REPORT TO	GWYNEDD COUNCIL CARE SCRUTINY COMMITTEE
DATE	JUNE 2023
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SUBJECT	UPDATE ON THE GWYNEDD MENTAL HEALTH SERVICE

PURPOSE OF THE REPORT

1. In March 2022, we reported to the Scrutiny Committee that the Adults, Health and Well-being Department had commissioned a consultant to lead on a project that will scrutinise the resources within the Mental Health Service in Gwynedd. Our intention was to review the Council's contribution to the service, consider how we were delivering within the context of our statutory responsibilities and see if we can allocate resources to focus on preventative work and support key well-being. A request was made at the Committee to report back on the findings of this work and on any recommendations to provide services in the future.

OVERVIEW OF THE SERVICE

2. The Mental Health Service has been an integrated multidisciplinary team since 1996, with the Health Board leading the Service. The service works in the context of the Mental Health Measure 2010, which places a duty on local health boards and local authorities to ensure that appropriate care that focuses on the mental health needs of individuals is in place.

3. The work is being guided by the Together for Mental Health Strategy, which is the Welsh Government's strategy for improving mental health and the provision available to support individuals across the country. The service is divided to offer support within primary services for low-level cases and within secondary services for more intensive cases.

4. Referrals are received from GPs and all referrals will be scrutinised daily (Monday to Friday) to see if there is sufficient information to decide as to whether it is suitable for assessment (i.e., there is evidence of mental illness or impact on mental well-being). Referrals not suitable for the service will be sent back to the GP with an explanation and/or referred on to a suitable service for their needs.

5. The measure states that standardised assessments are completed within 28 days, urgent assessments are completed within 48 hours and crisis visits receive a response within 4 hours.

6. Workers are the service's main resource and they offer therapy and support to individuals to overcome or cope with their illness.

7. As the Health Board leads the service, there is a strong focus on the medical model - which includes diagnosis and medication. Our role as a local authority is to focus on the social elements and also to lead on the work under the Mental Health Act 1983. The service provides appropriate social and health care that focuses on rehabilitation for adults with mental health needs within the community. Primarily, if the level of need allows, the intention is to provide community-based support within the primary service, with additional, secondary and specialist care provision to meet severe and/or complex needs when needed.

8. The service's budget is relatively small at £3.6 million.

THE TEAM

9. Paid employment by Gwynedd Council:

    •   2 Area Leaders

    •   12.5 Social Workers

    •   7 of the above social workers are also AMHPs under the Mental Health Act 1983. An additional 2 AMHPs work in other teams within the adults field).

    •   The Authority also employs 9 Support Workers (with a financial contribution from Health to employ them) to work more intensively with individuals on care and treatment plans.

    The teams are split into the Arfon and south Gwynedd areas. The Arfon team is based within the Hergest Unit, Bangor and the south Gwynedd team is based at Ysbyty Alltwen, Tremadog with a satellite office in Dolgellau.

Background and Context

10. The social policy framework in Wales outlines a long-term strategic vision that focuses on a system-wide approach to Health and Social Care services. Following Sustainable Social Services: An Action Framework (2011), the Social Services and Well-being (Wales) Act 2014 focused on creating a service which responds to current and future needs of the population and community, through an ethos of prevention, well-being and multi-agency practice based on the individual's strength.

To align with the social policy ethos of Wales, Gwynedd Adults Services aims to review the current Social Work aspect of the existing Mental Health Service.

11. The current data demonstrates the scope and nature of the need across a number of mental health disorders, as shown in the table below:

Estimated number of adults in north Wales affected by mental health problems (2020)

	Common mental disorder	Anti social personality disorder	Bipolar disorder	Borderline personality disorder	Psychotic disorders	Total
Gwynedd	17,000	2,600	1,900	1,900	500	23,900
North Wales	93,800	13,200	9,800	9,100	2,800	128,700

The numbers have been rounded so they may not totalise:

Source: Daffodil

REPORT STEMMING FROM THE PROJECT

12. There has been consultation with the Head of Adults, Health and Well-being Department, Mental Health Senior Manager and the two Area Leaders for Mental Health Services (Gwynedd North and South areas).

