

SERVICE LEVEL BUSINESS PLAN 2009/10 FOR Mental Health

EXECUTIVE SUMMARY

The gross expenditure for the service(s) included in this business plan is:
£24.523m (see page 8)

Which will fund the following:

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

And will be staffed by
262 FTE

KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.

Core Purpose and Key Responsibilities 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)

Background

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.

Kent and Medway NHS and Social Care Partnership Trust were formed in April 2006 following the merger of East Kent NHS and Social Care Partnership Trust and West Kent NHS and Social Care Trust. The Trust provides mental health, learning disability, substance misuse and other specialist services for 1.6 million people across Kent and Medway from 260 sites. The Trust has in the last two years overcome the challenges of merging two organisations and has built on the strengths of each to bring all areas up to the best and consistent standards.

Context

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

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 are applying for Foundation Trust (FT) status. The application process has already strengthened the role and composition of the Board, a review and changes in the governance systems and a forward looking ethos to work with the local community through the members and governors to help further develop the strategic direction of the Trust.

The demanding FT application process has also required the Trust to strengthen its financial structures in readiness to be an FT. The FT process has initiated the development of service line reporting and management which is seen as a key component in the ability to deliver high quality, high performing, value for money services that make the Trust the 'best in class'. The Trust is clear and determined that it will deliver financial surpluses as an FT. The ability to support under invested or inconsistent service delivery by using the surplus or borrowing capital more readily will enable the Trust to deliver more equitable services across its catchment area. The move to FT status will constitute a key decision for the County Council who will be consulted on the application during the course of 09/10.

Key Developments for 2009/10

The Key challenges and areas for development for Mental Health Services for 2009/10 are;

- Personalisation
- Prevention
- Performance
- Partnership
- Promoting Independence

Personalisation

- 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. The Commissioning and Contracting team focus on learning from the national pilot sites for Individual Budgets and reviewing the contracts with support providers, including KMPT, to ensure they can respond changes to the personalisation agenda.
- 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.
- KMPT is a national pilot site for the In Control Programme designed to promote the benefits of personalised care to staff and service users.
- The Staying in Control programme is specifically aimed at extending this progress into the NHS, particularly in relation to mental health and long-term conditions. KMPT is participating in the programme in partnership with Kent Adult Social services and the PCT, and will be linking its work to promote self directed support with the underlying principles established by 'In Control' and the initiatives around Recovery.
- In 2009/10 KMPT aim to have lead "champion" for personalisation in each community mental health team

Prevention

- During 2008 KCC and Medway PCT (The lead commissioning body for MH) commissioned and Kent and Medway Mental Health Joint Strategic Needs Assessment. The Needs assessment, to be completed early in 2009, will underpin the Joint MH Commissioning Strategy which will be published later in the same year.
- Mental health services are increasingly targeted at supporting people with presenting mental health conditions in primary care. 2009/10 will see key developments by KCC, Medway PCT and KMPT in support of this agenda.
- The Development of Secondary Care Liaison Services by KMPT
- A Primary Care Carers Support in Swale
- The Launch of a Primary Carer Social Inclusion and Wellbeing pilot in Thanet.
- The role out of the Improving Access to Psychological Therapies Programme.
- Review voluntary sector contribution to prevention agenda and links to primary care.
- East Kent PCT leading on Mental Health training for all clinical staff
- Commission Mental Health Informal Day Service for Thanet

Promoting Independence

- The Mental health services have continued to support the objective to promote independence set out by KCC in towards 2010. The Thanet Horizons intensive supported accommodation scheme opened on schedule in November 2008 offering 7 units of accommodation to Mental Health Service users. In 2009 we will see an expansion of the Horizons service and a further 8 units delivered in the Swale area. Further horizons projects will be delivered over the next two years across East Kent.
- The Mental Health Matters Helpline hours have been extended to support mental health service users during evenings and weekends, and the Crisis Home Resolution Treatment team in east Kent piloted a self referral system for service users already known to the Community Mental Health Teams.
- In addition KCC secured funding to ensure Mental Health Carers Assessment and Support Services were adequately and equitably resourced across the county.

