HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE

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MEDWAY ADULT MENTAL HEALTH SOCIAL WORK: FIRST YEAR REVIEW AND OPTIONS FOR THE FUTURE

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Summary

This report reviews progress and performance since 1 February 2012.
It also presents options available to the Council in relation to the management and position of this service as a part of its broader strategy for the development of mental health social care, to serve the needs of the community of Medway and to bring about better social care outcomes for mental health service users and their families.

ThIs report is for pre-decision scrutiny ahead of consideration by Cabinet on 3 September 2013. .

1. BUDGET AND POLICY FRAMEWORK

1.1. Medway Council must ensure that the social care needs of adults who are vulnerable because of their mental ill-health are met, effective safeguarding arrangements are in place, and that the Council's legal duties are discharged.

1.2. This is consistent with the priorities and values set out in the Council Plan for 2013-15 and in particular those priorities set out for Adults to maintain their independence and live healthy lives.

2. BACKGROUND

2.1. The Medway Adult Mental Health Social Work service was established on 1 February 2012, following the transfer of social care staff from the mental heath trust (Kent & Medway NHS and Social Care Partnership Trust: KMPT).

2.2. On 12 June 2012, Cabinet agreed to retain this service in Council management and to review this after twelve months, when it would consider the advantages and disadvantages of any options put forward for the future delivery of this service.

2.3. On 22 May 2012, this Committee asked that the Day Resources service be reviewed in consultation with service users, carers and other stakeholders, so that action could be taken to make the service more relevant to those who are vulnerable and in need of support in the community. This report sets out the consultation findings and steps being taken to implement service development.

2.4. This Committee's 2013-2014 work programme selected mental health as a topic for a Scrutiny Review. A Scrutiny Review Group, consisting of Councillors Wildey (chair) Pat Gulvin, Igwe, Juby and Purdy has been established and will make strategic recommendations to improve the outcomes and experiences for mental health service users and their families based on its findings to HASC in September 2013 and seek Cabinet approval in October 2013. The findings of its report are intended to contribute to developing the overall mental health strategy of the Council.

2.5. The working relationship between the Medway Mental Health Social Work Team and the KMPT operational teams has had an adverse impact upon the effectiveness of mental health service delivery in Medway. This report takes this impact into account in presenting the options for the future, whilst acknowledging that senior Medway Council managers continue to work with KMPT senior managers through the Joint Operations Group to address these matters. The wider context currently effecting service delivery is also considered.

Review

2.6. The service consists of a Social Work team for adults of working age and older adults, the Day Resources team and the Community Support and Outreach team (C.S.O.T.). The single administrative office base for the team is Compass Centre South, Pembroke, with Day Resources operating from Nelson Road, Gillingham. The social care workforce consists of 58 staff posts, consisting of service manager, senior social work practitioners and team managers; qualified and registered social workers (including Approved Mental Health Professionals - AMHPs); care management assistants; outreach workers; day resources workers and administrative staff.

2.7. The reason for bringing this service into Council management was the failure of the previous provider to deliver adequate social care outcomes, to appropriately supervise social care staff, to ensure there were adequate safeguarding arrangements in place and to deliver a cost-effective service.

2.8. This report reviews the overall performance and impact of the service since the report (1) to this Committee on 22 May 2012, including Day Resources. It takes account of consultations with users and other stakeholders, performance measures and financial information. It also refers to other relevant reports and documents, including a summary report (2) written on behalf of the team on the areas of work identified in the "Next Steps" paper (3). It considers the broader context across Medway that is having an impact on mental health service users

as well as national policy directives. It has also taken into account the importance of improving our response to children and families.