13. The key finding from the project is the agreement that the current mental health multi-agency model with Betsi Cadwaladr University Health Board (BIPBC) needs to be remodelled. This finding suggests that any future developments around improving the social aspect of mental health services should be driven by the development of a new service model. The work also highlighted the need to review the role of the Support Worker within the service and the need to review out-of-county placements in order to ensure that we understand individuals' aspirations to return to the area or not.

MAIN CONSIDERATIONS

14. Wales' key policy principles are to promote positive well-being by giving citizens a voice, choice and control, by developing preventive services and by co-producing service developments. Although current policies focus on promoting the integration of Health and Social Care, the information reviewed leads us to the conclusion that it may not be the most productive way to proceed to effectively

meet the social care needs of the people who use the services. This finding is not unique to Gwynedd as research examining Mental Health Trusts in England has shown that there are common 'risks' to this 'partnership' between health and social care, including:

- not being clear about outcomes;
- calling something a 'partnership' to make it sound better;
- not being clear about organisational drivers;
- not being clear about unstated motivators;
- being unrealistic and over-ambitious; failure to pay attention to practical details

15. As part of the information gathering process, consultation meetings were held with the Mental Health Leaders in the local authority, with the common 'risks' being identified as core barriers to deliver our statutory duties.

16. The feedback suggested that the level of risk had increased. In addition to the barriers to delivering our statutory duties, there is a risk to the well-being of our staff. It was explained that the key driver in this increase was a feeling of '*acting in isolation'*. Being *'isolated'* has been described as being excluded from key meetings, a lack of consistent communication on key strategic and operational developments and a sense that partnership relationships are *'personality-driven'* rather than systematic. As a result, there is a sense that the social care workforce feels as if they are operating in a vacuum as *'additions'* rather than as a key partner in the service. Overall, it was also felt that the inclusion of individuals using services as part of the 'service users' inclusion agenda had worsened.

17. The research findings show that relationships with Senior Health Officials are *'personality-driven'* rather than systematic. This is felt at all levels, with requests for information from social care often receiving no response. Requests for information or support are often ignored, or receive what often feels like a tokenistic response. While Social Care Managers continue to be involved in the Single Point of Access (SPoAA) meetings, they are not included as part of the performance management meetings. As a result, it is felt that *'there is no real evidence to reflect a partnership'* including limited social care equity as part of the current partnership arrangement.

18. Gwynedd's Mental Health Services Senior Manager has only recently started receiving regular updates on performance data. However, social work representatives are not included or invited to attend Mental Health Board meetings led by Health. As a result, social work staff said they felt as if they were a *'stakeholder'*, rather than an *'equal partner'*.

19. Another key risk identified is the continued use of paper systems within BIPBC. As a result, neither integrated electronic systems nor WCCIS (the social care information system) are used. This includes a lack of use of key assessment processes, for example, the *What Matters* assessment tool. This risk has been

discussed on a number of occasions and there has been no increase over a period of several years. Having paper-based systems to collect sensitive data is dangerous and acts as a barrier to information sharing and effective service planning. The risk raises a number of issues, including:

- Governance risk: regarding secure data management;
- Communication risk: regarding the recording and sharing of current information;
- Role risk: about fulfilling the statutory role outlined in the Social Services and Well-being (Wales) Act 2014, e.g. completing social care assessments.

20. There is a strong feeling that maintaining the current model is not the preferred approach for the social work workforce or to enable and support the needs of the people using the services.

21. The preferred option is to review the service provision with a view to creating a separate mental health social care well-being service. In light of the current communication and risk issues, it is felt that co-producing a new model with the social work workforce would be a positive step forward as part of a service improvement strategy.

