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To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 20 September 2011

Subject: **KCC/KMPT PARTNERSHIP FOR DELIVERY OF SOCIAL CARE TO ADULTS OF WORKING AGE WITH MENTAL HEALTH NEEDS**

Classification: Unrestricted

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Summary: This report

- Introduces the findings of the review of the partnership between KCC and KMPT for the delivery of social care for adults with mental ill health.
- Describes the mutually agreed improvement plan and the progress to date
- Explains the 2 stage process for both delivering improvements in the partnership and agreeing the future configuration of the partnership

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## **Introduction**

1. (1) Kent County Council has had a partnership agreement with NHS organisations to provide mental health services for adults of working age since 2002. In 2006 when KMPT was formed from the merger of the two previous trusts a new section 75 agreement was drawn up which has been in place since.

(2) KCC has circa 280 staff seconded to KMPT. Total KCC investment in mental health is £22.1M, of which £9.25m is the cost of seconded staff and their accommodation. KCC's investment in the Partnership enables the delivery of social care support to adults of working age with mental health needs.

## **Substance of report**

2. (1) The partners agreed in 2010 that a number of the aspects of the partnership were not working as effectively as was required. Therefore KASS commissioned a review of the partnership from an independent organisation, SCP Consult. This work commenced in November 2010 and reported in February 2011.

(2) The report highlighted the areas that the partners needed to address. These included:

- The need to re-establish trust and confidence and a shared responsibility for the partnership between the two organisations
- The need to rebuild effective links and working relationships between the two organisations across a variety of work streams including training and development, policy and planning, information and systems use, shared priorities, principles and action plans
- The re-establishment of an effective high level governance arrangement between the organisations that not only oversees the partnership, but also monitors the delivery of the action plan

(3) The specifics included the need for the partners to tackle issues to do with under performance against social care targets and personalisation and the lack of policy and systems infrastructure to assess social care eligibility in a timely and consistent manner. Furthermore the reviewer felt more could be done to support the KCC social care staff seconded to the Trust and to profile social care issues.

(4) It is of course the responsibility of both organisations to make any partnership work and there were a number of areas within the review where culpability is shared and this has been acknowledged. The nature of the 2006 agreement was described by the reviewers as “lacking the rigour that might be expected and failed to build in sufficient flexibility for the Council to vary its requirements. The success or failure of the agreement in practice relied heavily upon the establishment and maintenance of shared purpose between the two organisations particularly the ability of KMPT to own the values of the Council. However, the processes to achieve this were not established and indeed the previous (and successful) Partnership Board arrangement went into abeyance.”

(5) Proposals have been agreed to both implement an improvement plan to tackle the above and also to do that within the context of the changing NHS landscape and the need for the social care staff to better support the pathway of adults with mental ill health through an alignment not only with secondary but also primary mental health services.

(6) The proposals emanating from the second stage of this programme will need to ensure coherence with the nationally implemented HoNOS (Health of the Nation Outcome Scales) and the commissioning of mental health services via Payment by Results clusters. Several of these clusters will have a social care focus and it is expected they will be commissioned to be delivered with a focus on primary care. This will mean that social care staff will very likely need to be able to work not only in partnership with secondary staff at KMPT but also with colleagues in primary care to ensure adults eligible for social services intervention and support are able to access that support at the appropriate time and place.

(7) Further to the review a series of external audits of safeguarding practice have been undertaken and the safeguarding action plan for KMPT has been integrated into the improvement plan to enable both aspects to be monitored on a monthly basis by the programme board.

## **Proposals**

2. (1) The proposals are in two stages. They address the outstanding issues and reframe the partnership in the context of the current and anticipated changes.

(2) Phase 1 proposals have been agreed and a programme board has been established to deliver both the improvement plan and the planning work for stage 2.

(3) With regard to Phase 1 the following has been undertaken thus far:

- (a) Reviewed the Director of Social Care Post and other posts in part or in full funded by KCC, but not directly accountable for the front line social care staff. Over time with the variety of structural changes in KMPT these staff had remained and retained accountability but lost direct responsibility for the social care staff. These posts have been deleted and a new structure is being established. The new structure includes a Head of Social Work and 2 support officers. The Head of Social Work has been appointed and commenced in early September. She is working directly to the Families and Social Care Director of Learning Disabilities and Mental Health and she and her team will promote and monitor the delivery of the social care agenda, assure effective professional leadership for social work and social care staff and develop and maintain effective relationships between KCC and KMPT especially with regard to training and development, policy and information and planning
- (b) The programme board to oversee the improvement plan emanating from the review and now also including the safeguarding action plan has been established. Specific timetabled measures have been included in the improvement plan to assure the partners that appropriate timely progress is being made across all the improvement areas and the focus on these areas is maintained.
- (c) Programme management to lead the work on preparing for stage 2 of the proposals and to develop a working group to deliver these has been established.
- (d) A review of the Support Time and Recovery/Community Support Service (STR/CSS) workers in line with the other reviews of in-house services as part of our efficiency plan has been commenced and informal consultation begun.

(4) We will also be undertaking a review of the social care staff working in forensic services and how they may be more effectively linked with the wider workforce to improve the care pathway of secure patients.

(5) For the second stage, it is proposed the relationship may change between KCC and KMPT. Currently work is underway to scope the options. These may include the relevant social care staff remaining co-located with secondary colleagues in KMPT but working in another organisation which could be a social enterprise. The staff would then joint work not only with secondary but also primary mental health services. We anticipate being able to detail these options by the spring of 2012 with a view to a decision being made for consultation by April 2012.

(6) Throughout this programme, we will work closely with the PCT lead commissioning team for mental health who commission the health outcomes from KMPT. This will be to ensure, as far as possible, that we do not unnecessarily destabilise the ability of KMPT to deliver the core outcomes expected of them. In particular we will ensure that the programme aids the ability to deliver future commissioning requirements linked to Payment by Results and the HoNOS Clusters.

## **Recommendations**

3. (1) The Adult Social Care and Public Health Policy Overview and Scrutiny Committee is asked to:

- (i) NOTE the report
- (ii) NOTE the progress to date
- (iii) NOTE the intention to review the options for the partnership and the timeframes
- (iv) Anticipate a report in April 2012 setting out the options for the future shape of the partnership

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### *Background Information*

2006 Partnership Agreement  
Terms of Reference of Review  
The Future of Public Sector Service Delivery – Juliet Doswell  
Mental Health Clustering Booklet - Care Pathways and Packages Project (DoH)