing detention rates, with BEM groups continuing to be disproportionately represented. The group has pulled together, on the part of the NW, issues which it believes should be included in the review. The group will continue to engage in the

review of the MHA and use its membership as a vehicle for determining a NW perspective.

**Miscellaneous Matters:** the group has advised on a range of other issues such as the introduction of the changes to S135/136; the role of social workers as appropriate adults and the continuing impact of the Cheshire West Supreme Court judgment, most recently in respect of patients on conditional discharge under £37/41

**Conclusion:** The group continues to be an important forum for social care in mental health and a sounding board for ADASS. The next 12 months may well prove to be a pivotal moment for mental health with the review of the MHA, Care Act/CPA and the integration agenda beginning to take up more momentum. The media has given mental health a much higher profile over the last 12 months with concerns about waiting times for IAPT and the care and support of veterans looming large.

Local authorities are already themselves under increasing pressure to fund either wholly or in part packages of care and support for a much more complex group of mental health service users, including a small but important group of people with forensic histories. The quality of discussions and negotiations with health commissioners on how this new demand is to be met will be a crucial determinant of how successful councils will be in responding to this new challenge. In this context the role of this group in supporting ADASS in the north-west will be even more important in order to ensure a consistent and voice for social care in mental health.

Keith Evans  
Chair  
NW ADASS Mental Health

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