GOVERNANCE PROCEDURE

23. Overall, reviewing mental health service governance arrangements, performance data and grant spending has been a challenge. The key challenge has been identifying governance pathways, including how the local authority is involved in these processes. In essence, it appears that, at a strategic level, local authority communication and inclusion in key governance arrangements is a core barrier to effective multi-agency work. For example, the local authority is unclear about ICAN plans, Together for Mental Health spending arrangements and future development plans. This is also a risk identified by other local authorities across north Wales.

SUMMARY

24. As part of the Phase 1 consultation process with Social Work Managers, the options discussed focused on the possibilities of:

a. no change, continue in the form of the existing service.
b. review a new partnership arrangement for a period of one year, with quarterly meetings to review the arrangement/progress.
c. transfer to a separate social care/well-being team/service which coincides with establishing a well-being preventive social pathway for people who use the services.

25. As mentioned, although recent social policy promotes the integration of health and social care, current evidence identified risks associated with deep problems with the current arrangements with the BIPBC Mental Health Directorate. The local authority's Social Work Managers voiced a strong commitment to working in partnership, there was also a strong sense of the need to move forward with developing a new well-being model focusing on social care for the social care element of Mental Health Services across Gwynedd. A bespoke well-being model would promote key objectives focused on:

- mitigating the current risk due to the poor communication regarding progress and change by BIPBC;
- providing greater ownership of well-being, social prescription and the social model of mental health recovery. Overall, this model would enable the Council and the social care workforce to better fulfil their statutory duties under the Social Services and Well-being (Wales) Act 2014;
- providing the opportunity to review services to promote a focus on prevention through greater ownership of primary care;
- providing greater ownership across the care and support journey by adopting a systems-centred approach based on social care. As a result, the social work workforce can be given greater power and control by developing Community Well-being hubs focused on social care;
- allowing ownership of performance data, including work-flow information;
- providing the potential to achieve a broad spectrum and greater access to well-being interventions (rather than focusing on medication and clinical support);
- improve the ownership, screening and allocation of referrals to ensure that the social care/well-being element of mental health support is addressed by Social Workers;
- reducing delays in case allocation and waiting times for social care support;
- reviewing funding and resource allocation across existing provision, from funding allocation for staffing, SLA and out-of-county locations;
- providing more voice, choice and control for people that use the services and their families.

26. A strong view was expressed that the current arrangement was unsustainable. In addition, there was a feeling that establishing yet another partnership agreement would not resolve the key issues or indeed mitigate the significant risks identified. The current model offers limited assurances of an effective and secure partnership.

CONCLUSION AND RECOMMENDATIONS

27. In conclusion, step 1 of this review suggests that a separate social care model would be the safest and most productive path forward for all involved. The potential use of a revised model would include a focus on developing a new well-being social care model, with clear roles, systems and professional governance. This would allow health to focus on the medical/clinical model, while the local authority can promote services across the continuum of care. This would improve

the service's compatibility with the Social Services and Well-being (Wales) Act 2014 and the use of the Integrated Assessment process and WCCIS to record client information. The recommendations focus on suggesting:

- Use this information to develop a business case to inform the establishment of a separate social care mental health well-being service.
- Produce a further Phase 2 report/review, focusing on examining in detail the project management process for establishing a separate Social Care Mental Health Well-being service.
- Co-produce the development of the new model with key internal and external stakeholders, including service users.
- Undertake a review of the role of support workers across the county.
- Consult with the Social Workers and Support Workers within the service and get their input into the development (scheduled date 14 June 2023)
- There have been several attempts to consult with the Health Board's Director of Mental Health to share our intentions and plan and agree on how we will work together.
- Provide workforce training on the Social Services and Well-being Act (scheduled for 28 June 2023)

VISION

28. It is essential that the focus should be on improving outcomes that are important to the individuals being supported. Evidence reflects that the mental health 'service users' who were most satisfied with the support they received, received holistic support. This new model could potentially provide the opportunity to develop a well-being and more holistic approach to service delivery in Gwynedd, compatible with the Social Services and Well-being (Wales) Act 2014. This revised approach will reduce the potential risk to the local authority and local authority staff who are currently working as part of the current model for the Mental Health Service.