Activity

2.9. A recent review of team activity for 2012/13 provides the following information (arrows indicate increase, decrease or steady state):

417 people currently receive support and services from the team. (↓)
24 referrals are received on average per month. (↔)
129 people received services through Day Resources during 2012/13. (↓)
87 people per week receive services and support through C.S.O.T. at an average of 3 hours of client contact per week. (↑)
91 Carers' Assessments were completed during 2012/13. (↑)
99 people worked with the specialist OT on employment issues during 2012/13, of whom 62% remained in employment or came off sick pay or benefits and went into employment. (↑)
205 people were eligible for self-directed support and direct payments during 2012/13 and 183 processes were completed. (↑)
61 people are currently in residential care where the Council meets payment (with or without client contribution). (↓)
- 41 are working age adults (18-64 years);
- 20 are 65+ years.
380 Mental Health Act assessments were carried out by team during 2012/13. (↑)
60 Adult Protection referrals were received during 2012/13. (↑)
8 training placements were provided during 2012/13. (↑)

Operational management

2.10. Much of the management work undertaken by the service in the period April 2012 to September 2012 was about putting robust operations in place to address previous shortfalls. From September, the team turned its attention to the next steps in the development of mental health social care. Demand on acute psychiatric services, and lack of bed availability, has caused particular problems during 2013 and has been the focus of recent team attention.

Case review

2.10.1. Case reviews were undertaken by the Medway Mental Health Social Work Team Service Manager and Senior Practitioners on all 550 transferred cases. 101 healthcare cases were transferred back to KMPT in two tranches, on 4 April 2012 (57 cases) and 23 July (44 cases returned to KMPT). This process took a long period of time and had an adverse impact on operational capacity.

Safeguarding

2.10.2. 46 cases were identified after transfer where there was no completion of safeguarding processes where KMPT previously held operational responsibility for the protection and monitoring of these vulnerable clients. Immediate action was taken.

2.10.3. A Safeguarding Lead was recruited to the team. During the first half of 2012/13 all staff received training in adult and child protection. Safeguarding

arrangements have improved, but more still needs to be done to enhance the team response to help improve outcomes and resolve complex matters. Through the team's involvement in the social work practice pilots, there has been access to, and discussion about, innovative ideas around Family Conferencing and how this is being applied in Greenwich, but such methods have yet to be applied by the team.

2.10.4. During the year, the mental health social work team completed one Serious Incident investigation concerning the unexpected death of a service user allocated to the team. In addition, the substance misuse care management team completed one Serious Incident investigation involving the death of a service user allocated to the team with a dual diagnosis of drug misuse and mental health. Both unexpected deaths involved the presence of mental illness and drug/alcohol dependency, raised questions about the adequacy of risk assessment practices, the quality of professional communication and understanding about respective professional responsibilities in the care pathway. Lessons from each investigation were used to make changes to practices, within the team and partner organisations.

Referral pathway

2.10.5. The Council proposed to KMPT the use of a single point of referral for adult mental health referrals for health and social care from 1 February 2012 (4). To support this arrangement, the team proposed to make available two mental health duty social workers during each working day. KMPT did not agree to this proposal. Referrals to the mental health social care team declined and narrowed (mainly to referrals for Mental Health Act assessments) in spite of evident increasing demand across the system.

2.10.6. The Team established a process for receiving referrals through a dedicated duty officer, duty telephone number and email address. This has improved referral access. It has also provided an important contact point for advice and information. However, the majority of referrals continue to be made by secondary care KMPT teams. More work must be done to broaden the referral base to frontline services, including primary care services and GPs, housing services (especially priority needs), children and family services, and voluntary sector providers, so that there is earlier access to mental health social care assessment and intervention.

Staff induction and training

2.10.7. Considerable orientation was required in order to introduce the team to Council policies and procedures. This process began in February 2012 with a tailored induction for the whole team and continued thereafter. This included safeguarding training; Fair Access to Care (FACS) training; Child Protection training; and Care Director orientation. During 2012/2013, 4 social work staff qualified as Approved Mental Health Professionals (AMHPs); 2 staff qualified as Social Work Practice Educators and 2 staff qualified as Best Interest Assessors (BIAs). This has strengthened the skills base of the team and introduced a professional development culture, including challenge. The growing awareness within the team of the interface between the Mental Health Act and the Mental Capacity Act and the application of these distinguish the Social Work function

that the team carry out from other professional functions. More must be done to ensure that learning and training opportunities keep in step with service development across the Day Resources programme and C.S.O.T, since both of these arms of the team are highly important to the continuing relevance of the team. This will also assist the team increasingly to operate as one service rather than three teams. Unfortunately no social workers came forward to undertake AMHP training this year. This is likely to have an impact on the team as it will need to rely on the use of costly agency staff to fulfil our legal obligations at a time when the demand for Mental Health Act assessments has grown by 60%.[1]

Impact of FACS, charging and welfare changes

2.10.8. Since February 2012, the team has applied Fair Access to Care Services (FACS) for the first time to new mental health referrals, as well as to existing mental health service users of Day Resources and C.S.O.T.

