

**Adult Mental Health Services
Kent Adult Social Services
Annual Business Unit Operational Plan
2008/9**

SECTION 1: SERVICE PROFILE

Introduction from Director of Operations

I welcome the opportunity to introduce this annual operating plan for Mental Health. The past year has seen some important changes in commissioning arrangements for Mental Health services in Kent and Medway and further development of recovery based services within the Partnership Trust. There were also important changes in our ASW service transferring out of the OOH service in December 2007 and the services now managed by the Trust in conjunction with the Crisis Resolution Home Treatment Service. The Partnership Trust also began its application for Foundation Trust status with a period of consultation between January and March 2008. By October 2008 the long awaited Mental Health Act will come into force with significant implications for the role of community treatment. The role of the Approved Social Worker will be re-designated as the Approved Mental Health Professional, which can be undertaken by a number of professional disciplines, for example community psychiatric nurses.

On the commissioning side, the new lead commissioning arrangement for the PCTs was finally established in 2007 with the creation of a new Mental Health commissioning unit hosted by Medway PCT on behalf of the three PCTs in Kent and Medway. This marks an important step in achieving coherence and driving strategic change with more emphasis on community and primary care based services, greater personalisation and a greater mixed economy of providers. At the same time, KASS completed changes to the previous structure of JCMs in collaboration with health colleagues, which resulted in the creation of two dedicated social care commissioners for Mental Health, split between East and West Kent. We also created a single business and contracting team for Mental Health at HQ, line managed by the two social health commissioners.

All of this has consolidated our commissioning/planning and contracting capacity which put us in a good position to work with a similar devolved model of health commissioning in East and West Kent through the lead PCT. In 2008/09 we intend to continue the process of setting joint objectives and commissioning across health and social care, supported by closely aligned business plans. Central to this will be our joint engagement, together with the Trust, with users and carers.

In the coming year we will be working closely with the lead PCT to develop a more detailed joint strategic needs assessment for mental health services, and to modernise the way in which we deliver various services including existing in-house day services in East Kent. We intend to develop a clear strategy with public health colleagues to address the significant health inequalities which are experienced by people with mental health problems, and to extend the scope and impact of the investment we make in preventative services. The mental health teams in both East and West within the Trust have been successful in reducing the number of people in care and we need to continue our strategy of alternative housing solutions working both with District Councils and Supporting People services, planning for future need. All of this will contribute to a greater level of personalisation in mental health services and we will need to work with the community teams to help develop self-directed support for people with mental health problems. Improving services for carers and addressing the different availability of services across the county will also be an important challenge.

Finally I am committed to using all of our mental health resources as effectively as possible to provide high quality services for the people who need our support.

Steve Leidecker

PURPOSE OF THE SERVICE

One in four people will suffer from a mental health issue in their lifetime, from conditions such as depression through to schizophrenia. Most people with mental health problems are cared for by their GP, but some 9% are referred on to specialist services for assessment, advice and sometimes treatment, and this is provided by the Adult Mental Health Service. The service also has a role in ensuring that opportunities are provided for people with mental health problems to gain access to positive life experiences (e.g. decent accommodation, valued work and real friends).

The Adult Mental Health Service provides fully integrated (between the NHS and Adult Social Services) mental health services ranging from in-patient care, residential care, recovery-based services in the community, and preventative services. The Kent and Medway NHS and Social Care Partnership Trust ('the Trust') is the service provider. This Operating 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 are 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.

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

People with mental health problems often become disconnected from social activities, such as meaningful employment, somewhere decent to live and supportive social networks. The Mental Health Commissioning and Contracting Team work with a range of providers to put these essentials back into people's lives and help them back to good mental health. The team commission employment projects to help people with severe mental health problems find a way back to work. The team also work with Housing Associations to develop improved independent living situations so people are in control of their tenancies and get the support they need to sustain their independence. Most of the services are delivered via service agreements with voluntary organisations and resource centres which support people with mental health problems to make use of community resources and get back into an active role in society.

OPERATING CONTEXT

There is a raft of legislation that affects Adult Social Services as a whole, including the Mental Capacity Act 2005, but the following legislation pertains specifically to mental health:

- Mental Health Act 1983
- Mental Health (Patients in the Community) Act 1995
- Mental Capacity Act 2005
- Mental Health Act 2007

The recent Mental Health Act has new safeguarding arrangements for the Deprivation of Liberty which become operational in April 2009. The Deprivation of Liberty arrangements are wide ranging and will have an impact upon KASS as a whole. During 2008, cross-departmental and multi-agency plans need to be devised to ensure that Kent is adequately prepared for April 2009.

The Mental Health Act also changes the arrangements for ASW assessments. The Act introduces the role of Approved Mental Health Professionals. The new role requires extensive training for a section of Mental Health staff which will need to be undertaken from within existing resources.

Foundation Trust Status:

The Kent and Medway NHS and Social Care Partnership Trust is applying for Foundation Trust status. Obtaining Foundation Trust status aims to bring the following benefits:

- Greater focus on understanding and meeting patients needs
- Freedom to innovate services
- More effective financial management
- Better governance arrangements

This will constitute a key decision for the County Council who will be consulted on the application during the course of 08/09.

