

# ***Kent Adult Social Services***

## ***Mental Health***

### **Annual Business Plan Summary 2010/11**

#### **EXECUTIVE SUMMARY**

The gross expenditure for the services included in this business plan is  
**£25.060 m.**

This will deliver the following key outcomes, activities and projects:

- Mental Health Assessment
- Mental Health Advice
- Mental Health Treatment
- Opportunities for positive life experiences
- Joint Commissioning and priorities with NHS

Number of KCC staff employed is **262.02 FTE**

Accountable Manager – Director of Operations – Steve Leidecker

Portfolio Holder – Graham Gibbens

Director/Head – Oliver Mills

# 1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

## Core Purpose and Key Responsibilities of the Service

The Mental Health Joint Strategic Needs Assessment for Kent and Medway estimates that there are:

- 163,00 to 190,000 people with common mental health problems at any one time, of whom 25% need treatment
- More than 60,000 in Kent have severe Mental Health problems such as schizophrenia and severe depression and 12,000 are likely to suffer more enduring and long term illness

Kent County Council plays a significant role in the provision of services to people who need support for mental health difficulties. These services range from informal support in the community for help with social integration through to the assessment, treatment and intervention for individuals with more complex needs. Assessment, monitoring and support services are provided by 250 KCC staff seconded into the Kent and Medway NHS and Social Care Partnership Trust (K.M.P.T). These services include interventions under the Mental Health Act and the commissioning of major support packages such as domiciliary and residential care. The seconded staff form part of an integrated, multi-disciplinary mental health service within the Trust.

The Trust provides a broad range of services treating and supporting individuals with moderate mental health problems as well as those with more complex needs who require crisis assessment, inpatient treatment and specialist after care. The Trust also provides a range of other specialist services, for children (CAMHS), those with dual diagnosis, and detoxification services.

The KCC Mental Health Commissioning Team works in strong collaboration with Medway PCT which is the lead PCT for Mental Health Commissioning across Kent.

KCC commission a range of services, in partnership with Medway PCT, to support mental health recovery, promote independence and enhance social inclusion. These services include specialist employment support, advocacy, specialist supported accommodation; mental health forums, informal day support, crisis telephone support and carers support services. In the main these service are provided by the voluntary sector partners and district councils with residential social landlords for supported accommodation. In addition, the KCC Mental Health Commissioning Team is closely integrated with the Public Health and Mental Health Promotion agendas across Kent in order to promote the links between good physical and mental health.

The Unit Plan focuses on the resources - staff and money - contributed by KCC, but it must be appreciated that this is only a fraction (roughly a fifth) of the whole integrated service. Services have been jointly commissioned in partnership with the two Primary Care Trusts for the population of Kent in accordance with the National Service Framework for Mental Health.

## **National Developments**

The government has recently launched a new 10 year strategy for Mental Health entitled New Horizons. The Strategy moves from a previous strategy which focused on developing services for individuals with complex needs, to one which focuses on a public health approach to dealing with mental health issues. The new strategy aims to prevent the development of long term mental health conditions by intervening early whenever possible. The New Horizons' strategy has several key themes:

- prevention of mental ill health and promoting mental health
- early intervention
- tackling stigma
- strengthening transitions
- personalised care

New Horizons promotes good mental health and well-being, whilst improving services for people who have mental health problems. Social and environmental problems are important precursors to poor mental health. Investing in responses to unemployment, debt, poor housing and social isolation will help create resilient communities and empower people to be in control of their care. The New Horizons Strategy supports KCC objectives as set out in Towards 2010 and Active Lives which focuses on promoting independence for people with mental health problems so they can live in their own home (or live as independently as possible within a residential home), have a choice over the support or services that they get and are in control of the support or services that they receive.

KCC Commissioners will be working in partnership with PCT colleagues to implement the New Horizons Strategy through the development of a joint Kent and Medway Strategy for Mental Health. A key element of the strategy will focus on delivering more personalised services for people with mental health difficulties through the introduction of Indicative Personal Budgets which will be available for eligible mental health service users from April 2010.

There is a raft of legislation that affects Adult Social Services as a whole as shown in the Directorate Level Plan.

## **Priorities**

A Vision and Five Year Kent and Medway Strategy for Mental Health has been achieved. Our efforts will be targeted on the following 10 commitments.

By 2015 we will have:

- Built coalitions between all elements of public services, the voluntary sector, and the independent sector that focus on collaborative endeavour and shared enterprise to improve mental health and wellbeing.
- Lessened the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.
- Reduced the occurrence and severity of common mental health problems, particularly by targeted actions to improve wellbeing for more of those people at higher risk – those in more deprived communities, those in black and minority ethnic communities, and those who are seldom heard.
- Demonstrably improved the life expectancy and the physical health of those with severe mental illness, and demonstrably improved the recognition of mental health needs in the treatment of all those with physical conditions. A key aspect of this work is to work with health promotion in tackling health inequalities focused on areas of deprivation.
- Reduced the number of suicides.
- Ensured that all people with a significant mental health concern, or their carers, can

access a crisis response service at any time and an urgent response within 24 hrs - and that service contact points are more local.

- vii. Ensured that all people using services are offered a personalised service, giving them more choice and control over the shape of support they receive wherever the care setting is.
- viii. Delivered better recovery outcomes for more people using services, and in the most appropriate setting for them.
- ix. Ensured that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.
- x. Delivered effective mental health services in prisons in ways that ensure the safety of more offenders with mental health problems.

## 2. BUDGET PROFILE SUMMARY

Budget 2010/11

2009/10		ACTIVITY/BUDGET LINE	2010/11									CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		<b>Mental Health</b>										
		Residential Care		0.0	0.0	6,455.8	0.0	6,455.8	-772.1	0.0	5,683.7	Graham
		Domiciliary Care		0.0	0.0	980.1	-254.8	725.3	0.0	0.0	725.3	Gibbens
		Direct Payments		0.0	0.0	601.8	0.0	601.8	0.0	0.0	601.8	
		Supported Accommodation		0.0	0.0	434.6	0.0	434.6	0.0	0.0	434.6	
		Other Services		1,348.2	135.6	5,358.0	0.0	6,841.8	-901.9	0.0	5,939.9	
		MH A&R		9,316.1	723.9	0.0	-39.0	10,001.0	-875.7	0.0	9,125.3	
262.02	21,719.9	<b>Total Mental Health</b>		10,664.3	859.5	13,830.3	-293.8	25,060.3	-2,549.7	0.0	22,510.6	
262.02	21,719.9	<b>TOTALS</b>	262.02	10,664.3	859.5	13,830.3	-293.8	25,060.3	-2,549.7	0.0	22,510.6	

### 3. PLANNED ACTIVITY (both core business and new projects)

The targets, activity and projects set out in the tables below will be used formally to track the business plan at mid-term and end of year monitoring.

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
<b>Putting People First</b>				
Launch Joint MH Strategy with PCT which has lead on Mental Health.	D. Woodward, P,Absolon	T2010, NI149,NI 150	<ul style="list-style-type: none"> <li>- Extensive consultation with the public has taken place and the Strategy will be launched by July. After this the tasks will be:</li> <li>- Further public discussion will take place.</li> <li>- Putting into place the action plan and key priorities</li> </ul>	March 2011
Work with the Trust and partners to tackle health inequalities with a focus on disadvantaged groups particularly black and ethnic minority groups.	Paul Absolon	T2010, Active Lives	<ul style="list-style-type: none"> <li>- Less health inequalities for disadvantaged groups</li> </ul>	March 2011
<b>Ensuring the availability of high quality services</b>				
Continue to implement the action plan following the independence, well-being and choice inspection (with a focus on safe guarding)	Sue Bromley	T2010	<ul style="list-style-type: none"> <li>- Increased numbers of completed adult protection alerts. More effective safeguarding of vulnerable adults.</li> <li>- Resolve overlap with Serious and Untoward Incidents (SUI)</li> <li>- Drive up quality</li> <li>- Improve the level of training</li> </ul>	Feb 2011
Joint protocols and training across agencies in relation to safeguarding children in the mental health arena.	Sue Bromley	T2010	Joint Protocols for Safeguarding training for MH staff.	Feb 2011

