Local Government Association | directors of adass adult social services | Partners in Care and Health

Adult mental health social care

Report from the findings of the 2023 insight survey

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The Local Government Association and Association of Directors of Adult Social Services are **Partners in Care and Health (PCH)** working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections. It is funded by the Department of Health and Social Care and offered to councils without charge.

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Summary

Partners in Care and Health (PCH) recognises the importance of mental health social care in the context of statutory responsibilities of councils and their key role as partners in integrated care boards. With this in mind, in September 2023, we carried out an insight survey to find out about current practices and help shape and inform future support offered through Partners in Care and Health. Directors of adult social services in each council were sent a link to the online questionnaire via email at the start of September 2023. A total of 71 completed surveys were received, giving a response rate of 46 per cent.

This report conveys the findings from the survey which cover three main aspects:

- engagement in the Community Mental Health Transformation Programme
- assessment and care planning - moving on from the Care Programme Approach (CPA)
- arrangements for the commissioning and delivery of adult mental health services.

Key findings

- Sixty-two per cent of councils said that they feel involved in Community Mental Health Transformation Programme as a leader or valued partner.
- Seventy-three per cent of respondents said that the Community Mental Health Transformation Programme is having a positive impact on local mental health services.
- Over 50 per cent of respondents said that at this point in time, with specific reference to mental health social work, the Community Mental Health Transformation Programme has not had a positive impact on how community mental health services are working locally.
- Thirty per cent of respondents said that they had received new funding from the Mental Health Investment Standard or from the transformation monies as part of the Community Mental Health Transformation Programme. This had led to some improvements in additional staff numbers and additional funding to commission new services from voluntary, community or social enterprise organisations (VCSEs).
- Twenty per cent of councils confirmed that they have a new and agreed approach to care planning and assessment (CPA), but 59 per cent of councils said that they did not have an agreed approach and 21 per cent did not know.

- Joint commissioning arrangements with the NHS included joint commissioning posts (42 per cent), the use of pooled budgets through a Section 75 agreement (35 per cent), co-production boards (34 per cent) and alliance contracting (18 per cent).
- Twenty-five of the 71 councils said that they currently have a Section 75 agreement in place for commissioning, but 22 have discontinued their Section 75 agreement.
- Fifty-four out of 68 councils indicated they have a Section 117 protocol in place, with high confidence in the effectiveness of the arrangements for aftercare.
- Over 70 per cent of respondents agreed that they have access to performance data that gives insight and assurance on access and activity and on outcomes and experience to a great extent or to some extent.

Recommendations

Directors of Adult Social Services	Partners in Care and Health
1 Community Health Transformation	
Ensure that the programme arrangements within their Integrated Care Board area are enabling effective engagement of all partners, with clear objectives and oversight arrangements in place.	Consider a support offer to help systems review their current community mental health transformation programme arrangements, with a focus on partnership working and impact.
2 Moving on from the Care Programme Approach (CPA)	
Ensure that local work to support the replacement of CPA is informed by, and values the voice of, adult social care.	Develop guidance based on the findings of this survey to support councils and systems in their work to move on from CPA, with a specific focus on the engagement of councils to ensure alignment with Care Act responsibilities.
3 Collaborative Commissioning	
Ensure that they have access to data that provides insight and assurance in relation to activity and outcomes relating to their statutory duties.	A support offer should be scoped for councils, drawing on good practice, to enable confidence that they can evidence how they maintain oversight that their statutory duties are being met in relation to adult mental health. Further work should be progressed to understand the specific needs and support that will give greater confidence in relation to the current commissioning arrangements for adult mental health services.
4 Collaboration in the delivery of mental health services	
Have a clear process in place to regularly review their collaborative arrangements to support the delivery of mental health services.	The findings from the survey should be used to inform the 'top tips' guidance that is being developed to support councils in strengthening their collaborative working arrangements.
5 Sharing good practice and embedding sector led improvement approaches	
Use the insight from this survey to identify areas of good practice that they can share, as well as areas where targeted sector led improvement support would be helpful and to discuss these with their Regional Care and Health Improvement Adviser (CHIA).	The findings from the survey should be used to inform the priorities and the case for continued funding for adult mental health sector led improvement under the leadership of the ADASS Mental Health Network.

1. Introduction

Mental Health Social Care: What it is, why and how it matters for Integrated Care describes the distinctive nature and features of mental health social care and its practice base in local government and the voluntary, community and social enterprise (VCSE) mental health sector. The report highlights the role of councils, and the integrated care systems (ICSs) in which they sit, in supporting and improving outcomes for people with mental illness or experiencing mental distress and their unpaid carers by modernising and personalising mental health care.

In response to the ask from councils, the Department of Health and Social Care (DHSC) has formally recognised the important role adult social care plays in the planning and delivery of adult mental health within the Partners in Care and Health (PCH) programme. This insight survey was developed to improve understanding and provide insight for the sector on councils' current progress and challenges in the commissioning and delivery of adult mental health services and provide a steer on what support councils would find most helpful.

The survey focused on three areas:

- engagement in the Community Mental Health Transformation Programme
- assessment and care planning – moving on from the Care Programme Approach (CPA)
- arrangements for the commissioning and delivery of adult mental health services.

The survey also sought to identify areas of good practice that we can learn from and share.

The responses highlight many examples of innovation and good practice which reinforce the importance and value of social care within an integrated mental health offer. They highlight the scale and scope of the work with key themes including Care Quality Commission (CQC) assurance and Care Act compliance, integrated approaches to assessment, care planning and review, outcomes and impact of those receiving care and their carers, workforce planning and development and collaboration and partnership working.

The insight will be used to inform future support for the sector focusing on personalised support and care planning and supporting the wider transformation of community mental health services to be more inclusive of social care perspectives.

2. Methods

Directors of adult social services in each council were sent a link to the online questionnaire via email at the start of September 2023. A total of 71 completed surveys were received, giving a response rate of 46 per cent. A copy of the survey questionnaire is shown in Annex A of this report.

Tables 1 and 2 show the response rates by type of council and ADASS region.

Table 1: Survey response rate by type of council

Type of council	Total number	Number of responses	Response rate (%)
County	21	13	62%
Unitary	63	32	51%
Metropolitan district	36	14	39%
London borough	33	12	36%
Total	153	71	46%

Table 2: Response rate by ADASS region

ADASS Region	Total number	Number of responses	Response rate (%)
East Midlands	10	7	70%
South West	15	9	60%
Yorkshire and Humber	15	9	60%
North East	12	7	58%
North West	24	11	46%
Eastern	12	5	42%
South East	18	7	39%
London	33	12	36%
West Midlands	14	4	29%

Throughout the report, tables and charts are displayed using unweighted percentages or absolute numbers. Please note that questions were not mandatory and therefore, where no response was recorded the council was excluded from the calculation. Consequently, for some charts percentages do not sum to 100 per cent due to non-response.

Due to the low number of responses from some regions, for many questions it has not been possible to display results by region as they may not be representative of the actual practice. Results shown in this report are designed to give a snapshot of the responses received and to inform future PCH support offers but are not able to give a complete picture of mental health social care across the country.

3. Community mental health transformation

The Community Mental Health Framework (CMHF) for adults and older adults published in 2019 describes how the NHS Long Term Plan's vision for a place-based community mental health model can be realised. It focuses on how community services should work to offer whole-person, whole-population health approaches, aligned with the new primary care networks.

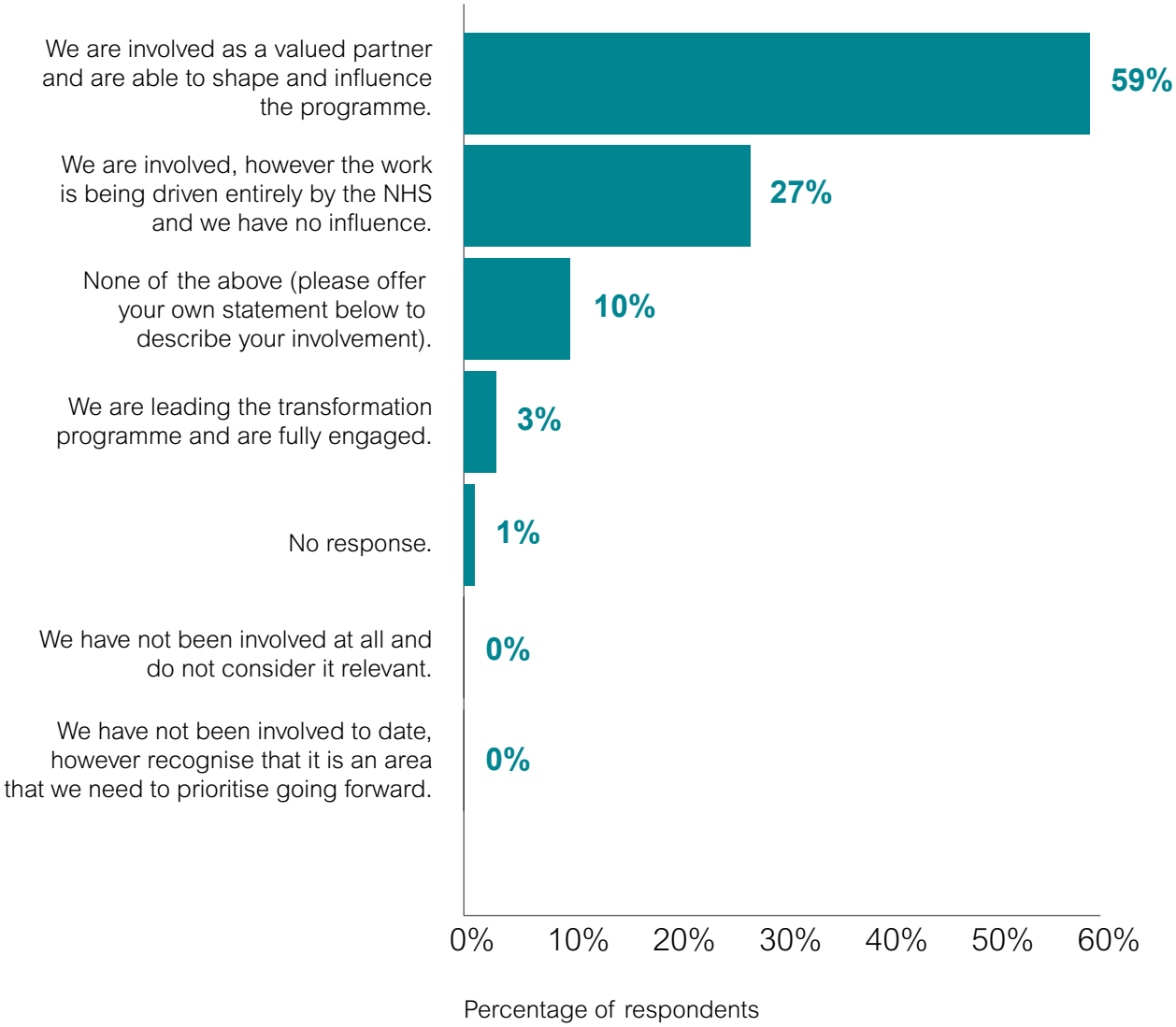
The framework sets the ambition to achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services. It supported the development of primary care networks (PCNs), integrated care systems (ICSs) and personalised care, including how these developments will help to improve care for people with severe mental illnesses in the community.

Integrated care boards (ICBs) have received transformation funding to help deliver new models of integrated care, including the development of plans based on a joint common vision which includes agreed principles and key outcomes.

Involvement

Overall, most councils' responses (62 per cent) confirm that they are involved as a valued partner in the community mental health transformation programme in their area enabling them to shape and influence the programme (figure 3). While there are a considerable number of councils (27 per cent) responding that they have no influence and that the NHS is driving the programme entirely, it was encouraging to see that no council responded that they have no engagement or that it was not relevant.

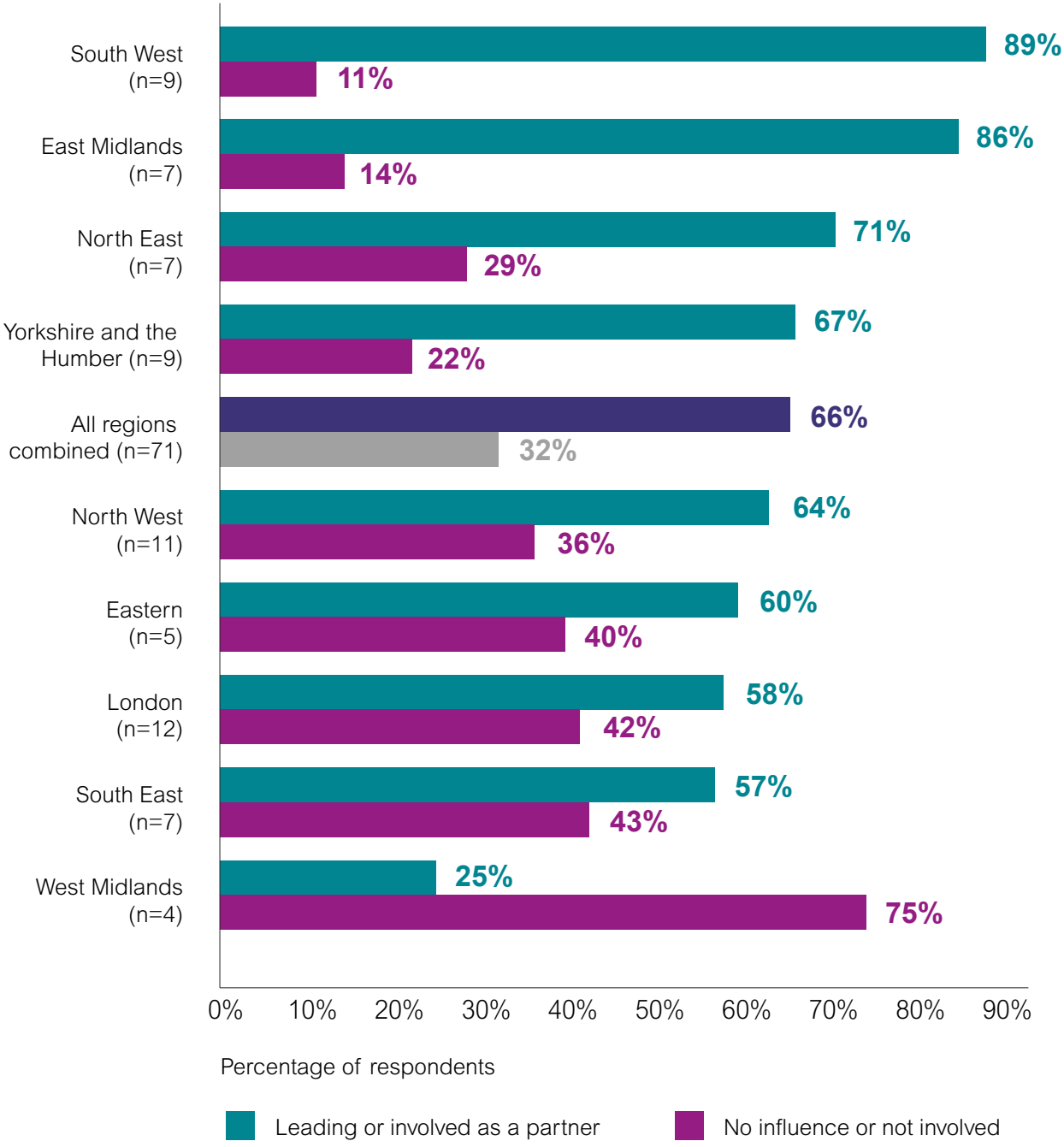
Figure 3. Involvement in the Community Mental Health Transformation Programme



Seven councils offered an alternative statement, and these broadly suggest that the current work is being driven predominantly by the NHS with input more limited than they would like, due in part to capacity and demand. For example, we were told "as a local authority we are a part of the transformation board meeting and involved in some of the workstreams. We have some influence to shape some areas, but we are not engaged in all areas of transformation due to our own capacity and demand."

There is variation in involvement by region. Figure four compares those who responded they are either leading the transformation programme or involved as a valued partner, with those who responded they have no influence or are not at all involved. For eight of the regions, more than half of respondents indicated that they are leading or involved as a valued partner with councils in the South West and East Midlands regions reporting the highest levels of feeling involved and able to influence. However, for the West Midlands three out of the four respondents indicated that they have no influence or are not involved.

Figure 4. Involvement in the Community Mental Health Transformation Programme, by region



Note that due to non-response, in some regions percentages do not sum to 100 per cent.

Impact

The majority of respondents (70 per cent) said that the Community Mental Health Transformation Programme is having a positive impact on local mental health services to some extent, with a further three per cent indicating the positive impact was to a greater extent. However, 12 councils (17 per cent) responded that they did not feel it is having any positive impact on local services.

There is an association between the respondents' perceptions of the impact of the Community Mental Health Transformation Programme and their involvement in the programme (Table 5). The majority of those leading the transformation programme or considered as a valued partner agreed that it was having a positive impact (87 per cent). This is compared to 48 per cent of other respondents.

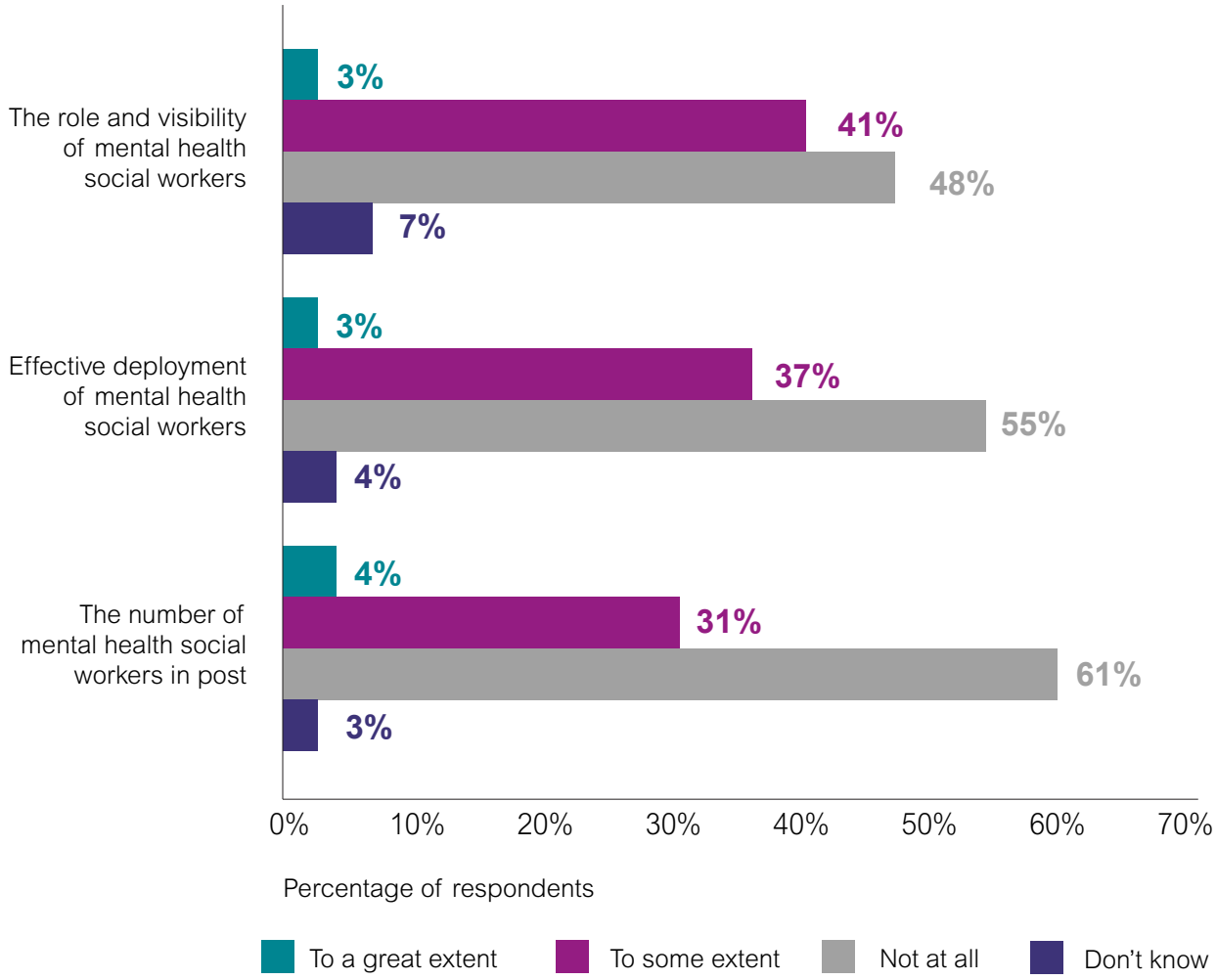
Table 5. Agreement that the Community Mental Health Transformation Programme is having a positive impact, by involvement in the programme

Involvement in the transformation programme	Number of respondents	Agree to some or a great extent that the programme is having a positive impact	Do not at all agree that the programme is having a positive impact
Leading or involved as a valued partner	46	87%	13%
No influence or not involved	23	48%	52%

Additionally, councils were asked to consider specific areas of potential impact. The responses suggest that the degree of impact on the number of mental health social workers in post, their deployment and visibility has been marginal to date. There is some indication that this is more common in councils which have generic social workers or do not have an integrated mental health workforce. One respondent told us they were "actively recruiting a social worker role into integrated community mental health team which sits within primary care. These posts are fully funded from the ICB so represent an increase in specialist mental health social workers and if successful could be used as a benchmark for greater integration."

When asked about the effect of the programme on the role and visibility of mental health social workers, the numbers in post and their effective deployment, more than a half of respondents said that they had not seen a positive impact (or did not know). Respondents showed concern about a "lack of understanding and clarity about the contributions that a professional social worker brings to health care" suggesting that more work could be done to highlight the roles of mental health social workers in the wider health and care landscape.

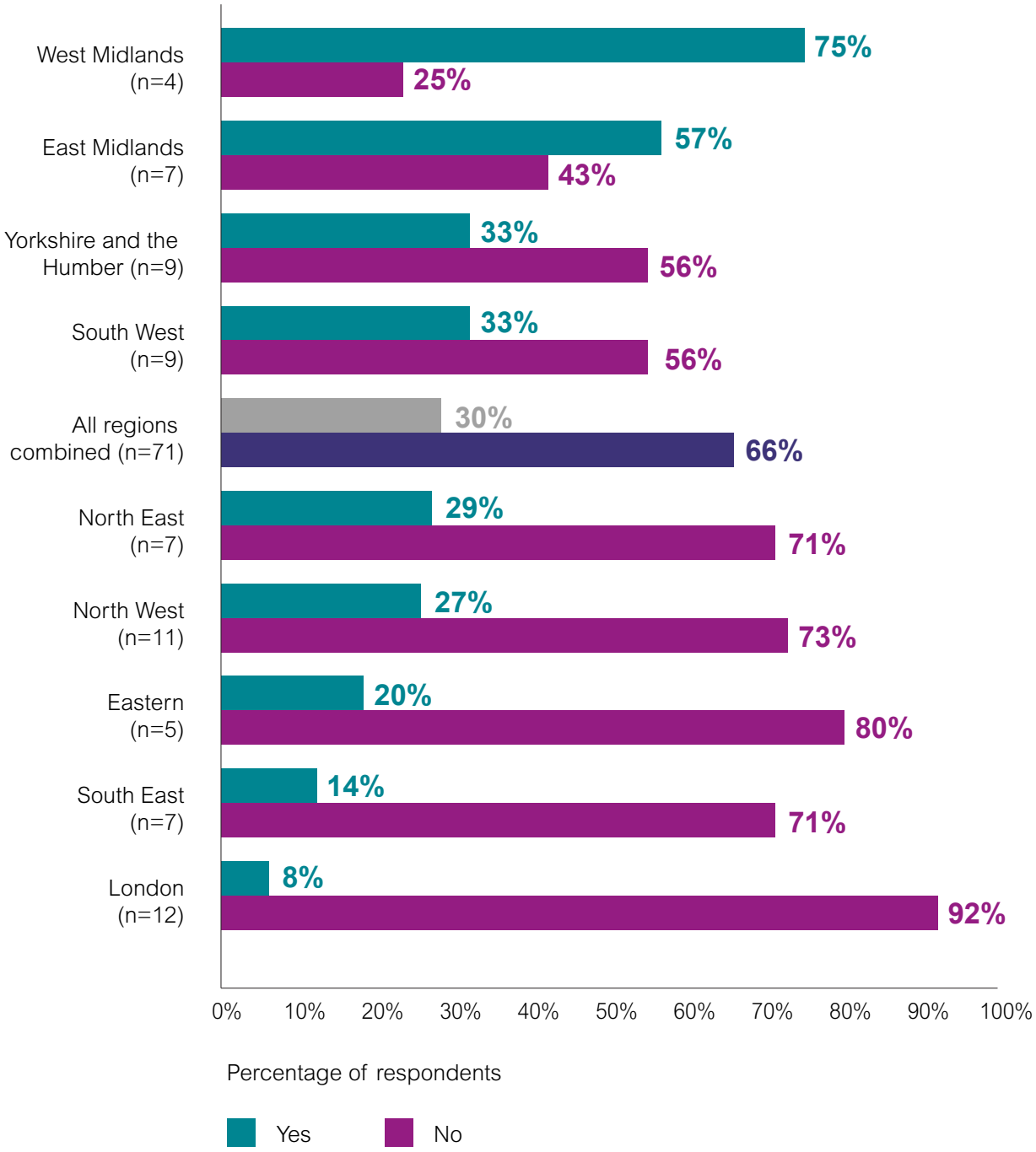
Figure 6. Extent to which the Community Mental Health Transformation Programme has had a positive impact on how community mental health services are working locally



New funding

Thirty per cent of respondents said that they had received new funding from the Mental Health Investment Standard or from the transformation monies as part of the Community Mental Health Transformation Programme. There was some regional variation as shown in figure seven, though due to the small numbers in some regions this may not be reflective of the complete picture.

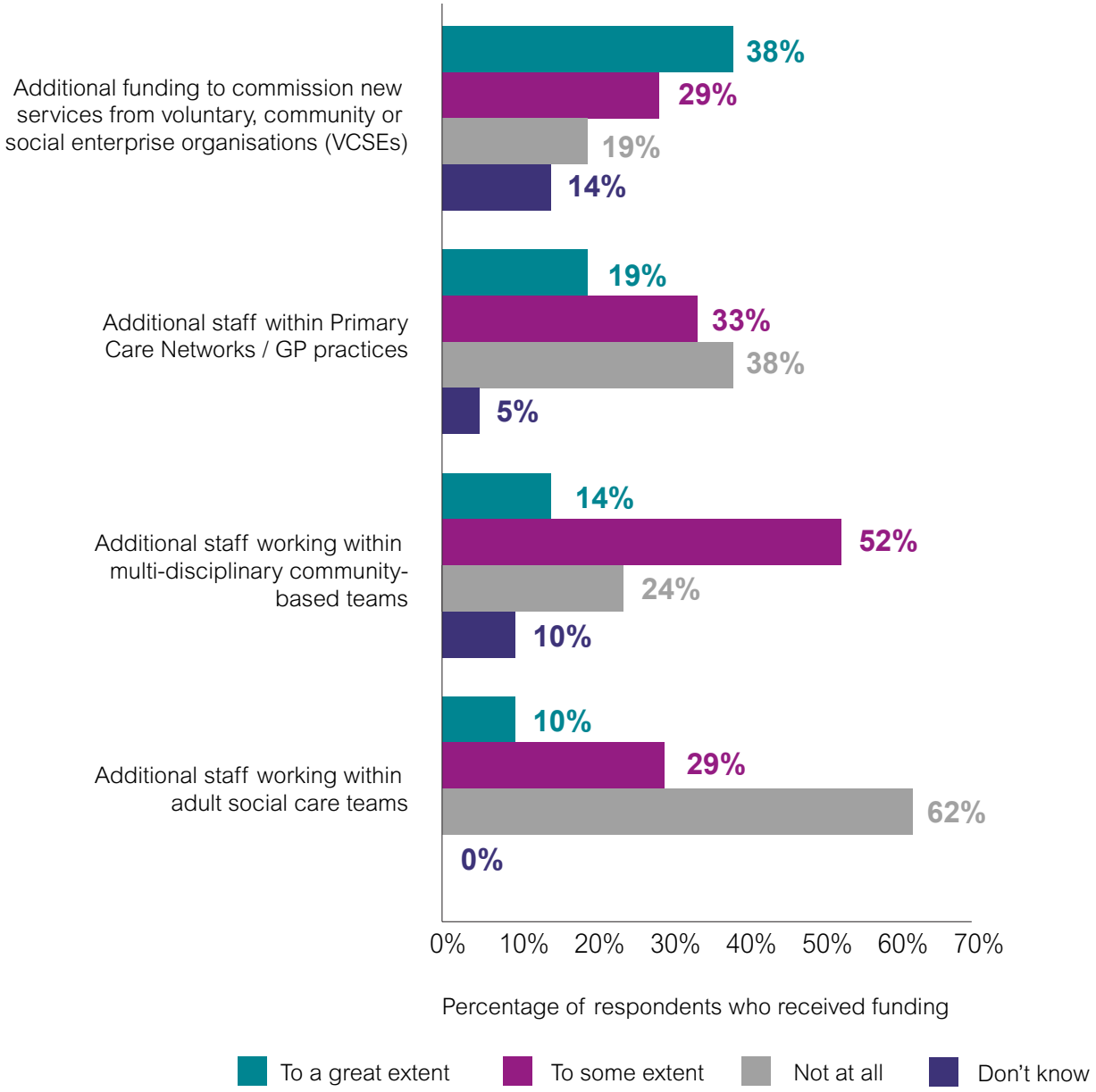
Figure 7. Percentage of respondents who have received new funding, by region



For those who had received additional funds, the greatest improvements were noted in commissioning new services where 38 per cent said that the funding had enabled improvement to a great extent and a further 29 per cent to some extent. Respondents also indicated that new funding had enabled improvements to some extent or a great extent with the number of additional staff working in primary care networks or GP practices (52 per cent), within multi-disciplinary community-based teams (66 per cent) and in adult social care teams (39 per cent).

For example, respondents told us that a considerable proportion of their funding "has gone to the voluntary sector, with the full engagement of people with lived experience", and another that they had "secured additional funding to develop strength-based approaches in Mental Health Neighbourhood Teams utilising the 'three conversations' (3Cs) approach." However, some councils had not seen any improvements in additional staff at all. We will explore the innovative approaches demonstrated and look at ways of sharing learning with other councils.

Figure 8. Areas that have seen improvement following investment



4. Assessment and care planning

A key component of the Community Mental Health Framework is setting out a method for coordination of care that will replace the Care Programme Approach (CPA) and enable high-quality, personalised care and support planning. The ambition is that every person who requires support, care and treatment in the community should have a co-produced and personalised care plan that takes into account all of their needs, as well as their rights under the Care Act, and Section 117 of the Mental Health Act where required.

The NHS England position statement published in March 2022, confirms that local systems should ensure that their new approach is based on five broad principles:

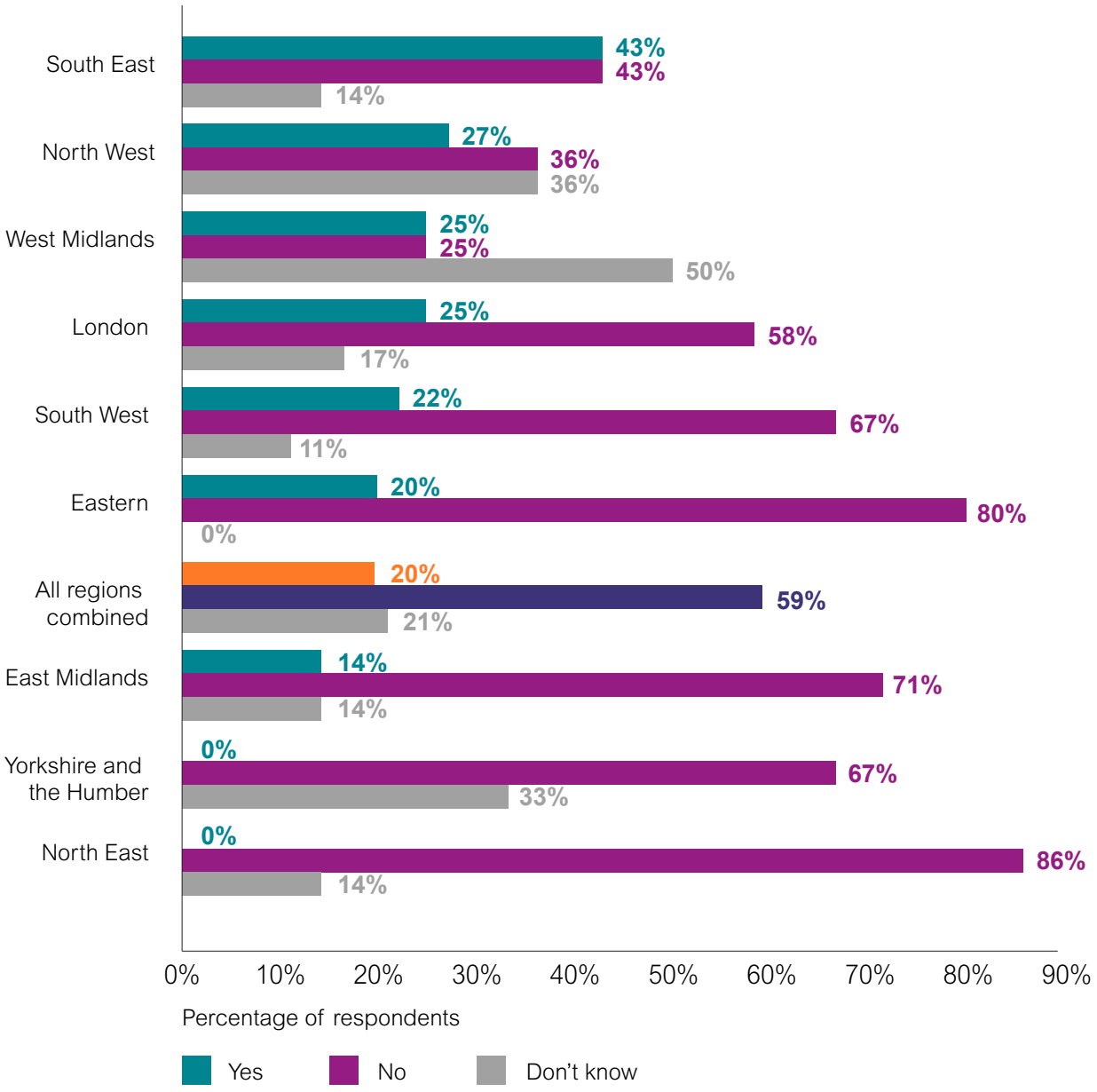
- A shift from generic care co-ordination to meaningful intervention-based care which helps people to recover and stay well, with documentation and processes that are proportionate and enable the delivery of high-quality care.
- A named key worker for all service users with a clearer multidisciplinary team (MDT) approach to both assess and meet the needs of service users, to reduce the reliance on care co-ordinators and to increase resilience in systems of care.
- High-quality co-produced, holistic, personalised care and support planning facilitated using digital shared care records and integration with other relevant care planning processes.
- Better support for and involvement of carers to provide safer and more effective care.
- A much more accessible, responsive, and flexible system in which approaches are tailored to the health, care and life needs, and circumstances of an individual, their carer(s) and family members, which may fluctuate over time.

Services and systems are expected to have reviewed and updated their local policies and procedures, retaining the positive aspects of CPA whilst ensuring their processes align with the five principles.

Developing a new approach to care planning and assessment

A fifth of the responding councils confirmed that they have a new and agreed approach to care planning and assessment, based on the principles as set out in the Community Mental Health Framework. These councils were spread across the country suggesting there has been no particular focus on this in any one region. Meanwhile, 59 per cent of councils said that they did not have an agreed approach and 21 per cent did not know.

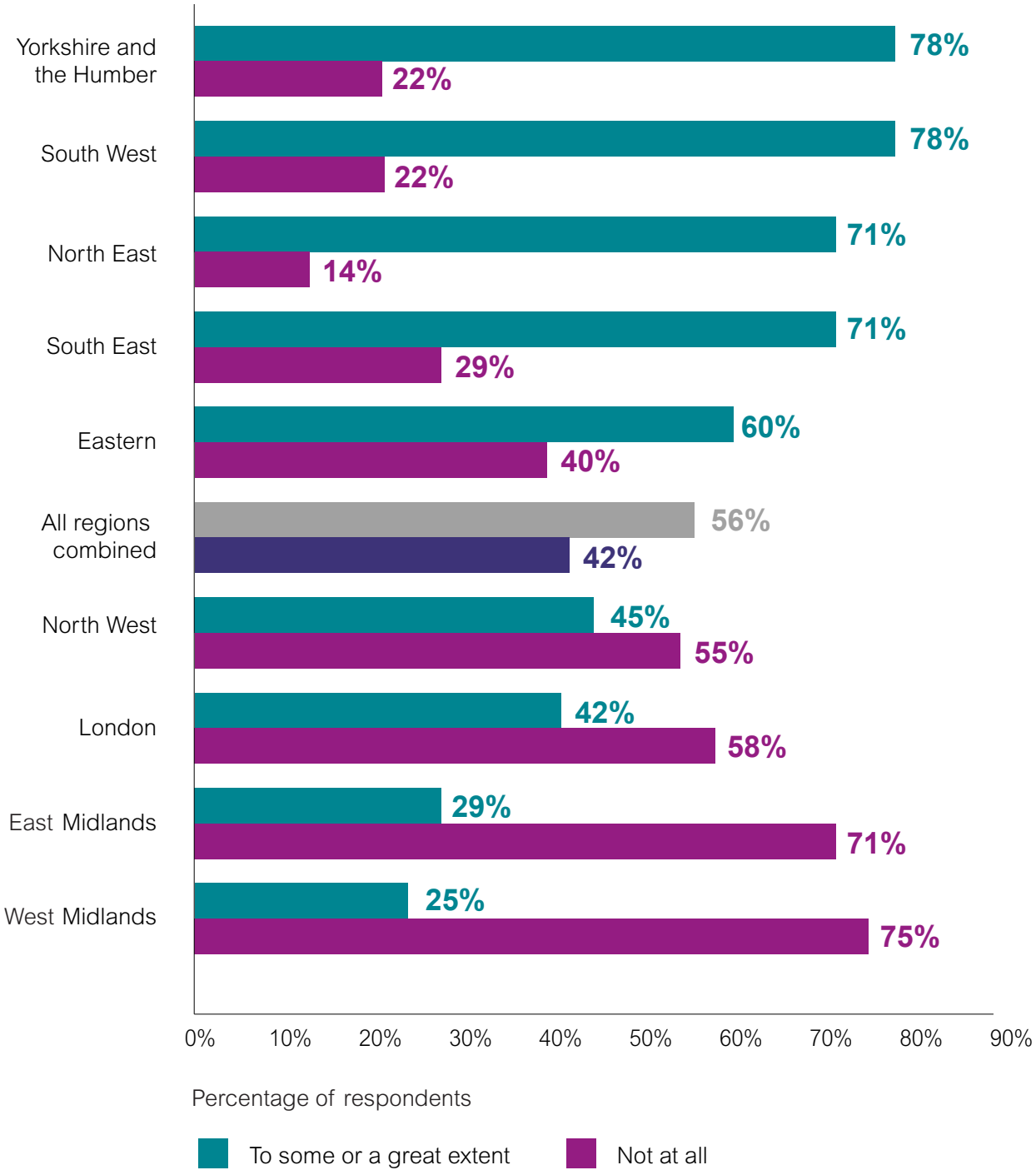
Figure 9: Respondents with a new and agreed approach to care planning and assessment



More than half (56 per cent) of councils said that they are involved in work to support a replacement for care planning and assessment across community mental health services, however the levels of confidence that the work is progressing in line with the five principles is limited. On the one hand we were told "….alignment with Care Act Assessment has featured in the CPA transformation workshops with key stakeholders. The strengths-based approach, key in Care Act Assessments, has been a key driver to the CPA approach." On the other hand, some councils are having a very different experience, saying "we have not been consulted - the changes within NHS occurred but were not communicated." We also saw that the extent to which the voice of adult social care can influence the work is variable with 30 responses (42 per cent) suggesting that it is not being heard at all.

Where there are formal partnership arrangements established to support the moving on from CPA there is greater evidence of progress being made with opportunities for learning. Furthermore, where a new approach to care planning and assessment has been implemented, councils were more likely to say that the voice of adult social care has been or is involved in the work to put in place a replacement for care planning and assessment across the community mental health services. Table 10 shows that where a new, agreed approach is in place, 86 per cent of respondents agreed to at least some extent that the voice of adult social care was involved in the work to put in place a replacement. This compares to 55 per cent where there is no new, agreed approach in place and 33 per cent where respondents indicated they did not know if there was a new approach in place.

Figure 10: Extent to which the voice of adult social care is involved in the work to put in place a replacement for CPA across your community mental health services



Note that due to non-response, in some regions percentages do not sum to 100%

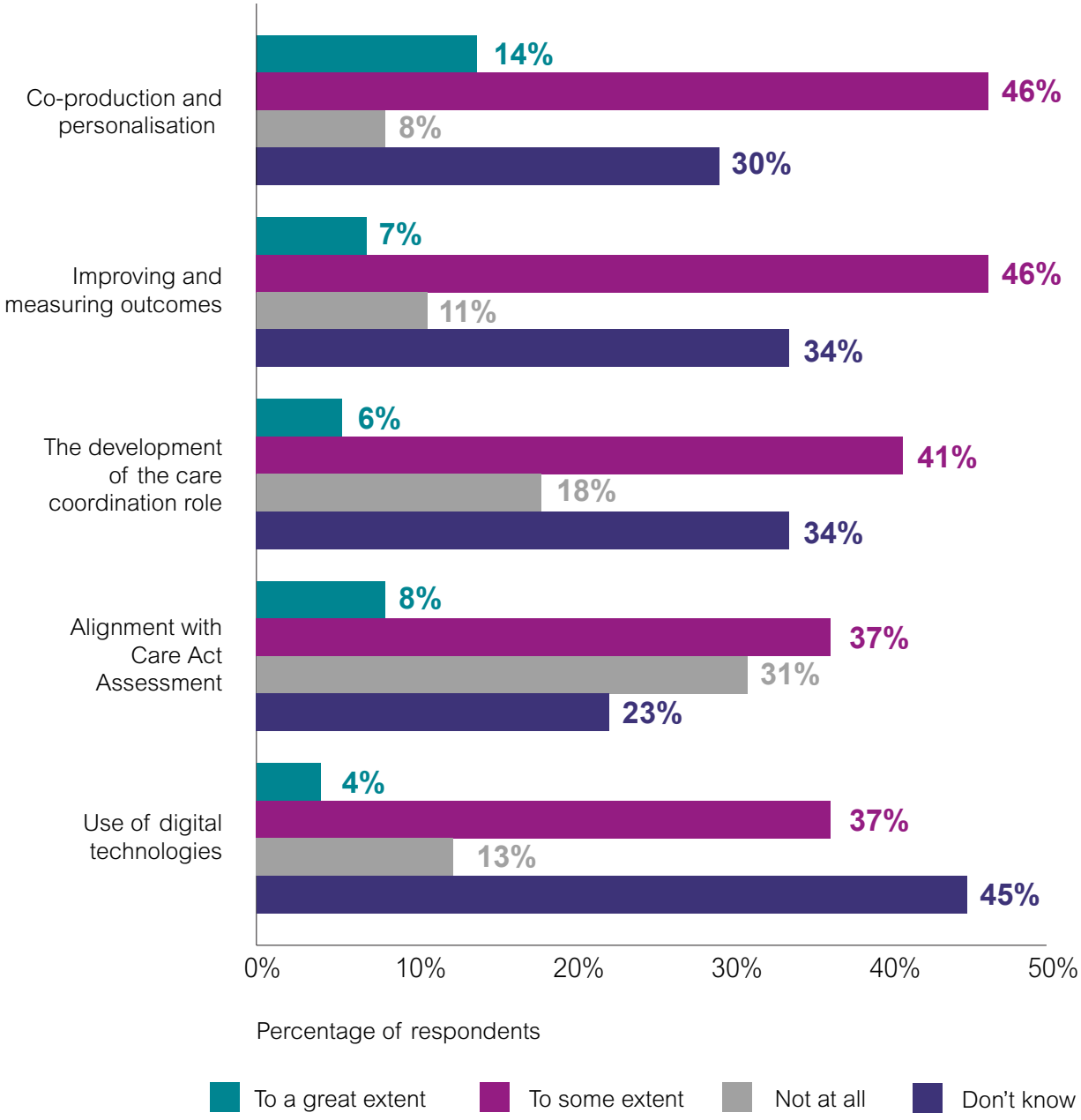
Table 11. Extent to which the voice of adult social care is involved in development of a new CPA system, by whether there is already an agreed approach in place

		The voice of adult social care has been/ is involved in the work to put in place a replacement for CPA across the community mental health services	
		To some or a great extent	Not at all
There is a new, agreed, approach to care planning and assessment	Yes (n=14)	86%	14%
	No (n=42)	55%	43%
	Don't know (n=15)	33%	67%

When asked about the extent to which the transformation has had a positive impact across various aspects of mental health social work (figure 12), respondents indicated the biggest effect on co-production and personalisation, with 60 per cent agreeing that there had been a positive impact to some extent or to a great extent. This is followed by improving and measuring outcomes with 53 per cent agreeing that there had been a positive impact. It is, however, important to note that around a third of respondents did not know the impact in these areas and therefore the actual impact may differ from this.

Of some concern, we saw that almost a third of respondents (31 per cent) said that the transformation programme had not had a positive impact on the alignment with the Care Act Assessment at all. Additionally, 45 per cent of respondents did not know about the impact on the use of digital technologies suggesting that awareness of this aspect of the transformation could be improved.

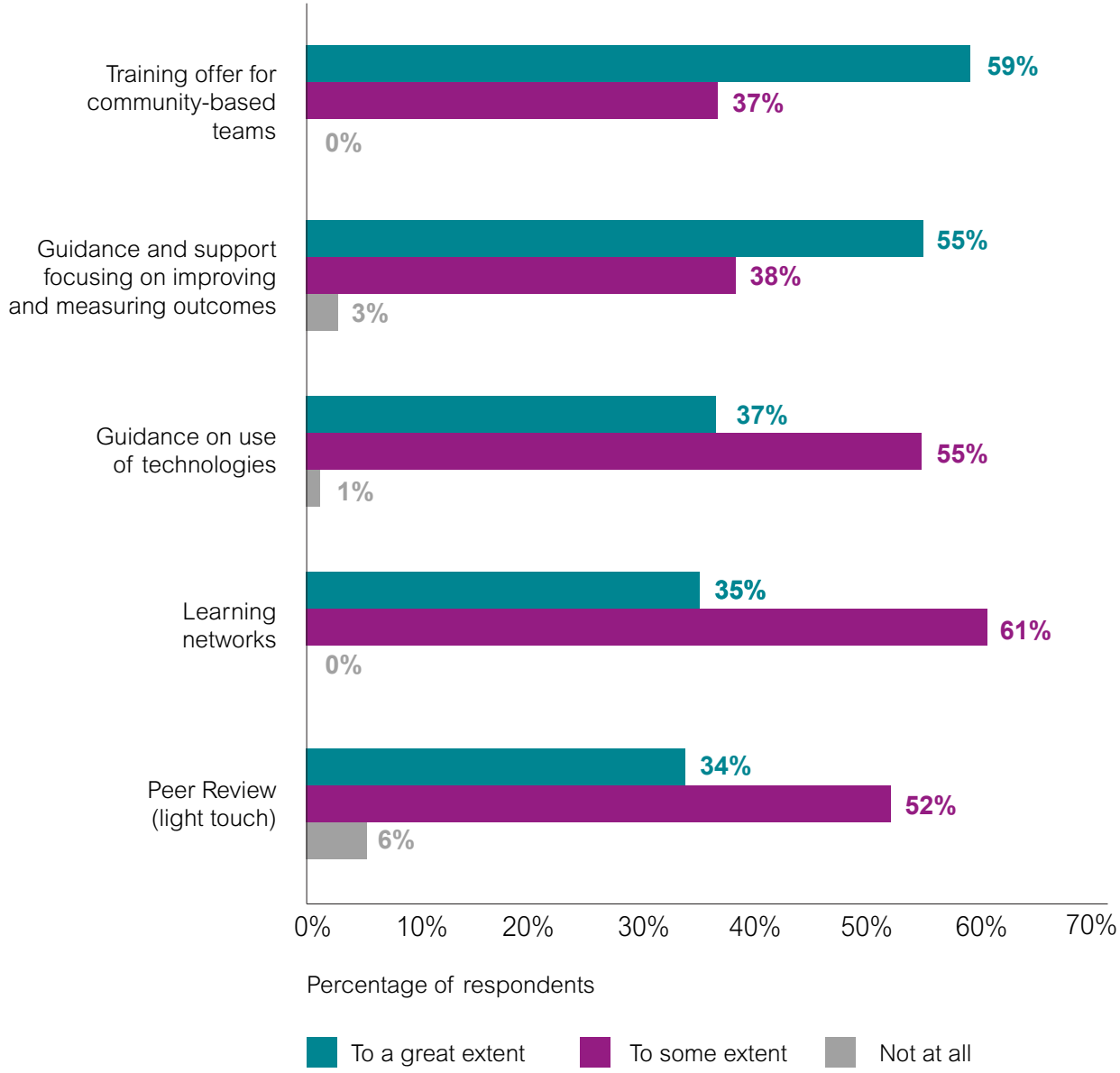
Figure 12. Extent to which the Community Mental Health Transformation Programme has had a positive impact on various aspects of mental health social work



Opportunities to strengthen care planning and assessment

Councils offer some clear views on the potential opportunities to provide sector led improvement support to strengthen the care planning and assessment processes and practice. Training and guidance were the most popular suggestions for support that would strengthen processes and practice, particularly focused on community-based teams and improving and measuring outcomes. There was also high interest in learning networks and light-touch peer review.

Figure 13. Extent to which offers of support would strengthen assessment and care planning processes and practice



Further scoping of this will be needed, noting the current work ongoing to develop and pilot training to support and embed bio-psycho-social approaches in care planning and assessment and to pilot a light touch system peer review offer as part of the PCH support. Other priorities identified for support focused on sharing best practice in relation to communication and engagement.

5. Arrangements for the commissioning and delivery of mental health services

The importance of collaboration in the governance, commissioning and provision of mental health services is well recognised. There is, however, no single model for the effective integration of the commissioning process or the operational delivery, and different areas have different arrangements in place.

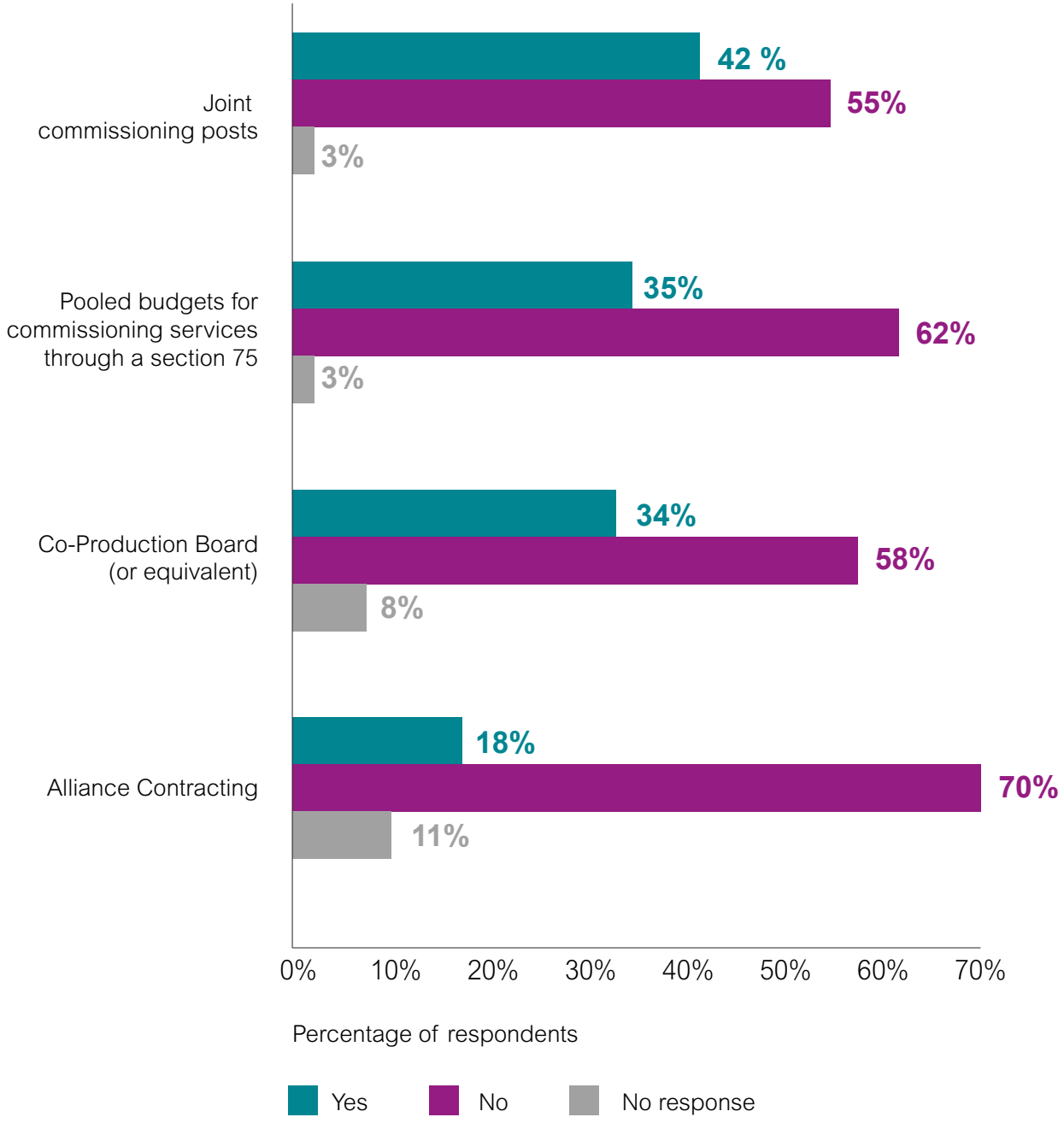
Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. Section 75 agreements can also be used to govern the delegation of functions to meet statutory duties in relation to adult mental health services. In some areas Section 75 agreements have been and continue to be used as a mechanism to support integration in the commissioning and delivery of adult mental health services.

The survey sought to improve our understanding of the current arrangements in place to support commissioning and operational delivery as a means to learn from what is working well and what support for improvement may be needed.

Arrangements for joint commissioning with the NHS (excluding S117)

Survey responses confirm that there are a range of approaches in place to support the joint commissioning of adult mental health services with NHS partners. These include joint commissioning posts (42 per cent), the use of pooled budgets through a Section 75 agreement (35 per cent) and joint co-production boards (34 per cent). Additionally, some councils indicated that they are using alliance contracting as an approach.

Figure 14. Formal arrangements for joint commissioning with local NHS commissioners



Where joint commissioning posts are established, some councils offer examples of good practice focusing on commissioning, contract management and quality assurance, including the provision of continuing heath care.

Forty-one per cent of responses also confirm active work ongoing to review the current arrangements, with some areas moving to strengthen joint commissioning through the creation of new joint posts and some are moving away from historic joint arrangements. For example, one council told us “we have had integrated commissioning arrangements in place for mental health and children and young people for many years. The ICB have gone through a huge change programme over

the last few years and a decision has been made to move to aligned commissioning rather than joint. This will see NHS staff moving out of council teams." Another explained that they "did have a vertically integrated commissioning function for six years, but this has now been disestablished as it was not felt to be delivering on the council's social care obligations." Strengthening commissioning is an area identified as a significant area for improvement, with three examples of good practice given below.

Good practice example of collaborative commissioning

In Nottinghamshire, we have established a collaborative arrangement in place for the commissioning of an intensive community support service that can respond quickly to support people being discharged from hospital or to provide extra support to people whose mental health is deteriorating. The council drew up the specification for the service, the trust contracts and pays for it, the council manages the monitoring administration, and the service is jointly overseen by all parties. This has been a good way to share ownership of, and interest in, a service that sits in that critical space between community support and inpatient care.

Good practice example of co-production

Our wellbeing and recovery partnership (WaRP) is a formal, nationally and internationally recognised partnership between the mental health forum and NHS foundation trust, putting lived experience expertise hand in hand with professional and technical expertise to bring about transformation and change.

Good practice example – alliance contracting

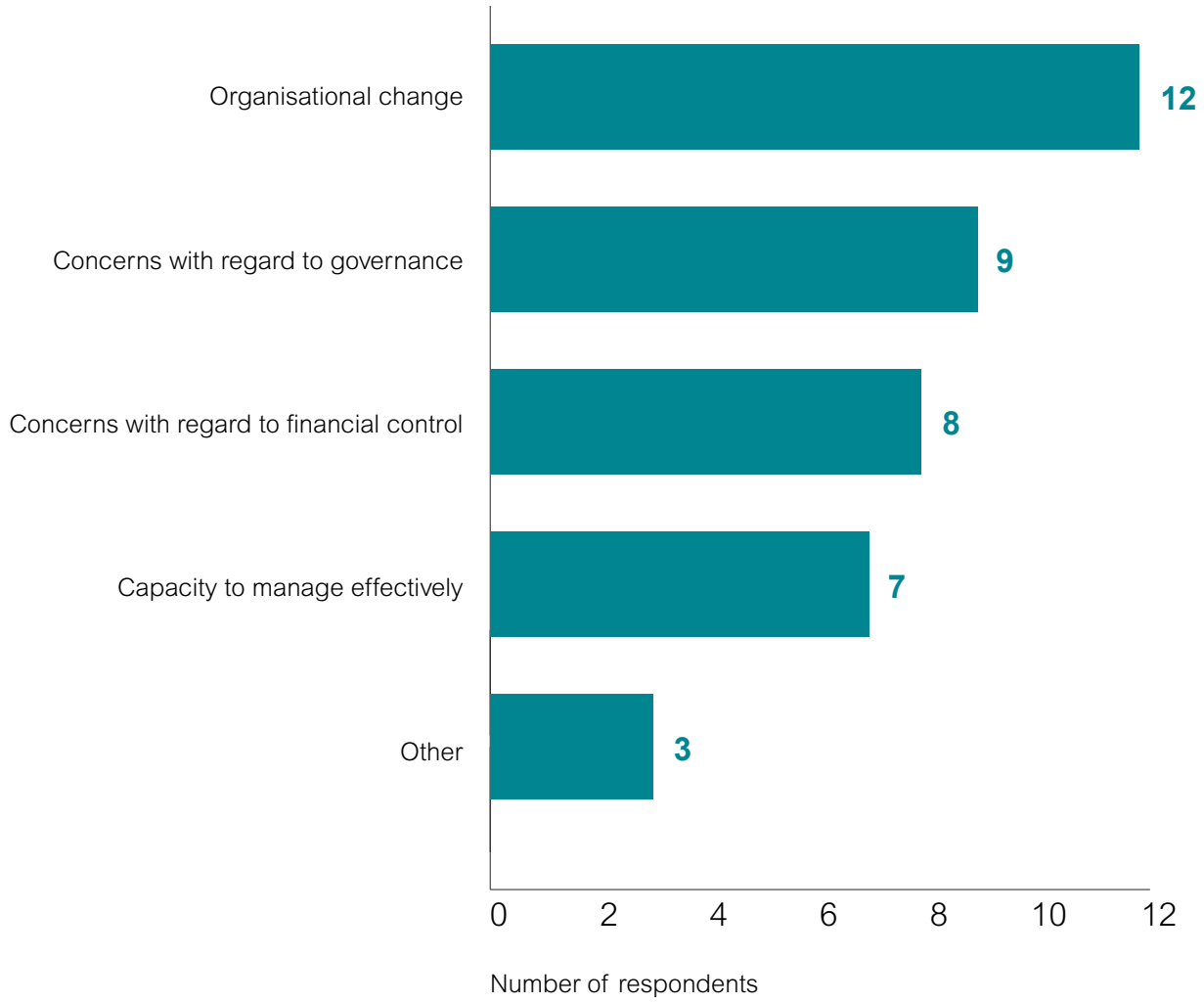
In Camden Mental Health, VCSE partners are commissioned to deliver early intervention/prevention services within an alliance contracting model. This is led by an alliance leadership team all of whom have equal decision making in the alliance.

Section 75 agreements for commissioning

Twenty-five of the 71 councils indicated that they currently have a Section 75 agreement in place for commissioning. For some councils, a Section 75 agreement for commissioning is a long-standing arrangement of over 20 years, for others much more recent. Most councils indicated that they had a planned date for the review of the current arrangements.

Twenty-two councils have discontinued their Section 75 agreement. The main reasons cited (figure 15) were organisational change, governance, and financial considerations. Please note that respondents were able to select more than one option.

Figure 15. Reasons for cancellation of Section 75 agreements



Section 117 arrangements

Section 117 of the Mental Health Act 1983 (MHA) places a statutory duty upon local social services and the local NHS to plan and provide mental health aftercare for those detained in hospital under a treatment section of the MHA (section 3, 37, 45A, 47 and 48).

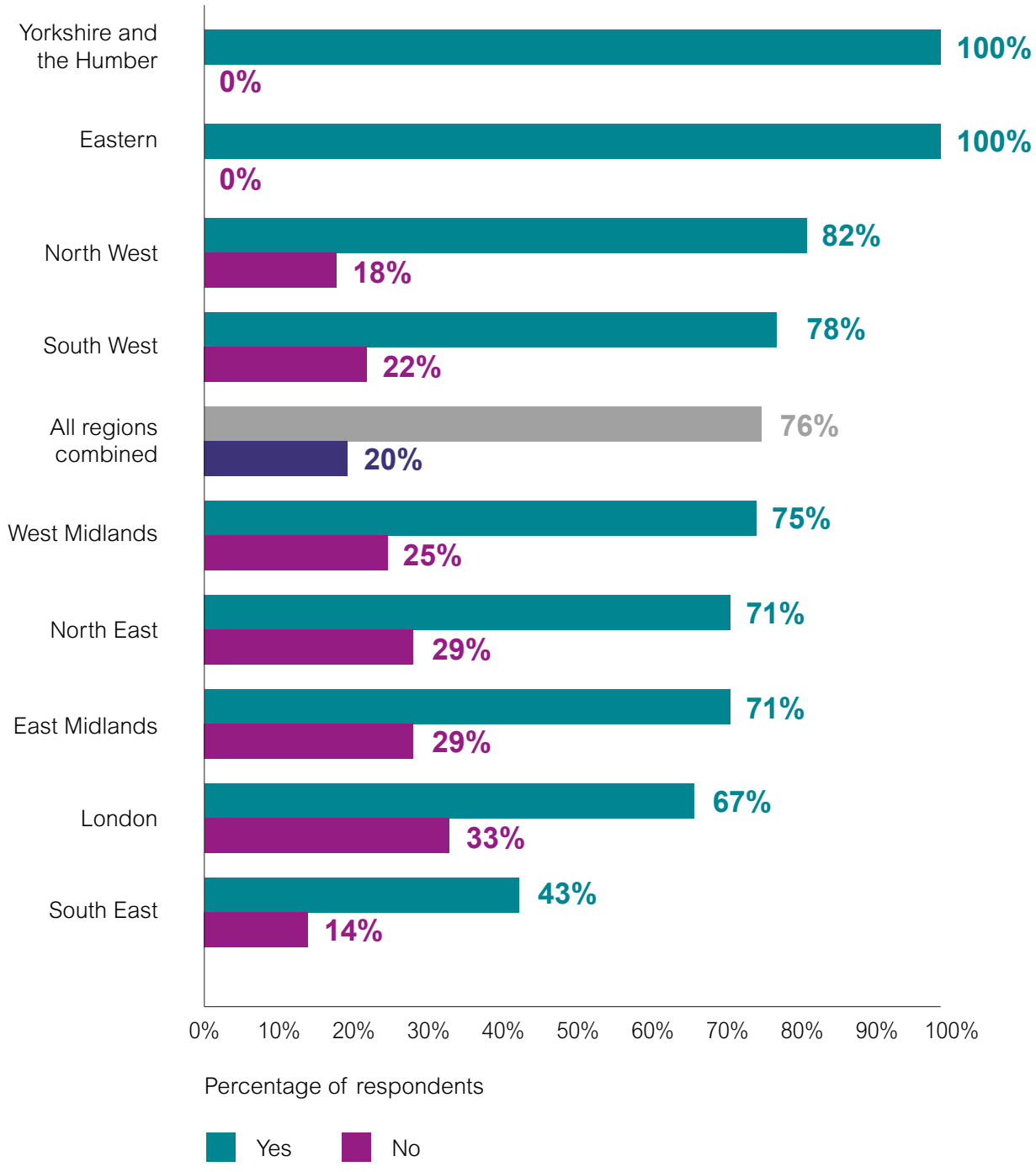
This survey sought to establish the effectiveness of local arrangements for the commissioning and oversight of Section 117 aftercare, to help identify good practice and areas where further support for councils may be helpful.

Of the 68 councils who responded to this question, 54 did have a protocol in place (79 per cent). There was some variation by region (figure 16) with all respondents in Yorkshire and Humber and the Eastern region indicating that they have a protocol in place, compared to less than half (43 per cent) in the South East and two thirds (67 per cent) in London.

Of those who indicated they have a Section 117 protocol in place, a quarter (25 per cent) of respondents were very confident that the aftercare plans are genuinely joint and a further 63 per cent were somewhat confident (Figure 16). Additionally, a quarter of respondents were very confident that their current arrangements and/or register are effective in enabling them to have oversight of people with Section 117 aftercare entitlement, with 58 per cent also saying they were confident to some extent.

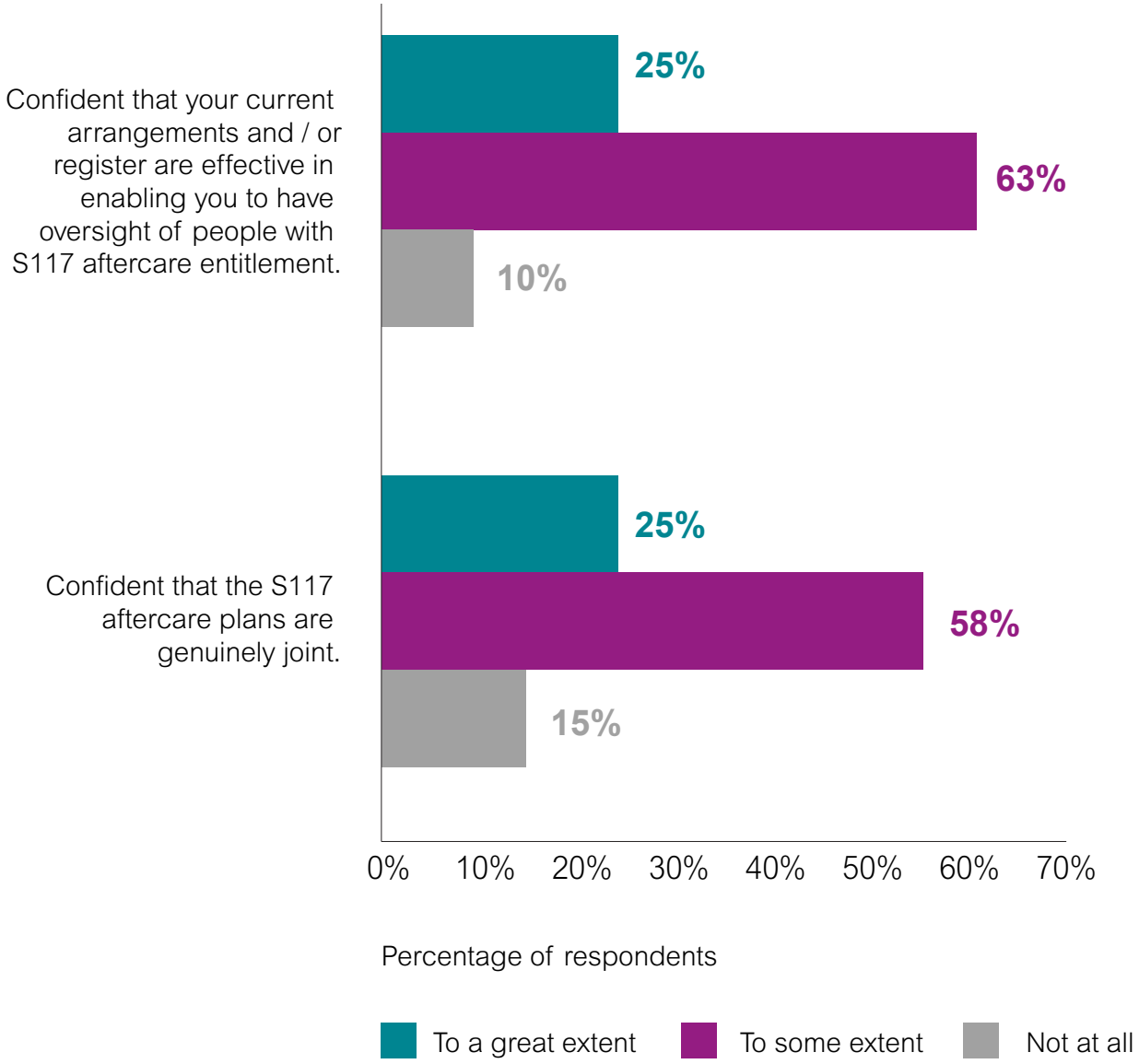
Additionally, respondents indicated that they are reviewing process related to their Section 117 (S117) arrangements. One told us that they are "currently undertaking a thorough investigation in to our S117 costs and processes across the system and this has revealed some gaps in our data" and another said "we are aware that there are a large number of people with S117 eligibility who have been discharged from secondary mental health services without their S117 status being reviewed or removed where appropriate. This happened prior to the establishment of our formal S117 arrangements."