Personalisation in social care.

The Government agenda of providing greater Personalisation in Mental Health Social Care provides significant challenges for the commissioning of appropriate Vocational Support services, Informal Day Services and self directed support within allocated budget. KCC has successfully developed the Individual Placement Model for Vocational Support across the county. However, more work is required to ensure the best practice model is consistently applied across the area.

Demand for Direct Payments continues to rise albeit slowly. Initial reviews of the system indicate service users applying for Direct Payments are often people who may not otherwise have requested a service. This in turn leads to an additional financial cost pressure.

USERS

Service users and carers are involved at all levels of planning and development of new Mental Health Services. KCC has a strategy to commission service user forums which ensures service users and carers are represented on the East and West Local Implementation Teams, as well as Local Planning and Monitoring Groups across the county.

The Kent and Medway NHS and Social Care Partnership Trust held 3 Successful Service User Consultation events in December 2007. The events launched the Service User and Carer Strategy as well as providing initial information about the plans of the Trust to apply for Foundation Trust status. The three separate events addressed the specific needs of service users, carers and BME groups.

Two service user satisfaction surveys completed in 2007 highlighted the need to improve communication with service users, particularly with regard to the completion of Care Plans and Care Plan review. The Trust will be implementing an improvement plan and monitor for improvements in service user feedback throughout 2008.

REVIEW OF PERFORMANCE 2007/08

KEY PERFORMANCE INDICATORS

	Actual 2005/06	Actual 2006/07	Target 2007/08	Target 2009/10
PAF C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over.	1.9	1.7	1.7	N/A
PAF C28 BVPI 53, KPI Intensive Home Care per 1000 population aged 65 and over.	11	11	11	N/A
PAF C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.6	3.8	3.8	N/A
PAF D40 BVPI 55 Clients receiving a review as a percentage of adult clients receiving a service.	85	86	88	N/A
PAF D39 BVPI 58. Percentage of people receiving a statement of their need and how they will be met.	98	98	99	N/A

The national release of our 2006-7 performance ratings showed that using the 21 indicators that are directly comparable with the previous year's results, the banding comparison is as follows:

(Band 5 – OPTIMUM Performance, Band 4 – GOOD performance, Band 3 – ACCEPTABLE performance, Band 2 – Ask Questions about performance, Band 1 – Investigate urgently)

	2005/06	2006/07
BAND 1	0	0
BAND 2	3	2
BAND 3	4	4
BAND 4	6	6
BAND 5	7	8
CSCI not banded	1	1
TOTAL	21	21

Over two thirds of our performance indicators were rated as good or optimum. This included some excellent improvements in:

- Providing equipment and adaptations more quickly to service users.
- Significant increases in the take up of Direct Payments.
- Providing more services within four weeks of assessment to all service users.
- Reducing the number of older people being admitted to permanent residential and nursing care.
- Reducing the number of people aged 18-64 in permanent residential care (LAA target).
- Supporting people with a disability or mental health need to live at home.

All of the above have been maintained throughout 2007/08, and highlighted in regular monitoring with CSCI.

The way in which Government is monitoring local government is undergoing a radical change. The Performance Assessment Framework indicators will no longer be collected after this year, and will be replaced by a National Indicator set with fewer social care indicators within it. This new framework is designed to reflect the outcomes and objectives set out in the white paper "our health, our care, our say". It is also intended that this will bring together the performance management in both social care and health.

From 2007/08, Kent Adult Social Services will be measured against this new performance framework. As this is a new and still developing framework, with the consultation period only just complete, the key performance indicators are listed below, and targets and updated monitoring will be provided at half year.

KEY ACHIEVEMENTS/OUTCOMES IN 2007/08

Review of 2007/8

Excellent progress has been made on delivering the PSA 2 target in reducing the number of people of working age in residential care.

In conjunction with our District and Borough Local Authority Housing partners, there has been the development of an additional 21 units of supported accommodation across Kent which will assist Mental Health in reaching its Towards 2010 targets.

The launch of the Maidstone "One Stop Shop" for Vocational Support marks a significant change in the way service users access employment services in Kent. The development of a single point of access for Vocational Support has been welcomed by staff and service users and will lead to greater numbers of service users accessing Vocational Support and permanent paid employment.

County Wide Vocational Support Services delivered in partnership with the third sector, have made a significant contribution towards achieving the PSA 2 target.

The year has seen the continued development of an integrated health and social care workforce with the transfer of the management and operation of the ASW Service to the Trust. Continued improvements to the level of community support offered to service users has led to a reduction in the average length of stay on hospital wards.

The Out of Hours ASW service transferred successfully to the KMPT Trust from KCC on 1st December 2007, involving considerable planning and input from the Trust and KCC staff. The intensive work to support this service continues, but despite some teething problems and issues to be addressed, the service is fully operational with some positive feedback from our partners now being received. The current arrangements and secondments of ASW's to the service are temporary, to be reviewed at the end of the first 6 months. The indications are that these will be continued.

The introduction of the Mental Health Commissioning and Contracting Team has led to a renewed focus on the commissioning of Mental Health Social Care provision. Although in its infancy, the team is set to achieve better outcomes for service users and carers across Kent and make significant contribution to the Social Care and Public Health agenda.

SERVICE COMPARISON

<u>Mental Health</u> <u>Comparators with other</u> <u>Authorities</u>	(Data from end March 07)						
	Kent	Essex	Gloucs	Lancs	Hamps	Suffolk	West Sussex
No. of people with mental health needs supported in their own homes per 1000 population 18-64	3.8	5.1	1.8	3.7	12.1	2.2	9.3
Percentage of people provided with a copy of their care plan.	98	100	92	96.3	96.4	100	100

SECTION 2: PRIORITIES AND OBJECTIVES

KEY RESPONSIBILITIES OF THE SERVICE

The key service aspects for Mental Health are contained within the seven standards in the National Service Framework for Mental Health, which can be summarised into core business objectives across the integrated service as follows:

1. Promote mental health for all, combat discrimination against mental health problems, and promote social inclusion for people with mental health problems.
2. Ensure that anyone who contacts their primary health care team with a common mental health problem has their mental health needs identified and assessed, is offered effective treatment, and can make contact around the clock with the local services necessary to meet their need and to provide adequate care.
3. Ensure that all mental health service users on a Care Programme Approach (CPA) receive the right care, can access services around the clock, and have access to an appropriate placement if they need a period of care away from home.
4. Ensure that everyone who provides regular and substantial care for someone on a CPA has their own needs assessed and has a written care plan.
5. Prevent suicides by implementing the above, and by working with local prison staff to reduce suicide amongst prisoners.

	Key Corporate / Directorate Targets	
Towards 2010	Target 52 – Increase the number of people supported to live independently in their own homes	Support for Target: Anne Tidmarsh, Chris Belton, Michael Thomas-Sam, Jeremy Blackman, David Weiss
Towards 2010	Target 53 – Strengthen the support provided to people caring for relatives and friends	Support for Target: Mary Silverton
Towards 2010	Target 54 – Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent	Support for Target: Anne Tidmarsh, Chris Belton, Jan Harker
Towards 2010	Target 55 – Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence	Support for Target: Michael Thomas-Sam, Colin Feltham
Towards 2010	Target 56 – Improve older people’s economic well-being by encouraging the take-up of benefits	Support for Target: Chris Grosskopf
The Kent Agreement 2	NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Support for Target
The Kent Agreement 2	NI 141 – Number of vulnerable people achieving independent living	Support for Target
National Indicator	NI 127 – Self reported experience of social care users	Support for Target

National Indicator	NI 130 – Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	Support for Target
National Indicator	NI 132 – Timeliness of social care assessment	Support for Target
National Indicator	NI 133 – Timeliness of social care packages	Support for Target
National Indicator	NI 136 – People supported to live independently through social services (all ages)	Support for Target
National Indicator	NI 145 – Adults with learning disabilities in settled accommodation	Support for Target
National Indicator	NI 146 – Adults with learning disabilities in employment	Support for Target
National Indicator	NI 135 – Carers receiving needs assessment or review and a specific carer's service, or advice and information	Support for Target
National Indicator	NI 139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	Support for Target
National Indicator	NI 124 – People with a long-term condition supported to be independent and in control of their condition	Support for Target
National Indicator	NI 131 – Delayed transfers of care from hospitals	Support for Target
National Indicator	NI 149 – Adults in contact with secondary mental health services in settled accommodation	Lead for Target
National Indicator	NI 150 - Adults in contact with secondary mental health services in employment	Lead for Target
National Indicator	NI128 – User reported measure of respect and dignity in their treatment	Support for Target
National Indicator	NI 142 – Number of vulnerable people who are supported to maintain independent living	Support for Target
Equalities Strategy	Promotion and delivery of Disability, Race and Gender Equality schemes together with other accessibility and inclusivity targets for Age, Faith, Sexuality and social inclusion	Support for Target: Keith Wyncoll
Equality Standard for Local Government	Achieve Level 3 by March 2008, Level 4 by March 2009, Level 5 by March 2010	Support for Target: Keith Wyncoll

*Targets led by Headquarters are supported by the Mental Health Team

These business objectives 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. A risk plan has been developed as necessary.

Towards 2010 detailed action plans can be found at

<http://www.kent.gov.uk/publications/council-and-democracy/towards-2010-action-plans.htm>

CORE SERVICES AND FORECAST ACTIVITY LEVELS

Note 1: The Business Plan estimates are for the county and are still DRAFT, and are still subject to virement.

PEOPLE WITH MENTAL HEALTH NEEDS	2007/08 Estimate	2007/08 Outturn (forecast)	2008/09 Estimate - DRAFT
Number of people with mental health needs in permanent nursing care (excluding preserved rights)	N/A	194	194
Number of people with mental health needs receiving domiciliary care	N/A	605	632
Number of people with mental health needs receiving a direct payment	N/A	110	150

Service users and carers are Joint Commissioning Board/Local Implementation Team members and therefore are continually involved in service planning and monitoring. Each year there is a Mental Health National Service Framework audit carried out by SERO. A considerable amount of material is collected and collated for this exercise which has to be submitted. These reviews cover:

- Service Mapping
- Financial Mapping
- Themed Reviews
- Self Assessment (Traffic Lighting)

The traffic light system is then used to compare outcomes, which are placed on the Internet to be compared with other Authorities and last years audit, showed an increase in green lights. Each Local Primary Trust Area uses this document and their local self-assessment to draw up local action plans, in addition to providing the basis for work over the coming year.