Performance

The mental health services continue to work in partnership to improve service delivery and the outcomes for users and carers who require support. Services commissioned by KCC from the independent and voluntary sector are performance managed by the Commissioning and Contracting Team. Services provided by KMPT are performance managed via Joint Performance Review Groups with the Medway PCT.

Key Changes to performance management in 2009/10 include;

- Introduce reward/ incentive clauses for excellent service providers
- Improve outcomes on the Health Care Commission Patient survey in relation to carers support and CPA reviews
- Improve data quality for Key Social Care performance indicator.

For many years we have operated a number of service agreements with the voluntary sector for mental health services that are part of our overall commissioning strategy. These are grants paid under section 65 of the Health Services and Public Health Act 1968 and range from some small, but important, local providers (for example, for informal day services) to some quite large agreements with national organisations. We have also a number of small grants (under £5,000 p.a.) that we

have paid historically to small local organizations and we are currently conducting a review of these to see which ones still fit with our commissioning objectives.

During 2009/2010 we will be working to rationalise these agreements. Those with smaller organisations will remain as service agreements, as we believe this is the best way of procuring services from small organisations that have a vocational ethos and depend a lot on volunteers. Any of the small grants that we decide to retain will also become service agreements.

However, where we spend larger amounts of money with regional and national based organisations, we will seek to convert these into contracts for services. This will allow us to explore more flexible forms of procurement to enable direct payments, as part of the personalisation agenda, to become part of payments for these services.

We will continue to review and monitor our supported accommodation providers and residential care providers to ensure best value. Work will continue to look for opportunities in conjunction with our local authority housing partners to modernize our existing supported accommodation provision so it is fit for the 21st century.

Partnership

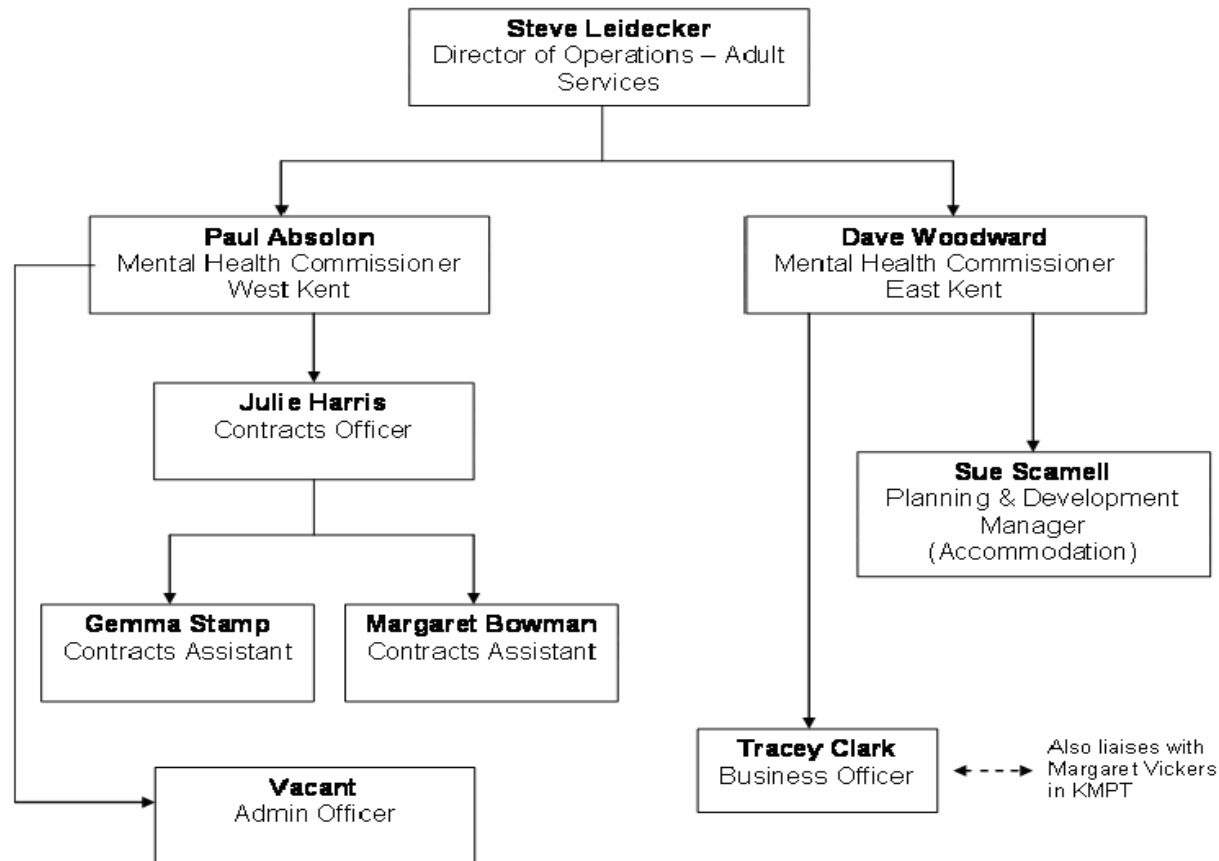
KCC Mental Health Services have strong partnerships for the delivery of services across the county. Joint commissioning arrangements with PCTs ensure an integrated approach to service delivery across the statutory, independent and voluntary sectors. Approximately £4m of KCC funded mental health services are provided by the independent and voluntary sector. These services provide evidence excellent outcomes for service users/ carers and value for money.

