

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Penny Southern, Corporate Director of Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 27 September 2018

**Subject:** **DEVELOPMENT OF THE FUTURE PROVISION OF SOCIAL CARE AND SUPPORT FOR ADULTS WITH MENTAL HEALTH NEEDS**

**Classification:** Unrestricted

**Past Pathway of Paper** Adult Social Care Cabinet Committee – 9 June 2017

**Future Pathway of Paper** None

**Electoral Division:** All

**Summary:** This report provides an update on the progress in achieving the roadmap for the future provision of social care and support for adults with mental health needs. The programme of change is in response to the changing strategic and commissioning landscape at national and local levels as set out in the report previously presented to the Adult Social Care Cabinet Committee.

**Recommendations:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the progress to date in developing the new mental health social care operating model, including the transfer of the line management of mental health staff from the Kent and Medway Mental Health Partnership Trust to Kent County Council.

## 1. Introduction

- 1.1 The purpose of this report is to provide an update to the Adult Social Care Cabinet Committee, by setting out the changes the Council is making to deliver social care and support to adults with mental health needs, in the context of the system wide integration agenda, exemplified by the Your Life Your Wellbeing (YLYWB) Transformation Programme and the Kent and Medway Sustainability and the Transformation Plan (STP).
- 1.2 The changing landscape for the commissioning and provision of health and social care support services provides a unique opportunity to introduce a new operational model, to deliver integration at an individual, service and organisational level.
- 1.3 There is a renewed focus on implementing commissioned support services which are based on the expressed objectives of improving outcomes and well-being of individuals. Current models of care, developed through co production

and delivering these objectives include Live Well Kent, the Primary Care Social Work Service and the Kent Enablement and Recovery Service.

- 1.4 Kent County Council (KCC) and Kent and Medway NHS Partnership Trust (KMPT) adopted a project approach to deliver the transformation programme required to achieve the agreed operational model. This commenced in January 2018 and the first phase of the changes including the transfer back of the line management of KCC staff in Community Mental Health Teams will take place on 1 October 2018. Implementation plans have been developed across all key considerations including workforce, stakeholder engagement and communication; information sharing; systems solutions and governance. Healthwatch has been engaged throughout. There have been two additional workstreams focusing on the Approved Mental Health Practitioner (AMHP) service and Kent County Council only considerations e.g. Out of Hours (OOH) service arrangements.

## 2. Policy Context

- 2.1 The national policy and local context for the developments in partnership working in KCC mental health services are outlined in the previous report to Adult Social Care Cabinet Committee. The current key themes of the Council's vision for Adult Social Care are:

- **Promoting wellbeing** – supporting and encouraging people to look after their health and wellbeing to avoid, or delay, them needing adult social care.
- **Promoting independence** – providing short-term support so that people are then able to carry on with their lives as independently as possible.
- **Supporting independence** – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

### 2.2 Five Year Forward View (5YFV)

- 2.2.1 In February 2016 the Mental Health Taskforce published "Five Year Forward View for Mental Health: An independent report of the Mental Health Taskforce." The key recommendations in the strategy were:

- Inequalities must be reduced to ensure all needs are met, across all ages
- Care must be integrated – spanning people's physical, mental and social needs achieved through partnership working across the NHS, public health, voluntary, local authority, housing providers, education and youth justice. Integrated population-based commissioning will combine health and social care spending power to improve mental health outcomes
- Access to high-quality services close to home: ensuring that local community services are immediately available so that people experiencing mental health crisis do not need to wait. If people need to use hospital services, they should not have to travel out of their area for the right care

- Co-production: people living with mental illness and carers should be involved in the design and delivery of mental health services
- Improved carer engagement: health professionals should be trained to involve carers. Services should also show evidence that they effectively engage with carers as part of their inspections
- Action on physical health: people with mental illness should get enhanced help with their physical health through better screening and lifestyle support. People with physical health conditions should receive better support for their mental health needs
- Health and Well-being Boards to have plans in place to promote good mental health, prevent problems arising and improve mental health services
- The right data must be collected and used to drive and evaluate progress
- Prevention and early intervention must be prioritised with rapid transformation of services for children and young people.

### **3. Health and Social Care Future Intentions**

#### **3.1 Sustainability and Transformation Plans (STPs)**

3.1.1 As part of the planning process to deliver the 5YFV, all NHS bodies and Local Authorities were asked to produce STPs by June 2016 setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances across a local health and care system. STPs cover the period October 2016 to March 2021. Substantial progress will need to be made in three key areas including:

- Improving access to and availability of mental health services, focusing on children and young people's services, specialist perinatal services and access to psychological (IAPT) therapies to meet 25% of need which is integrated into physical health pathways.
- Developing community services, taking pressure off inpatient settings by providing all age mental health liaison services in acute hospitals and increasing resources in primary care.
- Providing people with holistic care, recognising their mental and physical health needs, ensuring access to physical health checks in order to reduce the health inequality gap.

3.1.2 By 2020/21 the picture should look very different with the person at the center of integrated physical and mental health, social and third sector services, delivering seamless care and measurable outcomes with an increased choice of providers. Kent is committed to improving the care for those with long term conditions, shifting care into the community and closer to home, making care more personalised and supporting people to live independently for longer. Better coordination between different providers and across the boundaries of care is needed.

3.1.3 The Kent Clinical Commissioning Groups (CCG) are at various stages of developing both strategies and concept papers to move more resource out of secondary mental health services and further expand the service offer in primary

care. KCC is involved in these discussions and this direction of travel has been key in influencing the new operational model for mental health and the flexibility this offers to move the focus of the service to promote prevention and enablement in primary care whilst delivering KCC's statutory responsibilities.

### 3.2 Commissioning Intentions

3.2.1 It is the commissioning intention to further develop our Live Well Kent Model to ensure that we have a robust psycho-social model. This will enable the Council to meet its statutory obligations under the Care Act. As health resources are moved from secondary mental health services and invested into the development of an enhanced primary care model, council staff will be organised into a single mental health social care offer across primary and secondary care aligned with the Kent Enablement and Recovery Service and become fully integrated with the voluntary sector Strategic Partners to provide a seamless service to people with mental health needs as they build independence and recover.

## **4. Financial Implications**

4.1 There are no financial implications.

## **5. Legal Implications**

5.1 Several key pieces of legislation define the statutory responsibilities of adult social care and the most significant of these are the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983. In broad terms these set the rights of individuals and obligations of the local authority covering needs assessment, care planning, legal safeguards, provision and reviews.

5.2 In addition, there are emerging, or new laws made by Parliament that have a material impact on mental health provision. The Policing and Crime Act 2017 is the most recent legislation that falls into this category.

## **6. Equalities Implications**

6.1 All service changes are subject to a full Equalities Impact Assessment consistent with both our legal responsibilities and the Council's Equalities Objectives.

## **7. Implementation of the New Social Care Operating Model**

7.1 The approach adopted by KCC and KMPT to deliver the adjustments to the partnership arrangements will ensure they are fit for purpose for the future and in line with health and social care commissioning intentions. The key principle that has governed this work is that partnership working should be maintained, providing an integrated multi-disciplinary response to people who access services while delivering KMPT and KCC's statutory responsibilities. An example of one of the communication bulletins is attached as Appendix 1 and provides further details of the new operating model.

- 7.2 Key to achieving the joint future vision is the agreement for the Council's social care staff to be line managed and accountable to KCC. This will ensure more robust delivery of the Council's statutory responsibilities and financial management while maintaining the advantages of co-location and multi-disciplinary working with KMPT colleagues. KCC staff based in Community Mental Health Teams will transfer back to the line management of KCC on 1 October 2018. KCC staff based in the Forensic Service will transition back to the line management of KCC during the autumn of 2018. The AMHP service staff will transfer back on 1 April 2019.
- 7.3 The adoption of a model which provides a single mental health social care service and removes the boundary between primary and secondary care will improve efficiency and provide continuity for a person who may move between the health elements of this pathway.
- 7.4 There will be greater flexibility for Council services to shape the developing local care arrangements and their role within these. This flexibility will also extend to the development of joint working arrangements with a range of partners including the North East London Foundation Trust (NELFT) which provides local mental health services for Children and Young People and people of all ages who have an eating disorder.

## 8. Conclusion

- 8.1 There is external evidence from recent audits that the partnership with KMPT delivers many benefits and it is widely agreed that partnership working to deliver outcomes for the people of Kent is the right approach. However, it is essential that KCC and KMPT are equipped with a robust operating model to deliver the changing commissioning landscape at an operational level.
- 8.2 This will mean over time a greater investment in local community services. This could be in the voluntary sector, the social care workforce in primary care and new models of care emerging from the STP work.
- 8.3 The new operating model will deliver the Adult Social Care Vision along with the Council's statutory responsibilities within the financial envelope while maintaining the role of the social worker at the heart of its delivery.

## 9. Recommendations

9.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the progress to date in developing the new mental health social care operating model, including the transfer of the line management of mental health staff from the Kent and Medway Mental Health Partnership Trust to Kent County Council.

## 10. Background Documents

Adult Social Care Cabinet Committee Report Direction of Future Mental Health Provision of Social Care and Support to Adults with Mental Health Needs.  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2079>

Your life, your well-being a vision and strategy for adult social care 2016 – 2021  
<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>  
Kent and Medway Sustainability and Transformation Plan  
<http://kentandmedway.nhs.uk/stp/>

Five Year Forward View for Mental Health  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Lord Darzi's Next Stage Review  
[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_085826.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085826.pdf)

East Kent Mental Health Strategy 2016-201  
<http://www.liveitwell.org.uk/wp-content/uploads/2016/08/EK-MH-Strategy-2016-2021-FINAL.pdf>

Joint Health and Wellbeing Strategy 2014-2017  
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/joint-health-and-wellbeing-strategy>

Children and Young People's Emotional Wellbeing Strategy 2015  
<https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=52738>

Live Well Kent  
<http://livewellkent.org.uk/>

## 11. Report author

Cheryl Fenton  
Assistant Director, Mental Health  
03000 415310  
Cheryl.fenton@kent.gov.uk

### Relevant Director

Penny Southern  
Corporate Director of Social Care, Health and Well Being  
03000 415505  
Penny.southern@kent.gov.uk