Revenue Budget

MENTAL HEALTH - Budget & Services

2007-08		2008-09										
Controllable Expenditure	FTE	Activity/Budget Line	FTE	Employee costs	Running Costs	Contracts & Projects	Transfer Payments & Recharges	Gross Expenditure	External Income	Internal Income	Controllable Expenditure	Cabinet Member
£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Residential Care										
0.0		44B Ind Sect Res Care		0.0	0.0	5776.1	0.0	5776.1	-1217.3		4558.8	KL
0.0		44C Ind Sect Nursing Care		0.0	0.0	0.0	0.0	0.0	0.0		0.0	KL
0.0		44D Preserved rights - Mental Health		0.0	0.0	1368.1	0.0	1368.1	-325.3		1042.8	KL
0.0		44E Preserved rights - Pre 2002		0.0	0.0	598.7	0.0	598.7	-133.2		465.5	KL
0.0		44K I.S. Nursing Care RNCC		0.0	0.0	16.2	0.0	16.2	-16.2		0.0	KL
0.0		TOTAL RESIDENTIAL CARE		0.0	0.0	7759.1	0.0	7759.1	-1692.0	0.0	6067.1	
		Domiciliary Care										
0.0		48E Ind Sect Home Care		0.0	0.4	1169.6	0.0	1170.0	-1.6		1168.4	KL
0.0		48K KCC Home Care		0.0	-254.8	0.0	0.0	-254.8	0.0		-254.8	KL
0.0		TOTAL DOMICILIARY CARE		0.0	-254.4	1169.6	0.0	915.2	-1.6	0.0	913.6	
		Direct Payments										
0.0		48B Direct Payments		0.0	0.0	320.8	0.0	320.8	0.0		320.8	KL
0.0		TOTAL DIRECT PAYMENTS		0.0	0.0	320.8	0.0	320.8	0.0	0.0	320.8	
		Supported Accommodation										
0.0		48R Unstaffed Group Homes Supported & Other						0.0			0.0	KL
0.0		48W Accommodation		0.0	0.0	51.3	0.0	51.3	0.0		51.3	KL

0.0	TOTAL SUPPORTED ACCOMMODATION	0.0	0.0	51.3	0.0	51.3	0.0	0.0	51.3	
	Assessment and related services									
0.0	49F Care Management	8615.2	737.0	50.0	32.7	9434.9	-725.7		8709.2	KL
0.0	TOTAL ASSESSMENT & RELATED	8615.2	737.0	50.0	32.7	9434.9	-725.7	0.0	8709.2	
	Other Services									
	48C Ind Sect Day Care	0.0	31.2	58.8	0.0	90.0	0.0		90.0	KL
0.0	48F Voluntary Orgs	0.0	0.0	4417.3	0.0	4417.3	-993.2		3424.1	KL
0.0	48G Facilities MH	48.2	28.3	0.0	0.0	76.5	0.0		76.5	KL
0.0	48H Comm Services	1306.8	104.3	0.0	0.0	1411.1	0.0		1411.1	KL
	Social Care Reform	90.1	0.0	167.3	0.0	257.4	0.0		257.4	
0.0	TOTAL OTHER SERVICES	1445.1	163.8	4643.4	0.0	6252.3	-993.2	0.0	5259.1	
0.0	TOTAL MENTAL HEALTH SERVICES	10060.3	646.4	13994.2	32.7	24733.6	-3412.5	0.0	21321.1	
	<u>Memorandum Items:</u>									
0.0	Central Overheads									
0.0	Capital charges									
0.0	Directorate Overheads									
0.0	Total Cost of Unit	10060.3	646.4	13994.2	32.7	24733.6	-3412.5	0.0	21321.1	

The purposes of the Mental Health Unit are :

To jointly commission in partnership with Primary Care Trusts Mental Health Social Services for the population of Kent in accordance with the National Service Framework for Mental Health and other Legislative Requirements.

To jointly commission through the Kent Drug Action Team services for people with a Substance Misuse problem within Kent.

To provide an integrated Mental Health and Social care service and Substance Misuse care management service through partnership arrangements with two National Health (NHS) Trusts.

Residential Care

- 44B Ind Sect Res Care
- 44C Ind Sect Nursing Care
- 44D Preserved rights - Mental Health
- 44E Preserved rights - Pre 2002
- 44K I.S. Nursing Care RNCC

Domiciliary Care

- 48E Ind Sect Home Care
- 48K KCC Home Care

Direct Payments

- 48B Direct Payments

Supported Accommodation

- 48R Unstaffed Group Homes
- 48W Supported & Other Accommodation

Assessment and related services

- 49F Care Management

Other Services

- 48C Ind Sect Day Care
- 48F Voluntary Orgs
- 48G Day Centres
- 48H Comm Services
- 48N Day Support
- 48V Client Transport
- 48Y Resource Centres
- 53B SESEU KCC Community Care MH

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target	Deliverables or outcomes planned for 2008/09	Target dates
Redesign of Informal Day Services in Dover, Deal and Ashford.	Dave Woodward	Govt Indicator NI 149, NI 150 Towards 2010 Target 52	Improved social inclusion and employment for service users.	March 2009
Review Carers Support Services to ensure equity of distribution across Kent.	Paul Absolon	NI 142, NI 135 Towards 2010 Target 53	Improved support for mental health carers, Reduced Hospital Admissions.	Dec 2008
Expand One Stop Shop Model for employment services.	Paul Absolon	NI 149 Towards 2010 Target 52	Reduced numbers of service users on benefits.	March 2009
Develop strategic and operational links to promote the physical health of service users.(Pilot in East Kent)	Dave Woodward	NI 124, NI 149. Towards 2010 Target 54	Improved health and well being of service users.	Sept 2008
Develop a range of supported accommodation which includes the Horizons- a supported housing and recovery service project.	Director of Operations Chief Executive of the Trust	Trust strategy for the East Kent review and Redesign of Inpatient services Business Plans	Continued reduction in the use of residential care. Completion of George Culmer Court 4 Additional units of move on in Maidstone.	March 2009 Nov 2008 June 2008
Mental Health Act Implementation	Peter Hasler	Legislative requirement	Effective processes, policies, training and resources in place to ensure successful implementation of the Act, including the introduction of Approved Mental Health Professionals.	March 2009

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.

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information, (approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Mental Health Survey	01/03/08 01/09/08	30/09/08	All mental health service users	Kent	Service user satisfaction survey	Level of overall satisfaction amongst mental health service users	Yes	Social	Mark Brampton mark.brampton@icc.wkentmht.nhs.uk 01732 520470

*There are ongoing mechanisms for securing service user involvement as described on p3 of the business plan.

CAPACITY, SKILLS AND DEVELOPMENT PLANNING

The Kent and Medway Partnership Trust are planning to develop an integrated workforce strategy in 2008 in order to ensure the organisation workforce has the skills knowledge and competencies to meet the needs the local population.

The 3 main drivers for learning and development in mental health in the coming year are:

The Mental Capacity Act 2005

The Mental Health Act 2007 implementation

The introduction of the Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 (MCA)

We will continue to roll out MCA awareness training for health and social care staff working in mental health services. This MCA stage 1 programme will be increased from half a day to a full day based on delegate evaluation and feedback. From April onwards we will begin the roll out of the MCA Stage 2 training, the Mental Capacity Act in Practice, which will address in greater detail the issues around best interest decision making.

The Mental Health Act 2007 Implementation

The Mental Health Act 2007 will be fully implemented on 1st October 2008 and all Approved Social Workers will transfer to the new Approved Mental Health Professional (AMHP) role. The introduction of the AMHP role will open up the old ASW role to a wider group of health professionals and although the Local Social Services Authority will remain the appointing body for AMHPs, it will no longer be a requirement that they are employed by the LSSA. The DOH are preparing employer guidance for LSSAs. LSSAs will be required to have an identified AMHP lead that will oversee AMHP practice and maintain a database.

Initially only currently warranted ASWs will undertake the AMHP role as only professionals who have completed an approved programme of study can be warranted as AMHPs. ASWs will require training for the AMHP role and all ASWs will be required to complete the training as a priority in order to continue in statutory practice. They will receive 3 days training in total, 2 days before October and 1 day following implementation.

The first training programme for AMHPs will commence in October 2008. The approval body for the AMHP programmes is the General Social Care Council and the programme will be delivered and assessed at Master's level only. Canterbury Christ Church University, in partnership with Kent County Council and Medway Council, will deliver the programme for Kent and Medway. The current ASW programme will be revised and updated to meet the new requirements.

Before undertaking the AMHP programme potential candidates will need to demonstrate an appropriate level of academic and practice competence. The National ASW Leads Steering Group is working on the development of pre-programme training for health professionals to enable them to demonstrate a satisfactory level of knowledge to progress to the programme.

AMHPs will be required to undertake 18 hours (3 days) of refresher training each year and the AMHP leads in the LSSAs will be required to maintain training records.

Deprivation of Liberty Safeguards (DOLS)

Although the DOLS have been developed under the Mental Health Act, they have been located within the Mental Capacity Act. The implementation of the DOLS has been deferred until April 2009 but over the next 12 months it will be necessary to prepare for implementation. The LSSAs and the PCTs are the supervisory agencies with responsibility for carrying out DOLS assessments. The LSSAs have been given 3 years of guaranteed funding for implementation and training.

In comparison with many Adult Social Services, the Directorate continues to have good rates of recruitment retention and low sickness levels. In achieving this, the staff care policies, Investors in People, good training and career development opportunities have contributed to this. However, the Directorate recognises that it needs to continue to develop strategies to meet future challenges if it is to maintain this record and to ensure continuous improvement.

Currently the Directorate is finalising the Adult Social Services Workforce Plan. This is a detailed plan outlining the make up of the workforce, the challenges that the Directorate is facing and some of the planned actions. Significant issues highlighted in the plan are:

- The need to develop workforce planning with the private and voluntary sector. KASS recognises the importance of investing in the recruitment, development and retention of staff in order to provide quality social care for the whole community. A Kent Adult Social Care Workforce Strategy Group has been established, chaired by the Managing Director of KCC Adult Social Services, to deliver this objective. The work with the wider social care economy has already seen major initiatives such as Training 4 Care established.

- Workforce planning in partnership with Health is also an essential strategic objective. To this end we have established Strategic Workforce Planning Groups with the PCT's.
- ALFA – This is a major cultural change, which will see a shift in emphasis away from 'managing care packages' and towards personalisation - supporting people in identifying how best to meet their own needs. It will transform all front line services. It has major implications for future staff mix and skills and therefore this is a major workstream for the project.
- The changes that are taking place in in-house services as a part of the modernisation agenda.

The plan gives in depth analysis and direction for the future workforce planning, aligned to our key priorities.

EQUALITIES AND DIVERSITY

Equalities and Diversity are at the core of good mental health services and are imbedded in all our service developments. Examples of current involvements are:

The Kent and Medway "Delivering Race Equality" (DRE) Group for mental health acts as a sub-group of the Local Implementation Teams (LIT) in Kent and is chaired by a Social Care Commissioner for Mental Health. The main aim of this group is to ensure equality of access to mainstream services by all sectors of the population.

The Sahayak project is commissioned by us from Rethink, a national Mental Health Charity. The overall purpose of Sahayak is to improve access to help, advice, support and information for people in Black and Minority Ethnic (BME) communities in West Kent who are suffering from mental health problems. It also provides advice and support to BME carers of people with mental health problems and works within BME communities to address issues of stigma and discrimination about mental health. Sahayak provide the following:

- A shop front presence
- Drop in advice and information
- Volunteer befriending and volunteer support
- A Helpline giving support and advice over the telephone
- Short term interventions
- Back to work support and English classes
- Liaison with other organisations

- Signposting to mainstream services where appropriate
- Advocacy, where this cannot be provided by the mainstream provider
- User involvement, where this cannot be provided by the mainstream provider
- Carers support, where this cannot be provided by the mainstream provider
- LIT focus group

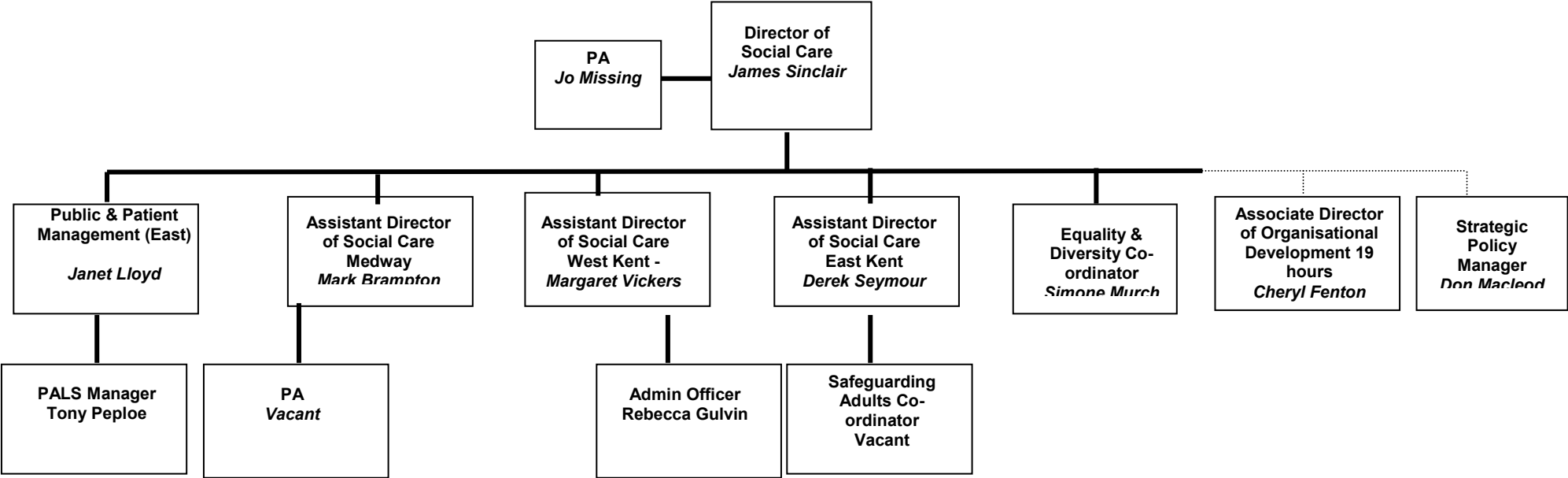
Kent County Council has also played a key role in developing the proposals for employing Community Development Workers (CDWs) in Kent. These workers are bridge builders between mental health services and BME communities, creating better access routes to mainstream services and raising awareness about mental health in BME communities. Following unsuccessful bids to the PCTs under the previous structures, and the new shape of mental health commissioning in Kent as a result of reorganisation, the proposal was remodelled as a Kent wide proposal and PCT funding secured for 7 workers, who are currently being recruited. A further tranche of 6 workers may be recruited and it is expected that other areas of diversity and equalities are part of the remit for these workers.

In line with the Council's Equalities Strategy, the Directorate has developed an Equalities Work Programme (Oct 2007-Mar 2009) to address the needs of staff, service users and carers. It sets out how Kent Adult Social Services will promote equality of opportunity, enhance community cohesion and tackle unfair discrimination. One means by which this can be achieved is by carrying out Equality Impact Assessment screening of all policies, procedures and practices. The completed exercise revealed that the vast majority were assessed as having "low adverse impact" on staff, service users and carers, requiring minor changes. Managers who own these policies, procedures and practices. are committed to carrying out all the necessary amendments by October 2008, to make their services more inclusive and accessible. This includes contractual agreements with partners agencies. The Directorate Equalities Group will monitor progress.

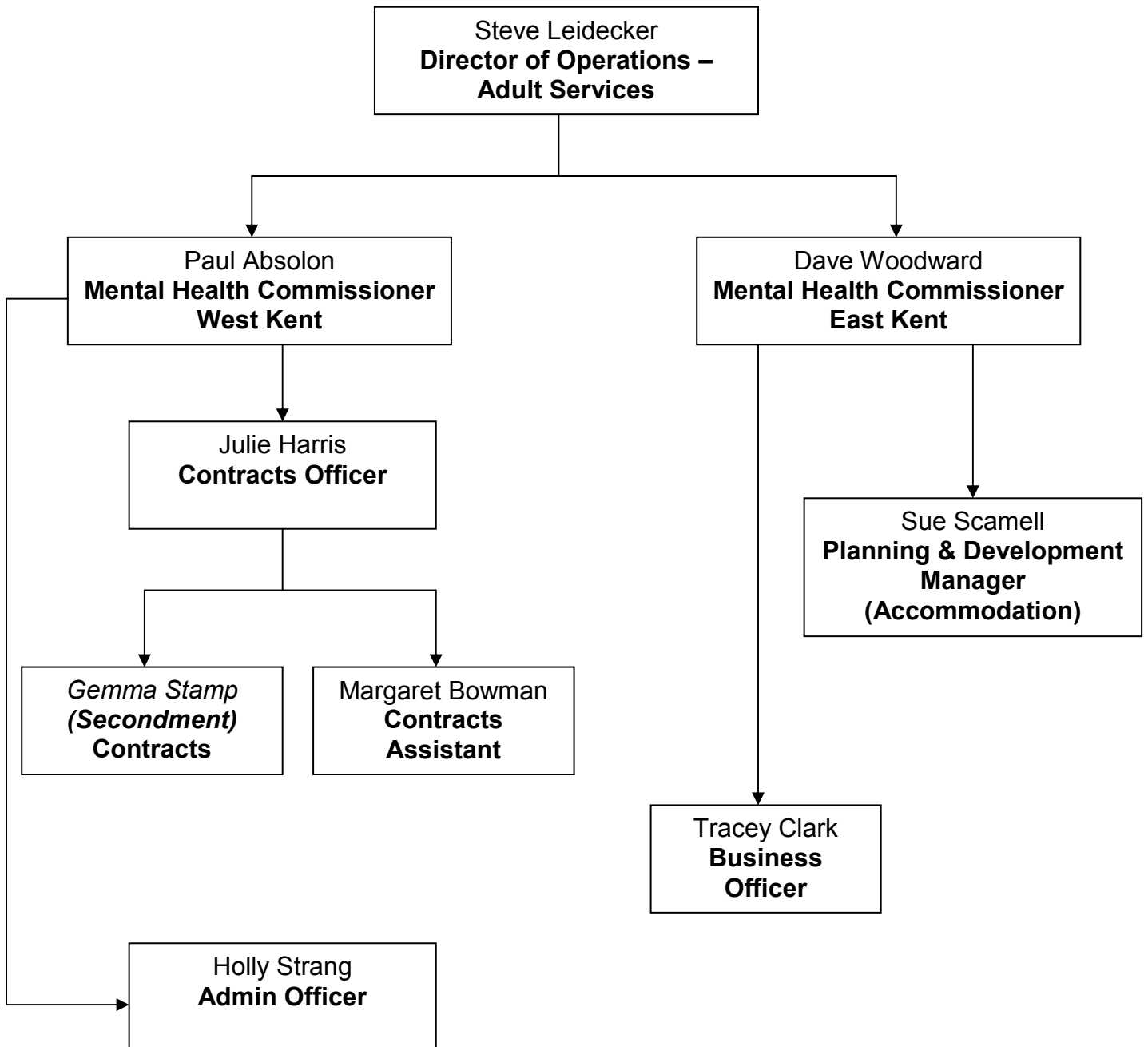
The Council has devised Best Value Performance Indicators (BVPI) linked to anti-discrimination legislation on Race, Gender and Disability. Kent Adult Social Services has been successful in recruiting disabled people but retention has been more challenging, resulting in the target being missed. The Directorate is committed to achieving this target while continuing to improve those on Gender and Race. Mental Health managers will contribute to achieving these and other targets within the Work Programme.

Linked to the Directorate's initiatives on Equalities is the Council's drive to achieve level 5 (the highest level) of the Equality Standards for Local Government, by April 2010. Mental Health managers will work with colleagues within Kent Adult Social Services and across Directorates to provide supporting evidence that the diverse needs of staff, service users and carers are being addressed by the Council.

STRUCTURE CHART



Mental Health Commissioning and Contracting Team
STRUCTURE CHART



Staffing*

	2007/08	2008/09
Mental Health Partnership Trust	257.68	256.02
MH - Commissioning & Contracting	7.93	8.00
Total	265.61	264.02
Total <i>includes</i> following number of KS 13 and above	4.5	4.5

* *We have introduced new unit plans this year to mirror the true nature of our business. We are still working on the correct division of staffing figures an including the Pt 13 and above. It is to be noted that we have used 2007/08 total figure and have split them into the new plan structure.*

SECTION 17 CRIME & DISORDER ACT

(Section 17 of the Crime & Disorder Act 1998 requires responsible authorities to consider crime and disorder reduction)

In the exercising of all it's duties the Directorate takes seriously it's responsibilities under the Crime and Disorder Act. Many of the people who use our services are vulnerable to some of the consequences of crime and disorder.

Enabling people with complex needs to live independently and to have choice and control over the services they receive inevitably means the management of greater risk. Through MAPPA (Multi- Agency Public Protection Arrangements) and the Multi Agency Adult Safeguards Board, we have robust adult protection processes in place. Together with our partners we have given Kent a reputation of excellence in this area.

The Directorate plays an active part in the Crime and Disorder Partnerships and the Community Safety Board.

An area of current concern is the level of hate crime people with Learning Disabilities have experienced. We are currently working with the Partnership Board, District Partnership Groups and other key agencies to look at ways to address this issue.

CORPORATE ENVIRONMENTAL PERFORMANCE AND CLIMATE CHANGE ADAPTATION

The Directorate is working within the programme of Corporate environmental performance and climate change adaptation. This is being led from within HQ, with lead officers identified as follows: Directorate lead – Caroline Highwood; sustainable transport and travel - Emma Hanson; Sustainable procurement - Procurement forum representative; staff engagement - Mags Harrison; sustainable estates - David Weiss. Current activity is to establish baselines and to develop appropriate targets for improved performance.

Outlined above are key areas which the Directorate is a part of in the implementation of KCC's Environment Policy. Some of the actions, which will support this, are as follows:

- Engagement of staff in the implementation of the plan.
- Review of in house transport arrangements, as part of the reviews of LD and older peoples services - Reducing use of KCC Fleet Hire and reduce carbon emissions by offering alternative options to transport people to in-house day care.
- Office strategy. As part of ALfA, and over reviews the Directorate is fully reviewing it's office use.
- Development of mobile working, promoting smarter working involving less travel etc.
- Ensure that any building work is of the highest standard. This particularly applies to PFI Extra Care Sheltered Housing which will be designed to high construction standards.

SECTION 3: MONITORING AND REVIEW - HOW DO WE KNOW WE ARE THERE?

The Directorate has a robust integrated system for managing performance, which includes the following components:

1. On a monthly basis all activity performance data and budget is monitored formerly across the Directorate. The data is broken down to District level and monitoring meetings take place with the Director of Operations and the relevant Service Director. The meetings include performance and finance leads.
2. The outcomes of this work are reviewed formerly by SMT on a monthly basis.
3. Area Management Teams and service management teams also review their performance formally in preparation for action 1 (as above).
4. Heads of Service will, on a monthly basis, review their performance/ activity/budget on a monthly basis.
5. This process of performance management is replicated through to teams and individual action plans.
6. Every 3 months SMT look at a more in depth report on activity, performance and budget – which also draws out long term trends etc. This is known as the FARM report.
7. District and Unit Business Plans are monitored through the processes outlined above and are formally monitored on a 6-month basis.

8. Performance is reported formally to ASSPOC on a six monthly basis and reporting on Business Plans will be a part of this. ASSPOC also has a tradition of being involved in looking at key issues of the Directorates Performance and setting priorities. There have been recent select Committees on Transition and Carers. Recent presentations and discussions have included budget build and the MTP, and there will be a presentation on the new performance framework.
9. The cabinet member for the Directorate is fully engaged in the issues regarding the Directorates performance and is a major participant in the Modernisation Board.
10. CSCI continue to rigorously monitor the Directorate through the Annual Review process which is reported to Cabinet and ASPPOC.
11. Within the Directorate there is a strong culture of collective responsibility. SMT, as can be seen above, have strong enough processes to enable them to take action when necessary and support any focussed drive on performance improvement.
12. Running alongside these processes there are regular District workshops with frontline staff and performance staff to look at some of the issues, which are being confronted at the frontline and to keep staff updated on the changes and challenges the Directorate is facing.
13. The current national performance framework for adult social services is undergoing significant change and this is likely to be the last year of the current star rating. There will be a joint framework with the NHS and our respective performances will be closely linked. We are currently working with the PCT's to look at bringing together our performance systems and data where appropriate. Currently there are joint Board Meetings with PCT's which look at joint performance.