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.

Key objectives for partnership for 2009/10 include;

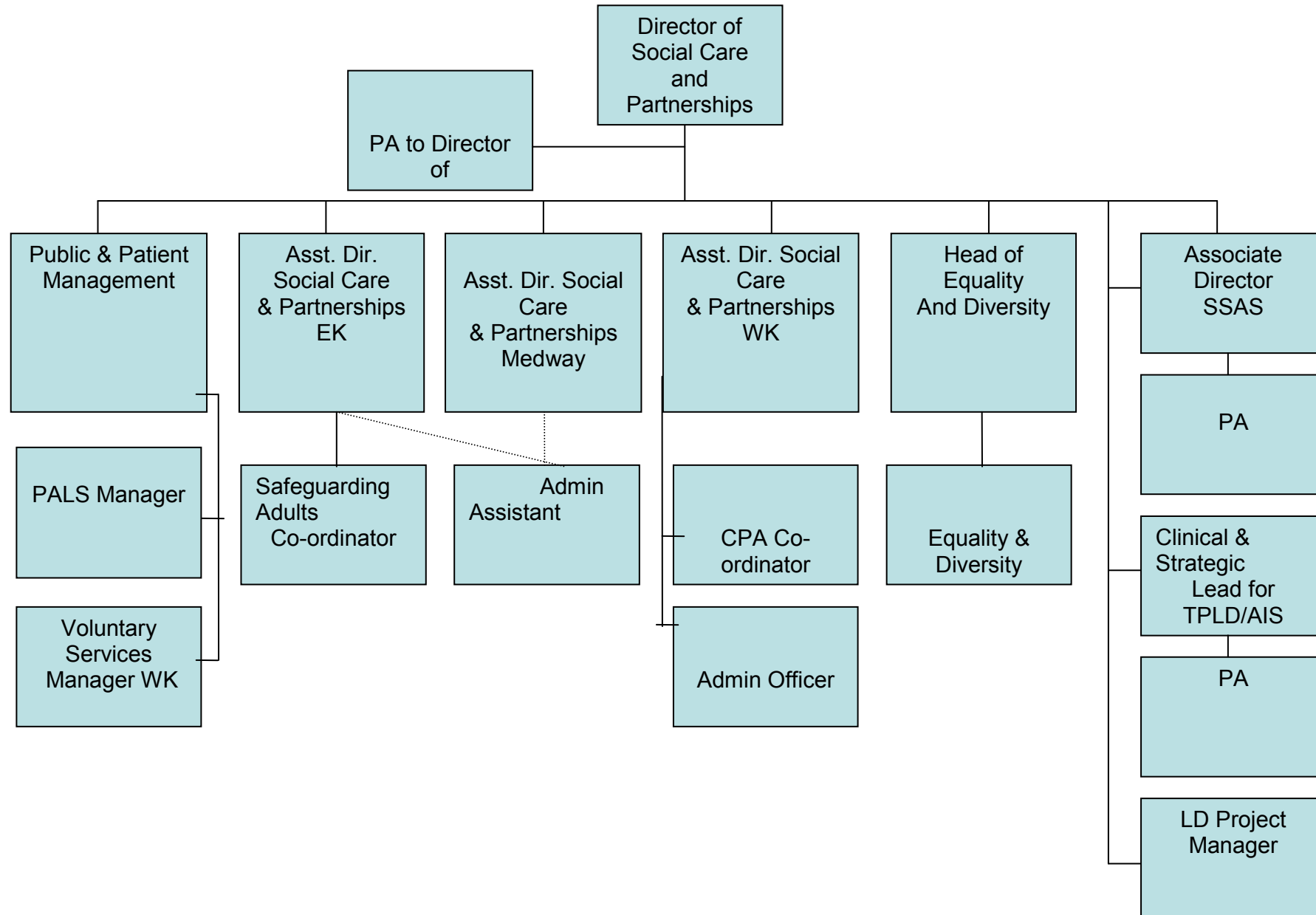
- Reviewing Safeguarding arrangements for Vulnerable Adults and Children with KMPT.
- Continue regular meeting between KCC and KMPT
- Review joint Service User and Carer Strategy
- Commissioners to link with Local Strategic Partnerships in order to embed Mental Health and Wellbeing Agenda at local partnership level.
- Review KMPT partnership and establish formal contract with Medway PCT.

1. STRUCTURE



There are two structure charts included for this service level plan because Mental Health is a joint integrated service between Adult Social Services and the NHS. The first structure chart shows how mental health services are integrated within KASS. The second structure chart shows how the mental health services are provided by the NHS. The lead officer shown as the Director of Social Care and Partnerships (James Sinclair) on the second structure chart has a dotted line in terms of line management to the lead officer within KASS who is the Director of Operations, Steve Leidecker.

Social Care Structure with Lead Responsibilities



3.RESOURCES

Service Budget 2009/10

FTE	CONTROLLABLE EXPENDITURE	ACTIVITY/BUDGET LINE	FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXTERNAL EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	CABINET MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Mental Health										
	6,067.0	Residential Care		0.00	0.00	6,610.60	0.00	6,610.60	-992.30		5,618.30	
	913.0	Domiciliary Care		0.00	-254.40	1,157.60	0.00	903.20	0.00		903.20	
	321.0	Direct Payments		0.00	0.00	385.80	0.00	385.80	0.00		385.80	
	51.0	Supported Accommodation		0.00	0.00	354.70	0.00	354.70	-63.00		291.70	
	5,258.2	Other Services		1,366.50	135.10	4,737.10	0.00	6,238.70	-901.90		5,336.80	
	8,709.0	MH A&R		9,389.00	677.10	0.00	-6.30	10,059.80	-875.70		9,184.10	
	21,319.2	Total Mental Health		10,755.50	557.80	13,245.80	-6.30	24,552.80	-2,832.90	0.00	21,719.90	GG
251.21	21,319.20	TOTALS	262.02	10,755.50	557.80	13,245.80	-6.30	24,552.80	-2,832.90	0.00	21,719.90	GG

Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	8.51	6.32
Grade KS 12 (or equivalent) and below	242.70	255.70
TOTAL	251.21	262.02
Of the above total, the estimated FTE which are externally funded		26.40

2. DELIVERY OF CHANGE IN PRIORITIES

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
-91	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.

Changes to services in current/future years

- 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. 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.
- The County Duty Service (CDS) is the main access point for people wanting to contact social services (children's and adults). It handles nearly 100,000 calls a year. But the County Duty Service is changing as part of SDS.
Over the next 6 months CDS will be expanding the services it offers and will become the Kent Contact and Assessment Service (KCAS). KCAS has replaced KASSCAT as the name for this new service to recognise the significant amount of work the service will continue to do for Children's Social Services.
CDS already provides fast track access to equipment and minor adaptations across the whole County, but it will also provide:
 - Direct access to in-house enablement services in four Districts (Tonbridge and Malling, Gravesend, Thanet and Ashford) from April 2009
 - Direct access to in-house and external enablement services across the County from July 2009
 - Direct access to short term urgent interventions from July 2009.