Figure 16. Section 117 protocol in place with local NHS commissioner, by region



Note that percentages for some regions do not sum to 100 per cent due to non-response.

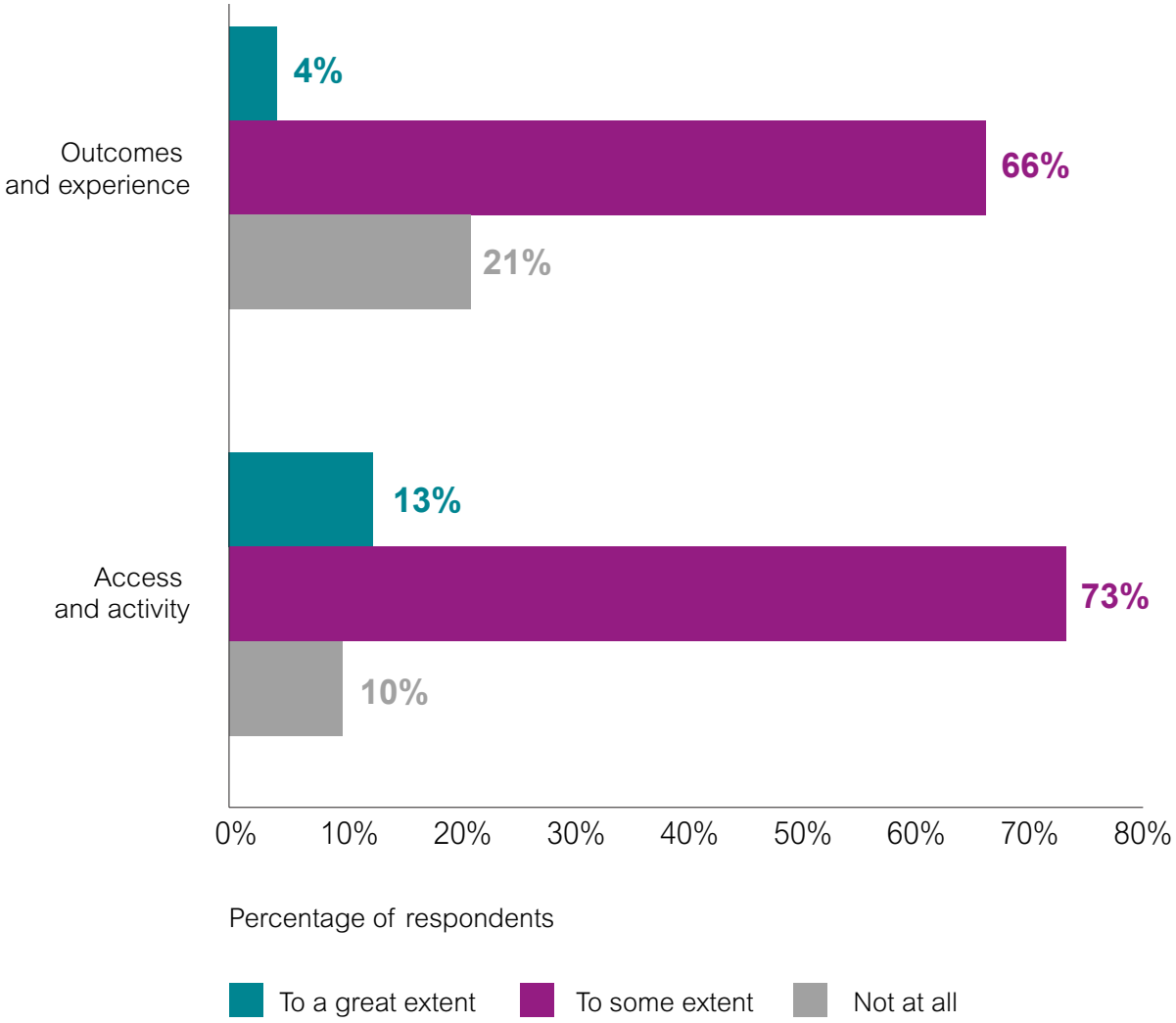
Figure 17. Confidence in current section 117 arrangements



Performance data

The majority of respondents agreed that they have access to performance data that gives insight and assurance on access and activity and on outcomes and experience to a great extent or to some extent (Figure 18). However, seven respondents indicated that they do not have access to performance data that provides insight on access and activity and 15 indicated the same for outcomes and experience, with six councils indicating that this was the case for both areas.

Figure 18. Access to performance data that gives insight and assurance to mental health services, including adult mental health social care provision



Further guidance and support to identify and share good practice in setting and collecting outcomes, performance, and activity data in relation to mental health social care services is a priority identified by many councils. This is particularly evident in comments by councils who have an integrated service model with data primarily held on NHS systems, and those relying on both NHS and social care systems which are not aligned.

One council told us that they are "currently operating in an integrated service model which creates some issues in obtaining 'good' data because some of our recording is completed on NHS databases." Another described some of the difficulties they're facing, saying "as we are an integrated mental health service and [the] NHS Trust is the lead partner, all care records are held within the NHS trust system. The information is very health focused and as a council we do experience difficulties obtaining accurate and up to date data in relation to performance."

The overall findings suggest that councils often cannot be assured of the delivery of their duties, and this is recognised as a key risk, particularly where the social care element of working may have been lost over time and reporting arrangements do not include governance or oversight of this work.

Good practice example of performance oversight

Warwickshire, with the provider trust have an agreed S75 performance dashboard. This includes an NHS app to report on agreed performance measures to assure the delivery of the delegated social care functions. This includes oversight from a S75 performance meeting that reports to the S75 strategic board as part of the governance arrangements. The board is chaired by the NHS Chief Operating Officer and membership includes senior council and mental health managers including the principal social worker. The S75 operational group also hold responsibility for the day-to-day delivery of the delegated functions who also report on a monthly basis to the S75 Board.

Operational delivery

There are different operational delivery arrangements in place to support the provision of adult mental health services and the survey sought to gain a better understanding of the current picture by asking councils to choose from one of the five statements to describe their current delivery and operational arrangements between the council and the local NHS mental health provider.

Of note, over half of responding councils have no formal partnership arrangement in place, and of these seven feel that there is little operational collaboration or integration.

Table 19. Current delivery and operational integration of adult mental health services with local NHS Mental Health Trust

	Percentage of respondents
Our adult mental health social care teams work closely with our NHS partners and other partners, however there is no formal partnership arrangement in place.	**51%**
We have a Section 75 or other formal partnership in place with our NHS mental health trust, some adult mental health social care staff work in jointly managed teams and through well-established multi-disciplinary teams, however the day-to-day functions remain with the local authority.	**17%**
We have a strong Section 75 or other formal partnership in place with our NHS mental health trust who directly employ social care staff with delegated responsibility for statutory functions.	**11%**
We have a strong Section 75 or other formal partnership in place with our NHS mental health trust, with the majority of adult mental health social care staff seconded to the host partner, and day to day management undertaken by the host provider.	**10%**
Our adult mental health social care teams and NHS services work quite separately and there is little operational collaboration and integration.	**10%**

Forty councils (57 per cent) confirmed that there are active discussions ongoing to review the local arrangements which could result in changes. The primary issues being considered in these discussions include:

- the need to ensure effective alignment with the Care Act duties
- improving professional accountability
- opportunities to strengthen operational integration
- improving oversight and governance.

Some examples of operational delivery given in the survey are shared below to illustrate current practice:

- "The key drivers for change are: having greater assurance that the council is consistently meeting its statutory requirements; a need to focus more resources and effort on prevent, reduction and delay in people's mental health needs; and to ensure social workers are located in the most effective parts of the care pathway and in numbers that are conducive with the specific population needs across our geography."
- "We are developing an Operational Memorandum of Understanding (MOU) between adult social care and our mental health trust to replace the lapsed Operational Section 75 agreement. The mental health social care team is co-located within the trust, which continues to enhance better communication and consistent service delivery for our service users with improved outcomes."
- "Subject to the output of the review project it could be that a different form of governance would be more appropriate for the current day needs, such as an alliance type agreement between the council and multiple partners, including the VCSE sector."
- "There are local discussions about the potential for provider collaboratives. The scope of this is not yet known but in other areas we know it has resulted in either commissioners and or operational teams becoming part of one collaborative. We are in the very early stages locally of exploring what we might need / want a collaborative to do in our area."

6. Sharing best practice and supporting sector led improvement

The survey asked councils to share areas of good practice, as well as challenges or opportunities to help shape the Partners in Care and Health support offer and inform other councils that could learn from them.

Sharing Successes

Councils were asked to share three things that they are most proud of in their work to support the delivery of adult mental health services.

The responses are comprehensive and reflect a wide range of areas where councils are actively driving improvement work. The themes of the successes shared are summarized in table 20. PCH will link with councils to enable the sharing of good practice and development of learning networks.

Table 20. Themes of shared success

Themes of the successes shared	No. of councils referencing this theme
Joint working with the NHS and others	22
Development of Approved Mental Health Practitioner (AMHP) workforce and practice	20
Section 117 arrangements	19
Strengthening the role of social work in mental health services	9
Strengthening commissioning	8
Embedding co-production	7
Embedding strength-based working	7
Supporting timely and effective discharge	6
Working with the VCSE	6
Reablement	6
Examples of specific service developments	4
Focusing on quality	4
Employment support and retention	4
Leadership development	4
Professional practice development including legal literacy	3
Development of recovery focused supported living	3
Focus on prevention	3
Strengthening safeguarding	2
Care Act compliance	2
Promoting innovation	2
Development of crisis services	2
Supporting transitions	2
Homelessness	2
Developing a mental health and wellbeing service	2
Meeting the needs of culturally diverse community	1
Use of personal health budgets	1

Understanding the challenges

Councils were also asked to consider the current challenges and potential areas for support in their work to support and improve local adult mental health services.

There was a high level of consistency in the responses, with workforce recruitment and retention and the pressures associated with increasing need and complexity in the current financial climate dominant as evidenced in table 21.

Other shared challenges included the complexities of effective partnership arrangements, provision of housing support and the implications of the Right Care Right Person implementation. Respondents also mentioned the data challenges they are facing including data capture as well as using the data intelligence to better understand and improve services.

Table 21. Areas of challenge for councils

Challenge identified	No. of councils
Increased demand for services	23
Recruitment and retention	20
Availability of beds	12
Complexity of cases	9
Workforce	8
Budget	7
Commissioning	7
S117 protocol	7
Capacity	6
Housing	6
Finances	5
Data	5
Safety	5
Specialist providers	5
Implementation of Right Care Right Person	5
Wider system integration and pressures	5
CQC assurance	4
Production	4
Measuring outcomes	4
Discharge pathways	3

Supporting Improvement

Councils were asked to suggest specific areas where they would welcome support to help in their work to improve local mental health services. Table 22 below provides a summary of the most common areas identified with the most common areas being joint commissioning, training and performance data management.

Table 22. Potential areas for support

Theme	Number of councils who said they would welcome support per theme
Joint commissioning development	9
Training offer (including legal literacy, strength-based working and learning networks)	9
Performance data and management (incl. quality and benchmarking)	8
Models for effective collaboration in delivery (including with VCSE)	8
S117 policy and oversight	7
Workforce development	7
Promoting the role of mental health social work	6
Supported living and housing	6
Demand and capacity modelling	6
Community Mental Health Team (CMHT) and promoting need for engagement with councils	5
Supporting transition and safeguarding	3
Approaches to co-production	3
CQC assurance and preparation	2
Role of digital transformation	2
Discharge processes	2
Strength based working	1

7. Conclusion and recommendations

The survey has allowed us to explore current practices and challenges being faced in mental health social care. Below these have been grouped into themes, each with recommendations for future work.

Community Health Transformation

While most councils feel involved as a valued partner in the community mental health transformation programme in their area, a significant number feel that their influence is limited and the impact on local mental health services is variable.

The importance of strong local programme management that enables engagement of key partners is highlighted, recognising the time and capacity that this requires.

Recommendation 1

Directors of Adult Social Services (DASSs)
DASSs should assure themselves that the programme arrangements within their integrated care board area are enabling effective engagement of all partners, with clear objectives and oversight arrangements in place.

Partners in Care and Health
A support offer to help systems review their current community mental health transformation programme arrangements should be considered, with a focus on partnership working and impact.

Moving on from the Care Programme Approach (CPA)

Most councils are involved in work to support a replacement for the Care Programme Approach (CPA), however confidence that local work is progressing in line with the five principles set out by NHS England is limited.

The extent to which the voice of adult social care can influence the work to move on from CPA is variable with 30 councils (42 per cent) responding that the voice of adult social care is not being heard at all.

Recommendation 2:

Directors of Adult Social Services (DASSs)
DASSs should ensure themselves that local work to support the replacement of CPA is informed by, and values the voice of, adult social care.

Partners in Care and Health
The findings from this survey should inform the guidance being developed to support councils and systems in their work to move on from CPA, with a specific focus on the engagement of councils to ensure alignment with Care Act responsibilities.

Collaborative Commissioning

Arrangements for collaborative/joint commissioning between councils and NHS commissioners is variable. This is particularly relevant in relation to the use of Section 75 agreements for pooled budgets and arrangements for S117 aftercare and support.

The availability of data to provide insight and assurance in relation to access and activity, and outcomes and experience is variable and an area where further guidance and sharing of good practice is sought. This is particularly relevant in the context of Care Quality Commission (CQC) assessment and assurance.

Recommendation 3

Directors of Adult Social Services (DASSs)
DASSs should assure themselves that they have access to data that provides insight and assurance in relation to activity and outcomes relating to their statutory duties.

Partners in Care and Health

(1) A support offer should be scoped for councils, drawing on good practice, to enable them to be confident that they are able to evidence how they maintain oversight that their statutory duties are being met in relation to adult mental health.

(2) Further work should be progressed to understand the specific needs and support that will give greater confidence in relation to the current commissioning arrangements for adult mental health services.

Collaboration in the delivery of mental health services

Many councils are actively reviewing their current arrangements to support collaboration in the delivery of adult mental health services with the NHS and VCSE sector. While there is no single model that is emerging, the focus for councils is ensuring effective alignment with the Care Act duties, improving professional practice and accountability and strengthening oversight and governance.

Recommendation 4

Directors of Adult Social Services (DASSs)
DASSs should have a clear process in place to regularly review their collaborative arrangements to support the delivery of mental health services.

Partners in Care and Health
The findings from the survey should be used to inform the "top tips" guidance that is being developed to support councils in strengthening their collaborative working arrangements.

Sharing good practice and embedding sector led improvement approaches.

All councils can identify examples good practice to support the delivery of adult mental health services. This suggests that there is significant opportunity to share good practice and consider the role of regional and national learning networks with NHS and other partners.

There are key areas where councils have suggested additional sector led improvement support would be welcome, with key areas including commissioning, supporting professional development, and improving the availability and use of data to provide insight and assurance.

Recommendation 5

Directors of Adult Social Services (DASSs)
DASSs should use the insight from this survey to identify areas of good practice that they can share, as well as areas where targeted sector led improvement support would be helpful and to discuss these with their CHIA.

Partners in Care and Health
The findings from the survey should be used to inform the priorities for ongoing sector led improvement work for 24/25 and beyond, evidencing the case for continued funding for supporting adult mental health sector led improvement under the leadership of the ADASS Mental Health Network.

Annex A – Questionnaire

About you and your organisation

D1 Council:

D2 Please provide your council's main point of contact with responsibility for mental health transformation.

Name; Email; Role

D3 Please provide your council's main NHS Mental Health Provider.

Part A: Engagement in the Community Mental Health Transformation Programme

Q1 In your opinion, how involved is your council in the Community Mental Health Transformation Programme in your area?

Please indicate which of the following statements best describes your council's involvement.

- We are leading the transformation programme and are fully engaged.
- We are involved as a valued partner and are able to shape and influence the programme.
- We are involved, however the work is being driven entirely by the NHS and we have no influence.
- We have not been involved to date, however recognise that it is an area that we need to prioritise going forward.
- We have not been involved at all and do not consider it relevant.
- None of the above (please offer your own statement below to describe your involvement).

Q1a Please add further comments as necessary to expand on your response above.

Q2 At this point in time, to what extent do you think the Community Mental Health Transformation Programme has had a positive impact on how community mental health services are working locally?

Response options: To a great extent; To some extent; Not at all; Don't know

Q3 With specific reference to mental health social work, at this point in time, to what extent do you think the Community Mental Health Transformation Programme has had a positive impact on the following:

Response options: To a great extent; To some extent; Not at all; Don't know

- The number of mental health social workers in post
- Effective deployment of mental health social workers
- The role and visibility of mental health social workers
- Other (please specify)

Q3a Please add further comments as necessary to expand on your response above.

Q4 Has your council received any new funding from the Mental Health Investment Standard or from the transformation monies as part of the Community Mental Health Transformation Programme? Yes/No

Q4a To what extent has this new investment enabled positive improvement in the following:

Response options: To a great extent; To some extent; Not at all; Don't know

- Additional staff within Primary Care Networks / GP practices
- Additional staff working within multi-disciplinary community-based teams
- Additional staff working within adult social care teams
- Additional funding to commission new services from voluntary, community or social enterprise organisations (VCSEs)
- Other (please specify)

Q4b Please add further comments as necessary to expand on your response above.

Part B: Assessment and moving on from the Care Programme Approach (CPA)

Q5 Do you have in place a new, agreed, approach to care planning and assessment based on the principles set out in the Community Mental Health Framework?

Yes/No/Don't know

Q6 To what extent do you think the voice of adult social care has been/is involved in the work to put in place a replacement for CPA across your community mental health services?

Response options: To a great extent; To some extent; Not at all; Don't know

Q6a Please can you tell us more about adult social care's involvement in the work to put in place a replacement for CPA across your community mental health services, including, for example, what progress has been made and/or challenges to overcome?

Q7 To what extent do you think the following areas have, or are being considered sufficiently within the new care and support planning approach to replace CPA in your area?

Response options: To a great extent; To some extent; Not at all; Don't know

- Alignment with Care Act Assessment
- Co-production and personalisation
- The development of the Care Co-ordination role
- Use of digital technologies
- Improving and measuring outcomes

Q7a Please add further comments as necessary to expand on your response above.

Q8 To what extent do you think the following might help you in your work to strengthen assessment and care planning processes and practice?

Response options: To a great extent; To some extent; Not at all; Don't know

- Training offer for community-based teams
- Peer Review (light touch)
- Learning networks
- Guidance on use of Digital technologies
- Guidance and support focusing on improving and measuring outcomes
- Other (please specify)

Q8a Please add further comments as necessary to expand on your response above.

Part C: Arrangements for commissioning and delivery of mental health services

Q9 Which formal arrangements do you have in place for joint commissioning with your local NHS commissioners? (Please note, Section 117 arrangements are considered in Q11)

Response options Yes; No

- Joint commissioning posts
- Pooled budgets for commissioning services through a section 75 (see question 10)
- Co-Production Board (or equivalent)
- Alliance Contracting
- Other (please specify)

You have said that you have some formal arrangements in place for joint commissioning with your local NHS commissioners. We would be interested in any good practice or learning that you would be willing to share.

Please provide a brief description of any good practice and a contact point so that we can follow up.

For each selected option in Q9:

- Good practice
- Contact name
- Contact email

Q9b If there is anything else you would like to add about your joint commissioning formal arrangements, please use the space below.

Q10 Do you have a Section 75 Arrangement for the commissioning of adult mental health services in your area? Yes/No

Q10a How long has the arrangement been in place?

Q10b When was the arrangement last reviewed?

Q10c Do you have a plan for when it will next be reviewed? Yes/No

Q10ci Please provide the planned date for review.

Q10d Have you ever had a Section 75 arrangement for the commissioning of adult mental health services? Yes/Never

Q10di What was the reason for ending the Section 75 arrangement for commissioning? (please select all that apply)

- Concerns with regard to financial control
- Concerns with regard to governance
- Organisational change
- Capacity to manage effectively
- Other (please describe below)

Q10e If there is anything else you would like to add about your Section 75 arrangements, please use the space below.

Q11a Do you have a S117 Protocol in place with your local NHS commissioner?

Q11b To what extent are you confident that the S117 aftercare plans are genuinely joint?

Response options: To a great extent; To some extent; Not at all; Don't know

Q11c To what extent are you confident that your current arrangements and/or register are effective in enabling you to have oversight of people with S117 aftercare entitlement?

Response options: To a great extent; To some extent; Not at all; Don't know

Q12 We would like to understand how you rate your performance oversight of mental health services in your area. To what extent do you agree with the following statements:

Response options: To a great extent; To some extent; Not at all; Don't know

a) We have access to performance data that gives us insight and assurance on access and activity related to mental health services in our area, including adult social care mental health provision.

b) We have access to performance data that gives us insight and assurance on outcomes and experience of mental health services in our area, including adult mental health social provision

Q12c If you have any further comments about your performance oversight of mental health services in your area that you would like to share with us, please use the space below.

Q13 Which of the following best describes the current delivery and operational integration of adult mental health services with your local NHS Mental Health Trust? Please select one option.

- We have a strong Section 75 or other formal partnership in place with our NHS mental health trust who directly employ social care staff with delegated responsibility for statutory functions.
- We have a strong Section 75 or other formal partnership in place with our NHS mental health trust, with the majority of adult mental health social care staff seconded to the host partner, and day to day management undertaken by the host provider.
- We have a Section 75 or other formal partnership in place with our NHS mental Health trust, some adult mental health social care staff work in jointly managed teams and through well established multi-disciplinary teams, however the day to day functions remain with the local authority.
- Our adult mental health social care teams work closely with our NHS partners and other partners, however there is no formal partnership arrangement in place.
- Our adult mental health social care teams and NHS services work quite separately and there is little operational collaboration and integration.

Q14 Are there any active discussions which may lead to changes in the current position? Yes/No

Q14a What is the driver for these?

Final questions

Q15. What are the three things you are most proud of in the work you have been doing to support the delivery of adult mental health services in your council that we can learn from?

Q16 What are the three most pressing challenges relating to adult mental health services in your council?

Q17 As Partners in Care and Health we want to develop our future support programme to provide the practical support for councils and their partners to improve adult mental health services. If you have any thoughts on specific support or key topic areas to address that you would find useful please could you tell us up to three key priorities below:

Q18 If there is anything further that you would like to tell us that hasn't been covered so far, please tell us below.

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