Project/ development/key action	a/c manager	Link to Corporate/Director ate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Working with partners to tackle physical health problems for people with Mental Health difficulties in a targeted way to reduce health inequalities and increase life expectancy.	James Sinclair	T2010 , Living Later Life to the Full	<ul style="list-style-type: none"> <li>- Partnership with Charlton Athletic launched with KMPT</li> <li>- Building relationships with health promotion in East and West Kent</li> <li>- Active mobs linked to MH projects in Swale and Thanet.</li> <li>- Active Minds</li> <li>- Healthy walk initiatives</li> </ul>	March 2011
Training for MH Staff on FACs Criteria and the implications for personalisation and personal budgets.	James Sinclair Mary Macdonald	T2010	Application of FACs to support the personalisation agenda	March 2011
Develop support brokerage in Mental Health.	Paul Absolon Dave Wooward	T2010	Look at a range of innovative ways of delivering Brokerage including the launch of 'signpost kent' web based assessment and support brokerage tool.	March 2011
Establish Employment advisors in Early Intervention Psychosis teams.	Dave Woodward, Paul Absolon	NI150. T2010	Increased numbers of young MH service users supported to return to employment or in full time education	Dec 2010
<b>Working in partnership</b>				
To work with other KCC Directorates, including Communities (focusing on people with mental health difficulties who are disadvantaged due to poor literacy skills) and Public Health (focusing on Health inequalities and prevention in mental health)	Dave Woodward	Kent Literacy strategy	<ul style="list-style-type: none"> <li>- Develop a Kent wide Approach to Literacy and Reading</li> <li>- Reducing social isolation</li> <li>- Improving confidence</li> </ul> <p>Refer to above section on physical health programmes</p>	March 2011

<b>Project/development/key action</b>	<b>a/c manager</b>	<b>Link to Corporate/Directorate Target or theme</b>	<b>Deliverables or outcomes planned for 2010/11</b>	<b>Target dates</b>
To provide additional capacity within the Horizons service across the Eastern and Coastal directorate.	Sue Scammell	NI150 Regeneration Framework, Living Later Life to the Full	20 additional units of supported accommodation across East Kent.	March 2011
Work with partners to develop a seamless transition for young people from CAMHS to adult mental health services	Dave Woodward/ CFE	T2010	Continuation of seamless support into adulthood for this group.	March 2011
Work with the market to ensure that services are focused on: - Personalisation - Promoting Independence - Recovery	Dave Woodward, Paul Absolon	T2010, Active Lives	Have in place a flexible market which can respond to personalisation, promoting independence and recovery.	March 2011
<b>Valuing, developing and supporting the social care workforce</b>				
Develop a range of new strategies to support the recruitment and retention of competent staff and support current staff .	Mary Macdonald Julie Cudmore	Workforce strategy	Improved staff retention.	March 2011
<b>Making best use of resources</b>				
To Modernise supported accommodation from shared accommodation to individual apartments.	Sue Scammell	T2010, Regeneration Framework	To re provide the 3 MCCH properties in Maidstone to a brand new development in central Maidstone.	Feb 2011
To work with partners to pilot a mental health hub to improve early access to mental health services. This will reduce costs by co-location of services	Dave Woodward	Active Lives	Learn lessons from the pilot and if successful roll out across the county	March 2011