The development of KCAS over the next six months is a crucial part of SDS; ensuring people get a proportionate service as quickly as possible. This will free up capacity in the rest of the Directorate for people who do not want or cannot be helped by KCAS.

For Overarching changes in service see the Managing Director's Statement in the Directorate Level Plan.

Impact of directorate strategy over MTP period on the service

The Directorate's priorities and challenges are:

- **Promoting Independence**
- **Performance Improvement**
- **Prevention**
- **Partnership**
- **Personalisation**

These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement.

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALfA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

3. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

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

Performance Information shown below is KASS wide

Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	1.5	1.5	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for	184	It is not possible to give targets for 2009/10 as they will not be set until April	National Indicator

			2008/09 was set in the previous year		2009	
NI 131 Delayed transfers of care	Steph Abbott	Quarterly	39	35	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	Steph Abbott	Monthly	3.9	3.5	No target available until April 2009	MH Specific
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	194	194	No target available until April 2009	MH Specific

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Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	632	551	No target available until April 2009	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	150	110	No target available until April 2009	MH Specific

High Risk, High Profile, High Impact New Projects & Activities

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2008/09	Target date of delivery/ completion	Link to strategic priority
Mental Health Personalisation Development Project	Paul Absolon	Care pathway developed for personalised care in MH Social Care	Feb 2010	T52/NI130
Swale Horizons Project completed	Sue Scamell	8 units of MH supported Housing in Partnership with SBC	June 2009	NI 149
Reprovision of informal day services in Thanet	D. Woodward	Socially Inclusive Service for MH Service users.	June 2009	NI 124/142 T52/53
Develop Personalisation In Primary Care with PCT partners	Paul Absolon	Joint arrangements for delivering personalised MH social care in Primary Care Settings.	March 2010	T52/53 NI 124
Review Safeguarding Arrangements for MH Social Care Service Users for Adults and Children.	D.Woodward/ Derek Seymour.	Improved Awareness of Safeguarding Procedures for KMPT staff	Dec 2009	NI 140/NI142
Joint Training Project for MH Employment Support Services in East Kent.	D.Woodward	All Key Staff Trained in Individual Placement Support Model	Feb 2009	NI 150
Roll Out of Improving Access To Psychological Services Programme	L.kavanagh	Increased Access To Counselling in Primary Care	Mar 2010	T52/53
Review Contractual arrangements with the Voluntary Sector in line with modern Practices	P. Absolon	Revised Contracts with Major Vol Sector providers	Mar 2010	NI 136
Complete Joint Mental health Commissioning Strategy with PCT	L.Kavanagh	Effective, Targeted , MH Provision across Kent and Medway	Nov2009	NI 130/1

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

Risk Registers for these major projects are maintained. These are available on request.

Benchmarking information - Performance information shown below for Kent is KASS wide

Indicator	Kent	East Sussex	Hampshire	Hertfordshire	Suffolk	Oxfordshire
C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result

- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

User/Resident Involvement Planned for 2008/09

Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
Informal Day service Re-provision	Jan 09	May 09	MH Service users	Thanet	Service user evaluation of Tenders for service	Service user choice in new provider of service	no	Social	dave.woodward@kent.gov.uk
Review of Service user and carers role in Joint Commissioning Boards	May 09	Feb 2010	MH Service users and Carers	Kent Wide	Reivew process for engaging Service users and carers in Commissioning process	Wider representation of Carers and Service users in design of services.	yes	Social	Paul.absolon@kent.gov.uk
MH Deaf Services	Dec 09		MH Service users	Kent Wide	Set up focus group for deaf MH Service users	Better Designed more tailored service.	Yes	Social	Paul.Absolon@Kent.gov.uk

(*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport