
Health and Adult Social Care Scrutiny Committee - 20th October, 2021

Report of the Lead for Law and Governance (Monitoring Officer)

Call-In of Cabinet Decision – Mental Health in the Community

Purpose

1. To consider and respond to the call-in of the Cabinet decision concerning Mental Health in the Community.

Recommendation

2. That the Committee consider the decision of the Cabinet concerning Mental Health in the Community and the options referred to in paragraph 9 below.

Background

3. On 23rd September, 2021, the Cabinet considered a report on Mental Health in the Community. The Cabinet Minute relating to this item, together with the report, are attached as Appendix 1.
4. The decision was subsequently 'Called-In' for scrutiny following a request from five Members of this Committee in accordance with Paragraph 13 of the Scrutiny Committee Procedure Rules.
5. A report on Mental Health in the Community was discussed by this Committee on 9th September, 2021. The minutes of that meeting are set out elsewhere on the agenda.
6. As required by the Scrutiny Committee Procedure Rules, Members of the Committee have been invited to submit written questions in advance of the meeting. Any questions submitted in advance, together with any responses, will be circulated to the Committee. This does not prevent Members from asking questions at the meeting itself.

7. The Leader, the Cabinet Member for Health and Adult Social Care and the Director of Adult Social Care have been invited to attend the Committee to address the meeting and to respond to questions.
8. The procedure for dealing with the Call-In of the decision, as set out in Scrutiny Committee Procedure Rule 13, is attached as Appendix 2.
9. In determining the Call-In, the following options are open to the Committee:
 - (a) To raise no objection to the decision in which case no further action is necessary and the decision is implemented with immediate effect.
 - (b) To refer the decision back to the Cabinet Member along with any concerns.
 - (c) To refer the matter for discussion at full Council along with any concerns.
10. In the case of options (b) and (c) above, it should be noted that the final decision rests with the Cabinet under powers delegated in Part 3 of the Constitution.
11. If a Scrutiny Committee is unable to reach a consensus view on any recommendations, then a minority report may also be submitted for consideration alongside any recommendations agreed by the majority of the Committee.

Finance

12. The implications are set out in the attached report.

Law

13. The legal implications relating to Mental Health in the Community are set out in the attached report. The provisions regarding the Call-In of decisions are contained in the Scrutiny Committee Procedure Rules in the Council's Constitution. The Constitution was adopted by the Council pursuant to the requirements of the Local Government Act, 2000.

Risk Management

14. The implications are set out in the attached report.

Equality Impact

15. The implications are set out in the attached report.

Human Resources/Organisational Development

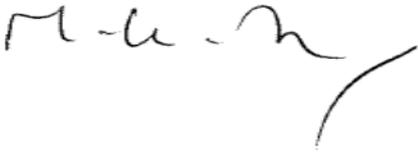
16. The implications are set out in the attached report.

Commercial/Procurement

17. The implications are set out in the attached report.

Council Priorities

18. The implications are set out in the attached report.



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Appendices

Appendix 1 – Minutes and Report to the Cabinet – 23rd September, 2021

Appendix 2 – Procedure for a Scrutiny Committee dealing with a ‘Call-In’ (Extract from Scrutiny Committee Procedure Rule 13)

List of Background Documents

[The Council’s Constitution:](#)

Part 2 - Article 6 (Overview and Scrutiny)

Part 4 - Scrutiny Committee Procedure Rules

[Report and Minutes of the Cabinet – 23rd September, 2021](#)

[Report and Minutes of the Health and Adult Social Care Scrutiny Committee – 9th September, 2021](#)

Extract from Cabinet Minutes

23rd September, 2021

24 Mental Health in the Community

A report of the Director of Adult Social Care was submitted outlining the future vision for community outreach services relating to mental health social care interventions.

The Cabinet Member for Health and Adult Social Care reported that adult mental health services had been formally transferred back to the Council from the former Dudley and Walsall Mental Health Trust on 1st April, 2021. The Council was committed to reviewing the service to ensure that it was fit for purpose following the Covid-19 pandemic. Requests for mental health support were increasing, particularly from people who had no prior history of mental health needs before the pandemic.

Considerable thought and attention had been given to the future model of mental health from a community perspective and change was necessary. The Cabinet Member recognised that any changes to mental health services could cause anxiety and distress to people who depended on them and for their families. The report was presented to the Cabinet at this stage to set out proposed changes and the next steps to build a mental health service that was fit for the future.

The local authority was responsible for delivering legal assessments in line with legal requirements such as the Mental Health Act 2007, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DOLS) and Safeguarding and Care Act 2014 assessments. The law was changing to replace DOLS with Liberty Protection Safeguards (LPS). The Council needed to develop an internal infrastructure to ensure that appropriate training and support was provided. This would improve the mental health social care of individuals who needed this provision. In addition, social care mental health professionals would be expected to offer support and guidance to workers across the wider Directorate given the increased instances of poor mental health and social isolation caused by the Covid-19 pandemic.

The Directorate was seeking to increase the number of qualified Senior Social Workers in Mental Health from 10 to 12 Full Time Equivalent posts and to establish a permanent internal DOLS/LPS service in the process. The Directorate would introduce two newly qualified Social Work posts to help develop the workforce, improve succession planning and assist in the retention of experienced staff who had worked effectively during the pandemic.

The Cabinet Member acknowledged the concerns raised regarding the Woodside Day Centre. The service was long established and well respected in the local community. However, the building required more than £1m capital investment to make it safe due to deficiencies in the roof, chimney stack and wider dilapidation during the lockdown period. The heating system was not fit for purpose and the capital required would not create a modern facility but one that merely met Health and Safety requirements. The Council was aware that attendees at Woodside Day Centre were keen to continue to attend and many families depended on the service as a form of respite.

The proposed service model would involve a shift to a community model of support and the closure of Woodside Day Centre. It was confirmed that capacity existed at the Queens Cross Centre to continue the offer of a form of day services for attendees. An assessment would be undertaken with everyone impacted and a support plan would be put in place to meet their needs. Capacity would be retained from Support Workers at Woodside, who would become Senior Community Support Workers and work on an outreach basis. The proposals would achieve a better use of existing resources and a commitment in the Medium-Term Financial Strategy. Representations had been made that all the proposed service changes could be delivered whilst maintaining the Woodside service. However, that was not considered possible and it was felt that this was the correct time to adapt and evolve the service.

The Cabinet Member commended the new model of community support and requested the Cabinet to support the proposals to drive the necessary changes to meet the post Covid-19 needs of Dudley Borough.

The Opposition Spokesperson for Health and Adult Social Care expressed concerns regarding the content of the report, including the lack of specific reference to the Woodside Day Centre, the staffing proposals and details of the future model of service. He requested that the report be withdrawn and resubmitted at a later date following detailed consideration of the points raised.

The Cabinet Member and the Director of Adult Social Care responded to the questions and stated that there would be consultation with the service users, carers and wider stakeholders including the NHS and voluntary sector as part of the process. The Liberty Protection Safeguards were a matter of national legislation and not a local decision. The proposed model of service had been discussed at the Health and Adult Social Care Scrutiny Committee on 9th September, 2021 and it was noted that any Cabinet decision may be called in for further scrutiny in due course. Details of the proposed structure would be provided post consultation. Information regarding the Mental Health budget had been available when the Council's budget strategy for 2021/22 was approved.

The Leader of the Opposition Group raised a series of concerns as summarised below:

- The report to the Cabinet meeting was considered inadequate; it did not refer to the proposed closure of Woodside Day Centre and there was no detail in the finance section about the planned capital receipt.

- There was no additional financial investment in the proposed model and it was considered that the model would not have the capacity to deal with the demand.
- Mental health presentation in Dudley had doubled and this was not considered to be the right time to be closing-down mental health provision.
- Significant concern was expressed that a high priority was now being given to the closure of a mental health service in Dudley given the implications of the Covid-19 pandemic.
- The demand for mental health services was 212 attendances a week; Woodside was well-utilised and attendees were largely outside of the Netherton, Woodside and St Andrews ward; Gornal and Dudley had a significant number of attendees.
- The proposed model removed the respite support as a day centre; there was evidence that community/families could exacerbate mental health issues and adequate day facilities could aid recovery.
- The move to sessions at Queens Cross was inadequate and the facilities available were not tailored for this specific group of service users.
- There was no evidence base for the proposed approach and neither did it form any part of any early intervention strategy.
- The same proposal for Woodside Day Centre had been brought forward in 2011 and at that point it was stated that the building was not viable because the central heating was beyond repair.
- In 2011, a view had been expressed that the Woodside Day Centre was a “life-line” and the closure was prevented; as mental health presence had now increased due to the Covid-19 and lockdown, it was questioned why this was no longer considered to be the case.
- The last time the closure had been proposed, it was reported that service users had made attempts on their life due to worries about the support that they would lose. Careful consideration was needed of the potential consequences for patients suffering from mental health issues for which the Council would be held responsible.
- The Opposition Group vehemently objected to these proposals which they considered could put local people at risk; the Cabinet was urged to reflect on the proposals and refrain from the closure of Woodside Day Centre. The Opposition Group undertook to work in positive partnership with the controlling Group to find alternative solutions.

The Director of Adult Social Care reported that the capital value of the site had not yet been quantified and this would only be done if a final decision was reached to dispose of the asset. The points regarding financial investment were noted. The value of offering collective activity was recognised, hence the discussions with the Queens Cross service to offer a viable alternative to the existing service. Significant health and safety concerns had been expressed about the safety of the Woodside building and a detailed summary could be provided on request. It was acknowledged that significant value was attached to the woodworking facilities on the Woodside site and Cabinet Members had specifically requested that a viable means of sustaining that element of the service was retained.

A further request was made by the Opposition Spokesperson for Adult Social Care for the proposals to be reconsidered and resubmitted at a future time.

The Leader acknowledged that there was a need for a considerable amount of further work to be undertaken, particularly on the proposed reprovision of services at Queens Cross or an alternative venue. The consultation process had not yet commenced, and greater detail was required before any final decisions were made. In the interests of transparency and clarity, the detailed points discussed at this meeting would be recorded in the minutes and reflected in the forthcoming consultation process.

Resolved

- (1) That the Community Mental Health Service embracing the ethos of strengths-based inclusive practice be supported and in doing so it is envisaged that the service will provide a life course approach at differing levels of intervention from primary to secondary and from acute to chronic presentations.
 - (2) That the detailed issues, as discussed by Members at the meeting, be recorded in the Cabinet minutes and that more detailed information be made available following the consultation process.
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Meeting of the Cabinet – 23rd September 2021

Report of the Director of Adult Social Care

Mental Health in the Community

Purpose

1. This report is being presented in order to outline the future vision of community outreach services pertaining to mental health social care interventions. Infusion will be person centred and strength based. It will be influenced by the expectations and attitudes of the individual accessing the support. Infusion will be collaborative and have strong links with existing service providers, charities, business within the Dudley borough. Individuals will become community members which will enhance social inclusion. It should be noted that Infusion is a working title for what is proposed to be a community outreach mental health service. It is envisioned that this service able to respond and adapt to the different challenges which may be experienced as a result of the Covid 19 Pandemic, evidence is showing that there has and will continue to be increased referrals to mental health services, there has been marked increase in the amount of individuals presenting to Mental Health services who have not had a psychiatric career.
2. Furthermore, the staff team who are working to develop the infusion vision have started to develop community links with organisations who offer community support in a variety of settings and locations, for example links have been made with faith groups and a community café. These organisations appear to be very keen to work with Dudley MBC. In addition, the infusion team have and will continue to engage community partners by raising awareness by providing physical presentation and through the use of social media. A face book page has been established and is receiving increased attention.

Recommendations

3. It is recommended that
 - Cabinet support that the community mental health service embraces the ethos of strengths based inclusive practice. In doing so it is envisioned that the service will provide a life course approach at differing levels of intervention from primary to secondary, and from acute to chronic presentations

Background

4. Infusion will provide Mental Health prevention services as an integral part of the wider preventive services within Adult Social Care in Dudley.
5. Infusion will be accessible to any citizen within the Dudley borough, who have concerns about their own mental health and aims to offer this service to all groups that might have felt unrepresented in the past, through a self-referral system. Additionally, the service will aim to make strong and effective links with the Community Voluntary Service (CVS). Dudley already has significant partnerships in this area. An example of these partnerships is that Healthwatch have 55 connection points to the community across the borough, establishing partnerships with this type of 3rd sector organisation will build on the aim of connecting and promoting community cohesion.
6. Its aim is to be based in the community, to give the individuals the tools to develop a strong network and participation in mainstream activities, which will include, social, educational, personal development, volunteering and employment; resulting in an increase in the individual's personal growth and resilience.
7. These opportunities and meaningful activities will also prevent isolation, loneliness, and deterioration of wellbeing; empowering individuals to manage their mental health and be a valued member of society regardless of disability.
8. Infusion will offer events, workshops, peer led groups and signposting to relevant services; this will have a positive effect on reducing and preventing individuals that access the service, with mental health relapses and possible psychiatric hospital admissions.
9. Proposed outcomes of social care interventions
 1. Create innovative ways of working to support people to achieve their personal aspirations - demonstrating a range of preventative support measure.
 2. Infusion will be accessed by all individuals requiring preventive mental health support, independently of their background.
 3. Infusion will offer a preventive service to younger members (16 to 18-year olds), who may have mental health needs, to support transition into adult mental health services.
 4. Infusion will enable community members to receive a more focused service with defined outcomes.
 5. Community members achieving their own goals and aspirations
 6. Community members leading inclusive lives within their community.
 7. Community members gaining new skills and tools to enhance and develop potential.
 8. Community members taking positive risks in a planned and managed way.
 9. Community members achieving and maintaining good mental health and wellbeing.

10. Community members to be less reliant in mental health long term services.
 11. The preventative service will reduce psychiatric hospital admission from the community. This will enable a detailed evaluation of the difference the service is making. This will be done by case file audit, listening to individuals' narratives, and monitoring the number of contacts/interventions delivered.
10. Infusion will empower community members to develop skills, be socially inclusive, be resilient which will prevent deterioration in mental health and reduce hospital admission. Infusion will collaborate with micro business, develop and resource peer led groups.

Infusion will promote personal budgets and direct payments.

11. Infusion could create local agile jobs for local people, that could have experience in mental health concerns themselves, providing them with a steady income and financial security, gaining a fulfilling career, feeling positive and more confident. They will learn/develop new skills as individuals and may even discover a hidden talent or passion through their new role and positive about their future and residing in Dudley Borough. Further examples of proposed types of interventions
- Focusing on recovery, prevention and therapeutic intervention through peer-led events, person- centred support groups and community collaboration.
 - To work with GPs, access team, social workers, hospitals, colleges and schools. whilst promoting self-referral.
 - To use social media and webinars – especially in response to Covid 19 disruptions to normal service.
 - To manage the transition for existing service users to a community supported service.
 - To set up portals in the Dudley borough developing sustainable connected communities and to scale up project.
 - To target under-represented groups and individuals with poor engagement.
 - Offering time limited support/ events which will help community members to develop and build a level of resilience which will allow them to have greater control over their own lives and reduce dependency on services.
 - Furthermore, in line with the White Paper 2021 work will be actively undertaken to build on the excellent working relationships across the multidisciplinary forum. The paper highlights the importance of reducing duplication, developing local pathways and pooling resource to ensure an effective community offer
 - It is acknowledged that the service will take approximately 18- 24moths to embed into working practices, this recognises the required training and cultural change.

Consultation

12. It is proposed that after the governance requirements associated with service redesign have been approved that there will be a period of consultation which will involve statutory, 3rd sector and community groups. At this juncture it has been suggested that this would be for an initial period of 30 days, but this may be extended



if required to ensure appropriate representation. A variety of mediums will be used to achieve this goal. These will depend on Government guidance regarding social distancing etc. Digital platforms could be used to facilitate consultation and consideration would have to be given to individuals and groups who were not digitally enabled. Furthermore, the service will benefit from a 6-month review in order to ensure that the service offer is appropriate and meeting the needs of the community.

Finance

13. It is not envisioned that there will be any associated costs pressure incurred from this proposal, these have previously been included in the proposed restructure document

Law

14. The project will work within the legal parameters of the following legislation

- 1) Care Act 2014
- 2) Human Rights Act 1998
- 3) Mental Capacity Act 2005
- 4) Equality Act 2010
- 5) Mental HEALTH Act 1983 as amended by the 2007 Act
- 6) Social Work and Children Act 2017

This is not an exhaustive list

Risk Management

15. The proposed service will adhere to the local authorities' policies and procedures. All staff will receive appropriate training for them to deliver a safe and effective community service. It should be noted that no corporate risks have been identified that relate to this proposed service.

Equality Impact

16. The infusion project will strive to deliver and promote an inclusive strengths-based service for people who experience common (primary care) mental illnesses to more severe and enduring mental health conditions (secondary care). The project will adhere to the declared requirements of the Equality Act 2010 and embrace the values of the local authority.

The infusion project will strive to identify and include individuals who present with protective characteristics under the Equality Act 2010 and will also work with individuals who are identified as belonging to hard to reach groups. Information will be accessible and where required bespoke.

Human Resources/Organisational Development

17. The HR Business Partnering team is fully engaged with the proposals and is working with the service to produce a formal consultation/implementation plan, identifying mechanisms of implementing a revised structure in line with relevant Council HR policies.

Commercial/Procurement

18. The proposed service will ensure that the most appropriate professional will lead an individual's care, it is envisioned that this change will have a positive impact on the cost of care packages for example 50/50 splits may be secured

Council Priorities

19. The proposed model of delivery will seek to ensure that individuals who experience mental health difficulties/illnesses will be able to access appropriate support across the differing care levels, from primary to secondary care. In addition, the ethos of the service will be to ensure prevention and community cohesion are delivered.



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Appendices

None

List of Background Documents

None

Procedure for a Scrutiny Committee dealing with a 'Call-In'

- The Chair will deal with preliminary items, set the context and outline the procedure for the meeting.
- The relevant Cabinet Member and/or the relevant Officer, shall be invited to make representations concerning the decision.
- The Committee will deal with any written questions that have been submitted in advance.
- Members of the Committee will have the opportunity to ask questions.
- Contributions will be invited from any other persons present along with any further questions from the Committee.
- Following all questions and contributions, the relevant Cabinet Member and/or the relevant Officer will be invited to make a final statement.
- The Committee will review all the facts, opinions and comments and consider making any recommendations or observations to the relevant decision-taker and/or the Council.

If the Scrutiny Committee considers the decision, and is still concerned about it, the decision may be referred back to the relevant decision-taker or referred to full Council. The decision-taker will be advised of the Scrutiny Committee's concerns.

If the matter is referred back to the decision-taker, arrangements will be made within 5 working days for the original decision to be reconsidered. The decision-taker will then make a final decision.

If a Scrutiny Committee does not refer the matter back to the decision-taker, or to full Council, the decision shall take immediate effect.

If a decision is referred to full Council and the Council raises no objections, the decision will take immediate effect.

If the Council objects to the decision, it will be referred back to the decision-taker along with the Council's views. Arrangements shall be made within 5 working days for the original decision to be reconsidered. The decision-taker will then make a final decision.