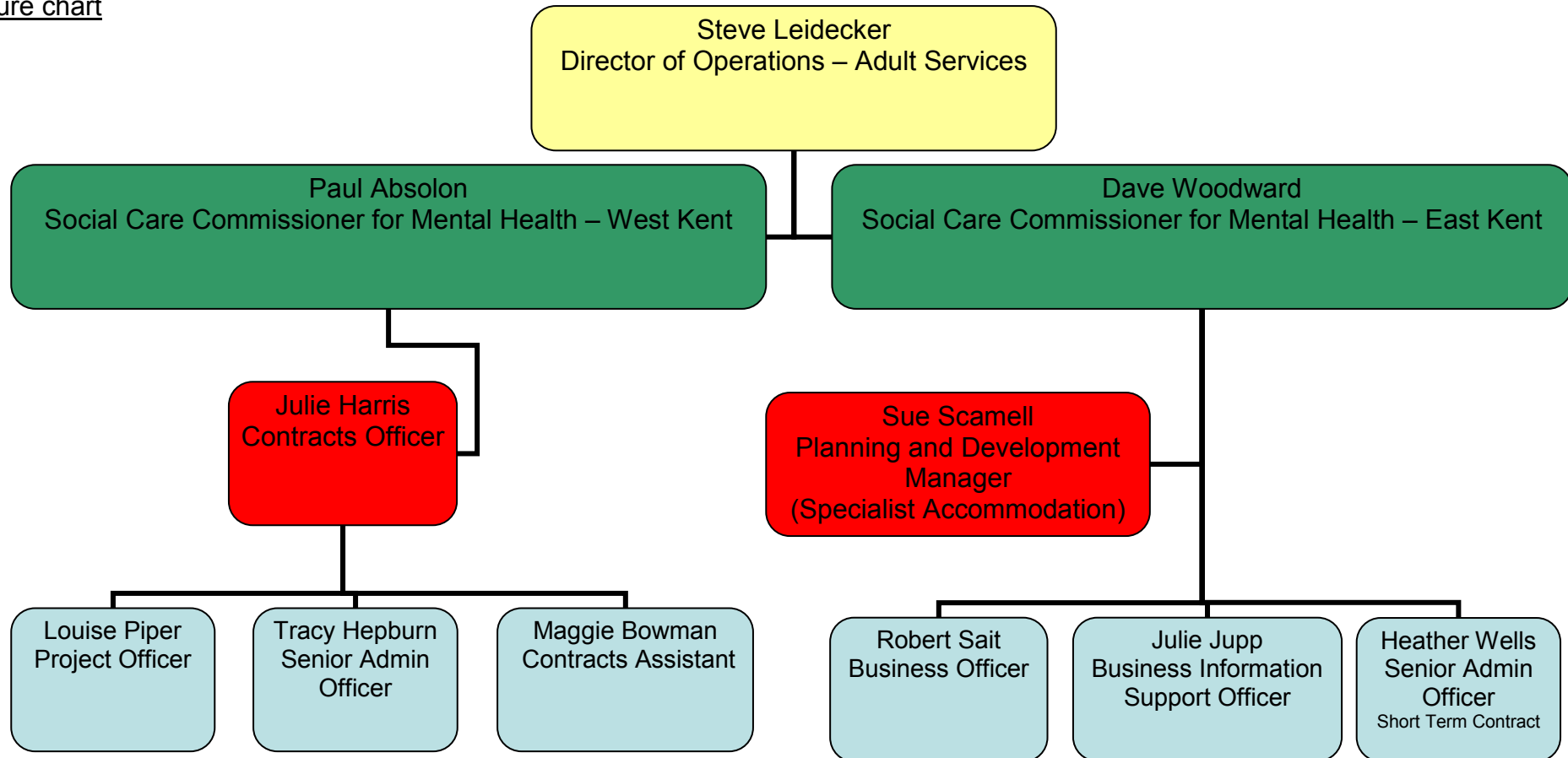
The business objectives set out in this plan are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. Risk Registers and business continuity plans are maintained in relation to major projects and core business and are available on request.

In line with financial regulations, any capital projects on this list will be subject to a prior "gateway review" by the Project Advisory Group and in consultation with the Leader.

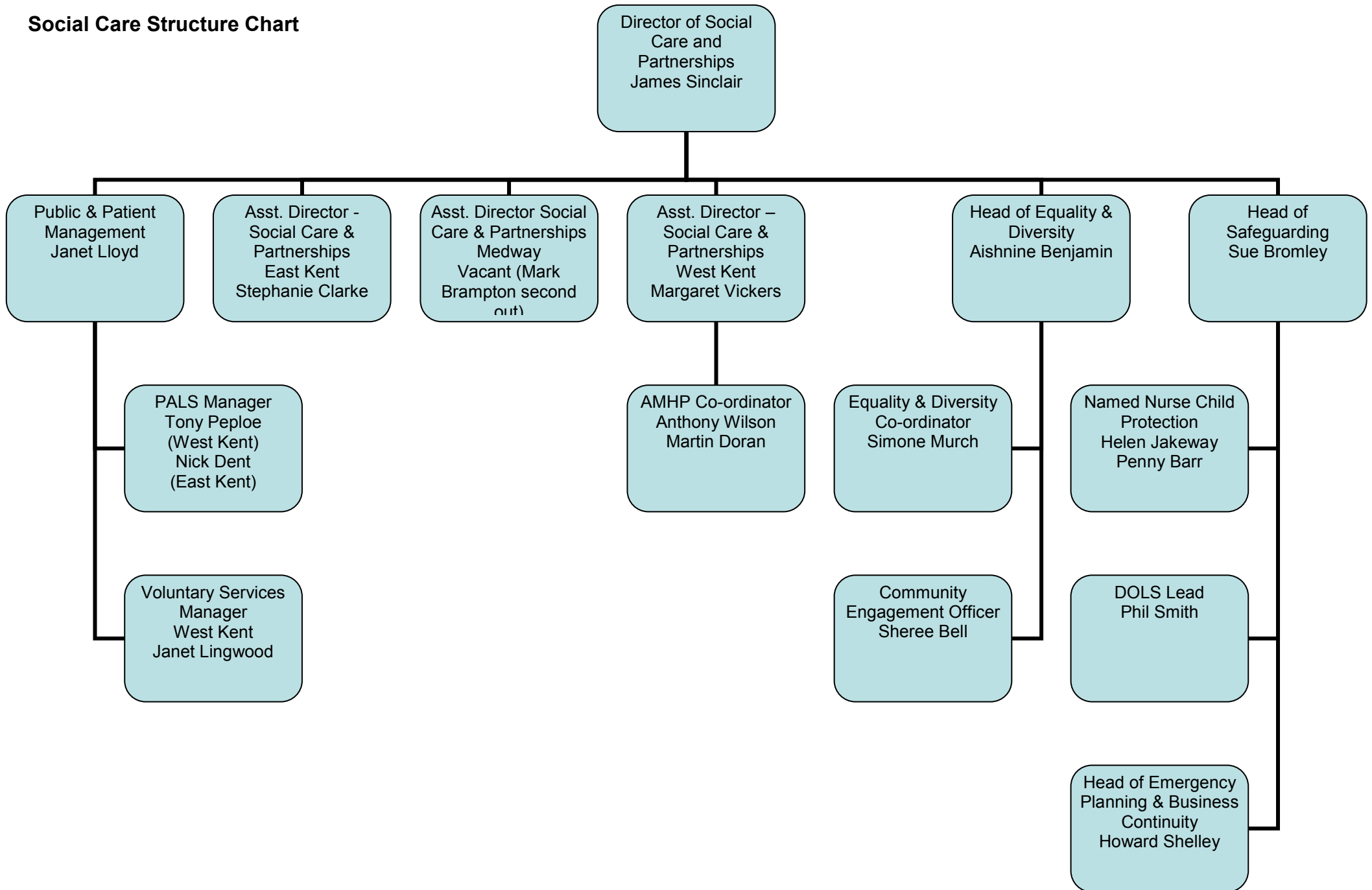
## 4. STAFFING PROFILE

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### Structure chart



# Social Care Structure Chart



Staffing

	<b>2009/10</b>	<b>2010/11</b>
<b>Grade KS 13 (or equivalent) and above</b>	6.32	4.51
<b>Grade KS 12 (or equivalent) and below</b>	255.70	257.51
<b>TOTAL</b>	262.02	262.02
<b>Of the above total, the estimated FTE which are externally funded</b>	26.40	28.25

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

In this plan there are no significant changes.

## 5. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

### Performance Management

Performance information shown below is KASS wide

<b>Performance Measure or Activity</b>	<b>Accountable Manager</b>	<b>Monitoring Frequency</b>	<b>Actual performance 2008/09</b>	<b>Estimated performance 2009/10</b>	<b>Target performance 2010/11</b>	<b>Link to strategic priority</b>
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 136 People supported to live independently through		Monthly	34213	34300	It is not possible to	National Indicator

<b>Performance Measure or Activity</b>	<b>Accountable Manager</b>	<b>Monitoring Frequency</b>	<b>Actual performance 2008/09</b>	<b>Estimated performance 2009/10</b>	<b>Target performance 2010/11</b>	<b>Link to strategic priority</b>
social services (all ages)	SMT				give targets for 2010/11 as they will not be set until April 2010	
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 <sup>st</sup> March	Steph Abbott	Monthly	536	480	No target available until April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 <sup>st</sup> March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific