
By Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: **Cabinet Committee for Social Care and Public Health**

Subject: **Outcome of Formal Consultation to Change the Service Model and Staff Structure of the Mental Health Community Support Services – Decision No 11/01746**

Classification: Unrestricted

Summary: This paper outlines the recommendations made regarding future provision of the Mental Health Community Support Services (MHCSS) and the outcomes of the formal consultation process to implement a new service model and staff structure. MHCSS is an integrated service delivered by KCC employees and hosted by Kent and Medway Partnership Trust (KMPT).

Recommendations:

Cabinet Member for Adult Social Care and Public health will be asked to make a decision taking forward the proposal to implement a new service model (Mental Health Support Time Recovery Service) and new staff structure.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

1. Introduction

(1) The review of Mental Health Community Support Services was completed during April – July 2011. The key findings are:

- There are inconsistencies around the service model, levels of staffing, productivity, value for money and structure.
- Supporting People funding of £260k ended January 2012 due to termination of contract between Supporting People and KMPT. This

has placed an additional financial burden on KCC to retain the current service model.

- MHCSS is not a registered service with Care Quality Commission.
- (2) An informal consultation was held between 26th August and 23rd September 2011 with affected staff. This included work shadowing, meetings with staff and written submissions. 12 written responses were received with a total of 24 individuals commenting.
- (3) Key findings were:
- A commitment to the recovery model, short term interventions and promotion of self reliance.
 - Majority of staff currently provide 6 weeks support to clients of up to three hours per week, extendable to 6 months dependent on a review at 4 weeks. They believe that this is an appropriate and effective model for future service delivery.
 - That implementation of this model has resulted in falling caseloads as longer term cases are closed or transitioned to providers of longer term support and care managers fail to understand new model or make appropriate referrals.
 - The service should be flexible, with short term interventions identified as part of a support plan. Goals should be clearly defined and support regularly reviewed although some individuals do need longer term support.
 - That it is important to be based within integrated mental health teams and have good local knowledge.
 - Respondents noted that teams should contain similar numbers of workers and be managed by a team leader / senior worker.
 - Respondents noted that integrated working with other mental health professionals within KMPT was essential to the delivery of effective and coordinated treatment and that externalising the service would create a risk to service users.
- (4) DMT agreed that the service would remain in KMPT and that a key decision would be requested regarding a change to the service model and structure. An entry was made onto the forward plan regarding the following proposal:
- Change to a Support Time and Recovery (STR) service model. This will be called Mental Health Support Time Recovery Service.
 - There will be no in house Community Support Services (CSS).
- (5) Proposal for Support Time Recovery (STR) Service (see Appendix 1)
- STR workers will work with people for a time limited period.
 - STR workers will deliver a mental health recovery service.
 - The first period of up to 6 weeks will be provided as Enablement, and will be an intensive service to help people quickly recover from or prevent a crisis.

- Should further support be needed this will be provided for up to 6 months in total, and becomes a chargeable service following the enablement period.
- STR workers will get involved in:
 - promoting independent living
 - supporting social inclusion within a recovery model
 - providing practical support with daily living
 - facilitating people to live ordinary lives
 - helping service users to gain access to resources in the community supporting service users to be in control of their treatment

(6) In the proposal, current service users will not be affected. The new model will only apply to new people entering into the service. Current service users will be reviewed according to our statutory duty and at that time, if they have ongoing needs, will be offered a direct payment or transferred to an independent agency providing ongoing community support as part of the Supporting Independence Service contract.

(7) In the proposal, Senior STR workers will have a direct link to a Provision Manager within FSC Learning Disability/Mental Health. The provision manager will quality assure and monitor the service.

2. Financial Implications

(1) The revised structure will achieve the £260k savings required to maintain the service. Estimated transitional costs of £176.4k meant that full savings will be achieved in 2013/14.

3 Bold Steps for Kent and Policy Framework

(1) Bold Steps for Kent:

- Empower social service users through increased use of personal budgets
- Improve services for the most vulnerable people in Kent

(2) National Strategy

- Recommendation of Workforce Action Team (set up by Ministers to look at workforce, education and training implication of the National Service Framework) to introduce Support Time Recovery workers in the mental health workforce (August 2001).

(3) Vision for Kent

- Improve the health and the physical and mental wellbeing of the population and reduce inequalities
- Enable people to receive the support they need to maintain their safety and independence within their local community
- Move towards preventative social care
- Enable people to take greater control of their lives and live safely and independently in their own communities, through engagement with Kent County Council and its social care partners

(4) Live It Well (KCC's Strategy for improving mental health and wellbeing)

- 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
- Reduced the number of suicides
- 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
- Delivered better recovery outcomes for more people using services, with care at home as the norm

4. The Report

(1) A 30 day formal consultation began on 11th July 2012 in accordance with KCC procedure.

(2) The following actions were taken:

Date	Action
9 th July 2012	Meeting with Union representatives (Unison and GMB) to discuss proposal
11 th July 2012	Consultation pack sent to staff including: proposal for restructure, current and proposed structure charts, job descriptions
13 th July 2012	Meeting with East Kent staff to discuss proposal. Union and HR representatives present.
16 th July 2012	Meeting with West Kent staff to discuss proposal. Union and HR representatives present.
17 th July 2012	All details of proposal posted onto KNET and KMPT Staff Zone.
23 rd July 2012	Letters sent to service users informing them of the consultation. Service users will not be affected by the proposal.
25 th July 2012	Question and answer summary from consultation meetings emailed to affected staff and posted onto KNET and KMPT Staff Zone
3 rd August 2012	Question and answer summary received 16 – 31 st July emailed to affected staff and posted onto KNET and

	KMPT Staff Zone
17 th August 2012	Question and answer summary received 1 – 11 th August emailed to affected staff and posted onto KNET and KMPT Staff Zone

- (3) There have been 28 responses to the consultation, of these:
- 4 include activity figures for teams
 - 2 describe personal circumstances and seek clarification regarding how these will be considered
 - 22 contain questions, comments and suggestions for alternate structures
- (4) The majority of questions and comments concerned:
- Operational details of the proposed STR service
 - Role and number of senior STR workers
 - Role of provision manager
 - Activity levels within the teams
 - Details of the recruitment and selection process
 - KCC policy meaning that existing STR workers within diminution process can not apply for Senior STR workers roles
- (5) There has been overwhelming support for the proposed service model.
- (6) Questions and comments were acknowledged individually throughout the consultation. In addition, three summary sheets were compiled covering questions and comments made during the meetings, 16-31 July and 1-11th August. These were distributed to staff via email and were posted on KNET and KMPT Staff Zone.
- (7) Having listened to the feedback sent in during consultation, we have made revisions to the original proposal. These revisions have been shared with staff and a copy of the structure is attached to this document. (Appendix 2)
- (8) There are currently 65 members of staff (48.94fte) working in the service. In the revised proposal there are a total of 6.94 FTE redundant positions. 16 expressions of interest in voluntary redundancy have been received.
- (9) Due to differences in current job descriptions the following recruitment processes will occur:

Locality	Process
South West Kent	Recruit
Dartford Gravesham and Swanley	Recruit
Maidstone and Malling	Recruit
West Kent Early Intervention Psychosis	Recruit
Thanet and Dover	Diminution
Ashford and Shepway	Diminution

Canterbury Coastal and Swale	Slot Recruit
East Kent Early Intervention Psychosis	Recruit
East Kent Acute Services CRHT	Slot

- (10) Equality Impact Assessment was completed on 2 December 2011 and updated on 13th August 2012 following completion of formal consultation. A potential impact on the protected characteristics of Disability and Pregnancy / Maternity was identified during the consultation. Actions have been identified and completed to address both of these issues. (Appendix 3)

5. Conclusions

- (1) The review of Mental Health Community Support Services completed during April – July 2011 found that there are inconsistencies around the current service model, levels of staffing, productivity, value for money and structure. In addition, Supporting People funding of £260k ended January 2012 due to termination of contract between Supporting People and KMPT.
- (2) The informal consultation held between 26th August and 23rd September 2011 with affected staff identified the need for a new service model focused on Support Time Recovery interventions.
- (3) The 30 day formal consultation began on 11th July 2012.
- (4) 28 responses to the consultation were submitted and there has been overwhelming support for the proposed service model.
- (5) As a result of feedback, revisions have been made to the original proposal. These revisions have been shared with staff and a copy of the structure is attached to this document.
- (6) The proposed structure will achieve the savings required.

6. Recommendations

Cabinet Member for Adult Social Care and Public health will be asked to make a decision taking forward the proposal to implement a new service model (Mental Health Support Time Recovery Service) and new staff structure.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

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Appendices:

- Appendix 1 – Service Specification for STR service
- Appendix 2 – Proposed staff structure
- Appendix 3 – Equality Impact Assessment Revised

Background Documents: None