During 2012/13, the Council's charging policy was also applied across adult mental health social care services. The impact of FACS and charging has been considerable. Many service users previously receiving Day Resources were assessed as having moderate needs at the time of their assessment or review and were closed to the team. In addition, many mental health service users who were assessed as having critical or substantial needs at the time of their assessment chose not to pay the charges for the service. The application of FACS and charging has contributed to a falling team caseload and a dramatically falling number using Day Resources. However this falling caseload is not directly perceived by all of the team, who experience an increasing workload in relation to carrying out Mental Health Act assessments and in responding to current pressures caused by acute psychiatric bed demand together with early discharge of vulnerable service users from hospital to the community.

2.10.9. The team are starting to perceive the combined adverse impact for mental health service users of the application of FACS, the introduction of the charging policy, changes to Welfare Benefit rules and the requirement of clients to attend for Work Capacity Assessments, changes to housing regulations (including the so-called 'bedroom tax') Housing Benefit and Community Charge changes.

2.10.10. The problem for users is not about understanding these changes better. It is about dealing with the impact. The challenge for the team is how it can remain relevant to the majority of mental health service users who will have fluctuating mental health that will change their social care from moderate to substantial to critical needs according to mental health crisis, recovery and relapse. The burden of care to families is also likely to be adversely effected by intermittent access to specialist services and the paucity of local universal services. Progress continues to be made by the team in introducing personalisation, with very creative examples of packages of support and evidence of remarkable stabilisation and recovery (see Appendix 2 - case examples). However this is still a developing area of work and does not fully address the challenge of making FACS work in mental health service delivery and applying charging to adult mental health social care.

[1] This figure compares the number of referrals received in February 2012 (28) with referrals received in March 2013 (44).

Integration with other Council services

2.10.11. The operational management of mental health social care by Adult Social Care has provided opportunities to better integrate this team's efforts with other Council teams and services. Since February 2012 there has been progress in collaborating with the Physical Disabilities team and Adult Intake involvement during the staff induction helped to clarify referral pathways. There has been joint work with the Learning Disabilities team around arrangements to clarify Section 117 (Mental Health Act) aftercare responsibilities and establishing an Asperger's Steering Group. This group has drafted a strategy and produced a Directory of relevant services. There has been less direct operational work between the mental health team and the Older People's Team, however there is a clear distinction between responsibilities for the social care needs of persons with functional mental health problems in older age (which rests with the mental health team) and meeting the needs of older people with an organic disorder (dementia) which rests with the older persons team.

2.10.12. A case review audit of current clients of the mental health team showed that only 5% are parents. This is a very low number, which may be explained by the threshold for access to adult mental health services[2] and other factors, such as the age profile of the current cohort of users of this service. However there is interest and professional experience in the team in relation to work with children, families and parents experiencing mental health problems. A summary of activity in working with families was provided at the time of the most recent Ofsted visit to Medway (5). A social worker in the team has been allocated as the lead for this area. The Principal Officer established a Steering Group around the Children & Young People's Plan and Mental Health that has met regularly since August 2011. The team has also worked with the Troubled Families initiative and made referrals to this project to access coaching and support around employment, parenting and other matters. A recent initiative by the children's lead and a Senior Practitioner in the mental health team has been to try and establish a Children's and Young People's Professional Forum to bring together social workers from the mental health, substance misuse and children and families teams.

2.10.13. The core position of home and accommodation for mental health service users was brought into sharp focus during 2012/2013 as the team has worked as a SCIE Social Work Practices Pioneer Project with a focus on housing. The outcome of the team's work was summarised in a report to SCIE (6). The project was instrumental in bringing together the largest mental health housing conference held in Medway in January 2013. A specific Mental Health Housing Options Forum has been established and will continue to take forward work with Housing providers, Public Health and Housing teams in the Council. A proposal is currently being considered to locate mental health social workers on a duty basis with the homeless team.

[2] Parents experiencing mental health problems, such as depression and acute anxiety disorder, may not reach a critical or substantial threshold to obtain a service, yet their mental ill-health may be significant and have an adverse on parenting, child safety and well-being, and child development.

Day Resources

2.10.14. The Council inherited Day Resources that were directly provided by the staff team from two unmodernised and inadequate community facilities. Over several years there has been a sharp decline in the number of service users accessing day resources. Users have been anxious for several years about the future of Day Resources and were convinced there was an unstated plan to run down and then close this element of the service. Several well-attended user meetings could not persuade them that this was not the intention. In fact, this part of the service had not been subject to any planning for many years. In the absence of any plan or direction, the staff had continued to provide a service to users with severe and persistent mental illness.

2.10.15. 75 users attended a Consultation Workshop on Day Resources last September 2012 (7) and a Stakeholder event held in November 2012 was attended by a large number of clinicians and colleagues from KMPT, Medway Council and the voluntary sector. A summary of the findings of these events and a summary of how Day Resources would be taken forward was presented to service users on 13 March 2013 (8). The key messages from service users were:

- We need help early - we may be in crisis then.
- Help us move on properly when the time is right - but don't push us out.
- There is nothing in the community to move on to (persuade us there is and signpost us to resources).
- Communicate with each other across mental health services and bring others into decisions.
- We need help with recovery, rebuilding confidence and good quality information.

2.10.16. The proposal to modernise Day Resources closely follows these key messages and implements operational changes to respond to these messages. The proposals also take account of stakeholder messages about the response that is necessary for people who may be discharged early from hospital because of current pressures. A programme approach will be taken that will be delivered by Day Resources staff and a range of local voluntary services, including employment support from Winfield Chatham, and peer support facilitated by MEGAN (Medway Users Forum). This is intended to provide a higher level of individual and group support to individuals in mental health crisis with critical and substantial needs and also the means of supporting individuals move on and use universal services as they recover.

2.10.17. The facilities at Nelson Road are currently being modernised to make this possible (e.g., installing IT connectivity and reordering the use of space) agreements are being reached with MEGAN (Medway User Forum) and other local organisations to secure their input. Staff are undertaking a skills audit and a programme of groups, activity and one-to-one support is being completed with user input. The new programme commenced July 2013.

Acute pressures

2.10.18. The Service has been directly affected since the beginning of January 2013 by an acute pressure in the availability of psychiatric in-patient beds both in Medway

and across the rest of Kent. It is a matter of public record that KMPT is experiencing a shortage of beds against actual demand and is unable to meet these demands without recourse to out-of-area placements. The situation has worsened as this pressure nationally means that out-of-area placements are hard to obtain.

2.10.19. The direct and immediate impact on the adult mental health social work team is that AMHPs cannot complete applications under the Mental Health Act for detention until a bed is identified to admit the patient to. This matter has been taken to the Joint Operations Group meeting with KMPT on 11 April 2013, where ten recent examples were tabled. AMHPs have had to wait many hours while a suitable bed is found. This is very distressing for service users and their families and raises risk, as well as being a waste of expensive professional time. This has been the subject of more detailed analysis by a meeting that brought KMPT Assistant Director and team managers with the Social Work Senior Practitioners and Social Care Mental Health Commissioning Manager on 20 May 2013 to understand the root causes of this problem and its likely effects, should this prove to be more than a "spike" in demand, and what can be done to manage this.

2.10.20. It is understood that the pressure on local beds is happening alongside increasing demands on other local KMPT secondary services across adult and older people services. It would appear that demand is outstripping the supply of professional resources and services commissioned locally. While these pressures are directly effecting users and their families now and felt by our AMHPs, a broader downstream effect is likely become an operational management issue for the mental health social work service as early patient discharge and placement in the community with support becomes more pressing. The social work team has engaged and responded positively through C.S.O.T intervention. The team work closely with the hospital discharge coordinator and care managers in preparing and supporting service users return to the community. However we need to keep under careful review the capacity and relevance of this service and Day Resources to respond. More work is necessary on the transition between acute and community support and the interface between teams. Dual diagnosis joint training took place in Medway in June and July 2013, to facilitate work with this client group with complex needs across mental health and substance misuse teams. We continue to commission a Dual Diagnosis Carers Project working across Medway. The mental health social work team took part in Veterans' mental health day and are engaging in support arrangements locally.

<u>Management arrangements</u>

2.10.21. The service continues to operate with an interim Service Manager. Two of the three Senior Practitioners are acting up from substantive posts. One Senior Practitioner is devoting time to support the management of the Substance Misuse Team. A Senior Day Resources worker is acting up to manage Day Resources to cover the long-term sickness absence of the Day Resources Manager.

2.10.22. 2012/2013 has been a challenging year for the team. There is substantial evidence that many members of the team have contributed to or, in fact, have led

initiatives to develop the service further and stabilised important functions (e.g., substance misuse care management). These are explored in further detail in the report recently provided by the team (2). Case Examples of service user experience are provided at Appendix 2.

2.10.23 Real progress has been made during 2012/2013, but it has been slower than expected. Some of this has been caused by external factors, such as making up ground and putting into place arrangements that should have already been in place (case review, safeguarding, professional supervision etc). Introducing the team to Council standards and operating procedures (FACS and Care Director) also had an impact on the pace of change. Overall working relationships with KMPT teams improved following a local reorganisation of management. However this came after a period of poor, fragile managerial co-operation, mixed at times with deliberate obstruction, which contributed to the slow pace of change.

2.10.24 The Adult Mental Health Social Work service may have been able to do more to overcome a persisting "three teams" approach and work as one team. This could have provided it with a stronger voice to articulate the challenges it has faced to provide a better quality mental health service for the people of Medway, to obtain the support of Council teams and other partners in pursuit of this, and to anticipate rather than wait and react to changes in the local operating environment. However it is acknowledged that uncertainty over key roles worked against this.

<u>Key operational areas for development</u>

2.10.25 The table which follows defines the priority areas to ensure that the service becomes a mature service. These are set against the six key shared priorities set out in the current national mental health strategy, and a summary of views expressed by a group of about 25 Medway mental health service users who recently met with Councillors as part of the current Scrutiny Review.

What Would Good Look Like?

	Six Shared Priorities/Outcomes National Strategy (11): No Health Without Mental Health (2011)	Medway Users' recent views 15 July 2013	MH Social Work Team Priorities
1.	More people will have better well-being and good mental health and fewer people will develop mental health problems.	Peer support praised by users. Support of the MEGAN[3] user forum vital. The weekly Personality Disorder Peer Support Group also vital support. There should be more varied forms of support available. These should be publicised to reach people *early* and not just in crisis when needs are substantial or critical.	A visible, well-known mental health social work service across the communities of Medway (including Black and other minority communities) with clear access and referral pathways known and used by local professional teams, users and carers, including referral for Mental Health Act assessment. Full use of Day Resources and C.S.O.T. by the service to support re-ablement and respond to clients with long term severe mental health needs through fluctuating periods of health and ill-health, by working closely with existing local voluntary sector, to prevent relapse and promote continuity of care and support.
2.	More people with mental health problems will recover a good quality of life.	This will happen if there is equal access to health services, housing services understand our support needs, sharing in user-led groups and our full involvement in planning our recovery.	Team is strongly integrated into other Council services, especially Adult Social Care and Children & Families services, supporting parents with mental health issues and also working jointly in the transition from CAMHS[4] to adult mental health social care services. Integrated work with Housing to avoid homelessness and improve resettlement and settled accommodation.

[3] MEGAN: Medway Engagement Group & Network.
[4] CAMHS: Children & Adolescent Mental Health Service provided in Medway by Sussex Partnership NHS Trust.

			Joint working with primary and secondary care mental health services through the implementation and further development of the Joint Operations Policy.
3.	More people with mental health problems will have good physical health, fewer will die prematurely, and more people with physical ill health will have better mental health.	The only back up is through our GPs, but many appear to be untrained/unskilled in mental health, or not interested. We need more focus on support for better physical health, activities such as 'walk and talk' groups.	Day Resources programme will increasingly focus on supporting the development of good physical health and healthy living alongside good mental health. Social work assessment and reviews will routinely consider the impact of physical and mental health together, especially where physical health problems imposes significant restriction on mobility and activity.
4.	Improved services will result in fewer people suffering avoidable harm.	We cannot get through to service when in crisis. Long intervals between professional interventions. Services do not talk to each other and are not joined up. This is getting worse and we are stuck in the middle. If we had more back up from professionals, we would not be so unwell for so long. Not enough professionals outside hospital setting to support you. No co-ordination of services in the community.	Crisis response and safeguarding will continue to be developed, including learning the lessons from serious incidents across health, social care and substance misuse, to improve professional understanding, practice and response. The service will continue to work on regular, effective communication with primary care and secondary care, with regular meetings with the heads of operations. A particular focus will be given to Dual Diagnosis because of the increased risks associated with mental health co-existing with substance misuse.
5.	More people will have a positive experience of care wherever it takes place.	Care is taken away too early. No co-ordination in community setting - we are referred back to GPs. But there are problems with some GPs who are not interested or skilled in mental health. GPs do not appear to be trained in mental health - this needs challenging.	Stepping down from statutory care and support and the re-referral pathway (should this be needed) will be strengthened. The Day Resources programme will incorporate voluntary sector partners in the delivery of step down services. Stronger links to be developed and sustained with primary care services and GPs and CCG.

6.	Public understanding is of mental health problems will improve and fewer people will experience stigma and discrimination as a result of negative attitudes and behaviours to people with mental health problems.	Long waiting times to access mainstream services appointments such as Citizen's Advice (2/3 weeks). The reassessment of eligibility for Welfare Benefits appears to be discriminatory and the system does not take into account fluctuating mental health needs.	The Mental Health Social Work Team will work with MEGAN, Rethink Hope Groups, CAB and Carers Groups to champion local anti-stigma work, including a visible presence in local anti-stigma work and raising awareness across other professional care teams, e.g., Mental Health Housing Options Forum.

3. OPTIONS AVAILABLE FOR FUTURE OF SERVICE

3.1. The options available have not substantially changed from those available in May 2012 (see Appendix 1) and the advantages and disadvantages stated then have not altered significantly. . Essentially there are three options with some scope for variation around the positioning and format of the social enterprise option. The three Options are:

- The service remains within Council management;
- Independent social work practice established in a social enterprise; or
- Market tender.

Each option is reviewed below, followed by points made about the options by the Children & Adults Directorate Management Team (CADMT) and Extended Management Team (EMT).

Service remains in Council Management

3.2. While the original intention was for the mental health social care service to come to the Council for a transitional period, to provide sufficient time to determine its most appropriate permanent "home", the team has perceived this to be a "formative" year. There is a risk that the team may find further structural change in the short-term difficult to negotiate successfully. However this must be balanced against becoming too comfortable and not sufficiently challenged, by identifying itself as a Council service, rather than a service for mental health service users and their families with an outcome focus.

3.3. The stated direction of travel for the Directorate is greater integration of effort across the whole Directorate to safeguard and better meet the needs of children and families within tough financial constraints. In the light of this and policy messages in 'Think child, think parent, think family' (9) and the more recent Ofsted paper 'What about the children?' (10) placing the adult mental health social work team at a distance and outside the Council could be perceived to be contradictory and potentially remove opportunities for closer working.

3.4. The 'loss' of the service from the Council may reduce the Council's strategic and operational influence upon local mental health service delivery to ensure priority is given to social care in securing longer-term well-being for people living in Medway with mental ill-health.

Social work enterprise

3.5. Nationally, the effectiveness of independent social work practice, delivered through a social enterprise, is not yet a fully tested or evaluated model in adult social care. The risks and benefits are currently hard to define and difficult to measure.

3.6. Involvement with the SCIE social work practice project provided an insight into the concerns being raised by practice sites across the country. These concerns focus on the sustainability of social enterprises over the long-term and the resources necessary to establish them. There were also messages that independent social

work was not always the partner of choice for Councils, in spite of national government support for the social work practice pilots.

3.7. The Council cannot discharge its statutory duties under the MHA to a provider, the relationship of the Council to an established social enterprise would be a contractual relationship around the delivery of mental health social outcomes within budget. There would be no other formal interest in the social enterprise.

3.8. Establishing an independent social work practice service in a social enterprise would require a permanent staff member (or members) of the current team to declare an interest and an intention to wish to do this. While there has been no resistance to learning more about this option by team members, to date no one has come forward to champion this option from within the team.

3.9. An independent mental health social work practice would have to work with KMPT, who are still the largest referrer to the adult mental health social work team, without the strength of working within a larger statutory organisation.

Market Tender

3.10. This is a potentially costly and drawn out process, although the Council has the resources to effectively manage this through its Procurement Team. Engaging suitable service provider in thorough tender process could introduce new energy and ideas to Medway as well as potentially yielding further cost efficiency.

3.11. This option is likely to be perceived as a hostile move by KMPT, since it is likely to attract another mental health trust to bid for this service as a preliminary stage to an intention to deliver other mental health services across Kent. Of course KMPT would be entitled to enter into a tender process and bid. Another health care provider entering the area may also struggle to understand and keep focus on social care outcomes.

CADMT & EMT view

3.12. CADMT & EMT recognised the progress that has been made since February 2012 in delivering safer adult mental health adult social care and noted the work in progress to improve user and carer social care outcomes in a tough economic environment. However the service is currently not sufficiently mature to be transferred on from Council Management to another option, having regard to the safeguarding and statutory functions held by the Council and the need to also further develop the methods the service deploys to respond to fluctuating mental health needs.

3.13. CADMT & EMT noted the potential a Social Work Enterprise could bring to focussing on the social work skills and the involvement of mental health service users in its governance arrangements. There may also be an opportunity to access a business start-up finance to establish the social work enterprise as a legal entity. A joint social work enterprise with other boroughs may also be helpful in developing a social work enterprise with sufficient scale to be sustainable. However the difficulties social work enterprises are currently facing in recruiting skilled staff was also noted.

3.14. If the Adult Mental Health Social Work was to remain in Council management, then CADMT & EMT recommend that this is for a sufficient period to ensure that the service is brought to full maturity, 2016 onwards.

4. ADVICE AND ANALYSIS

4.1. If the option decided upon by Council requires a change of provider, it will be necessary to organise full consultation upon any change with mental health service users, carers and staff, other stakeholders and other interested partner organisations.

4.2. The Council has a legal duty to give due regard to race, gender and disability equality in carrying out its functions. This includes the need to assess whether any proposed changes have a disproportionately negative effect on people from different ethnic groups, disabled people and men and women, which as a result may be contrary to these statutory obligations. A Diversity Impact Assessment would be undertaken and reported to Members as the consultation process takes place. At this stage there is no current evidence that any of the options set out will make an adverse and differential impact on any marginalised group afforded protection by the Equality Act.

5. RISK MANAGEMENT

The following risks are identified across the options described in section 3:

Risk	Description	Action to avoid or mitigate risk	Risk rating
Council Reputation	Council decisions may be publicly challenged if the mental health strategy does not tackle and improve on poor historic performance, improve user and carer outcomes and increase family carer and user satisfaction with social care services, as per Council Plan 2013-15.	Ensure people using services, their families and representatives are fully consulted over changes. Performance Framework and Commissioning Intentions are robust and reflect required social care outcomes. Users and carers involvement in governance to influence operation of service.	High
Continuity of care and support to service users	Health and social care teams work to deliver tailored care pathways, with joint understanding between professionals of their respective roles.	Users are consulted and have opportunities to question and directly influence and participate in care pathways. Users have choice over the care services they need. Cases are routinely reviewed, including risk management, to ensure continuity of support. Joint staff training across health and social care.	Moderate

Safeguarding and statutory responsibilities	Responsibilities are significant and cannot be outsourced. Arrangements need to be sufficient and robust with continuing lead responsibility identified with the Council.	Reviewed by the Principal Officer to ensure safeguarding and statutory responsibilities are discharged.	High
Financial risk	The service must operate in approved budgets with no greater financial liability arising from any changes.	Performance will continue to be monitored monthly to Adult Social Care Management Team and quarterly to Directorate Management Team.	High
Staff engagement and safe transfer from Council employment to new provider if this option is taken	Further change and potential disruption to staff may lead to lower staff morale.	Open, early and continuing opportunities for staff to be informed of changes and early notice of the likely impact to their specific job roles. Pension transfer arrangements addressed if a transfer option is followed.	High
Delay in implementation or key priorities	The timetable is overtaken by other local priority changes (e.g., acute psychiatric in-patient site; adult social care management changes; impact of health commissioning arrangements etc.)	Tasks for completion are set out in a detailed Project Plan that this R/A/G rated with clear deadlines for completion of specific tasks and early warning alert and escalate action. Robust governance arrangements are in place.	Moderate
Information System Interoperability	Interoperability needs to be achieved of IT systems if option followed requires service transfer.	The needs of Mental Health service is reflected in the new Social Care System specification.	Moderate

6. GOVERNANCE

6.1. The Mental Health Social Work Team reports to the Principal Officer, Mental Health, Medway Council, who is a member of the Adult Management Team of the Children and Adults Directorate, Medway Council.

6.2. Service Users, carers and partner organisations have been engaged and consulted about specific key service developments through Workshop events during the course of the last 12 months, most notably in September and November in regard to Day Resources and about housing-related care and support arrangements in January 2013; and most recently at a meeting on 15 July with the Scrutiny Review Group (see 2.9).

6.3. Managers of KMPT and Medway Council have met on a bi-monthly basis in a Joint Operations Group to improve joint working relationships between the local teams and managers.

7. LEGAL AND FINANCIAL IMPLICATIONS

Legal Implications

Statutory duties

7.1. Medway Council must ensure that the social care needs of adults, who are vulnerable because of their mental health are met, that effective safeguarding arrangements are in place, and the Council's legal duties are discharged. Adult social care refers to the responsibilities of local social services authorities towards adults who need extra support. The legal framework for provision is complex. The main obligations are set out in the NHS & Community Care Act (1990), the National Assistance Act (1948), the Mental Capacity Act (2005) and the Mental Health Acts (1983 and 2007).

Equality Act 2010

7.2. Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act; to advance equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, taking steps to meet the needs of people from people who have a "protected characteristic" in the terms of this Act; encouraging people form protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users, representative groups, staff and Trade Unions and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.

TUPE

7.3. TUPE is the Transfer of Undertakings (Protection of Employment) Regulations 2006 to protect the employment rights of affected staff. This will apply if an option to transfer the service to another provider is taken. Early communication, followed by formal consultation with affected staff, would be a key plank in the Council and new provider Business Transfer Plan. The terms for the transfer of pension rights would need to be established.

Procurement Rules

7.4. The Council must follow a proper procurement route if the tender option is chosen. Detailed procurement and legal advice would be sought from the Council's Procurement Team.

Financial position

7.5. The 2013-2014 general fund budget for mental health social care held within Adult Social Care section of the Children & Adults Directorate is £4,364,778. This is composed of budget for the Mental Health Social Work service, residential care for eligible users, statutory duties and commissioning functions. In 2012-2013, these

areas were all delivered within budget. Medway Adult Mental Health Social Care Budget (2010-11 to 2013-14) and Outturn (2010-11 to 2012-13) are shown in Appendix 4. There have been savings on the overall expenditure while the service has improved.

7.6. Any option leading to the transfer of the Medway Adult Mental Health Social Work service must operate within an approved budget with no additional financial liability arising from the transfer. It must deliver improved outcomes for service users and carers and ensure the Medway Council's safeguarding responsibilities are fully discharged. Council must retain a non-operational budget to ensure it can discharge its statutory duties and commissioning functions. Medway Council would retain responsibilities for the commissioning of residential care for eligible users.

8. SUMMARY

8.1. There has been over a year of solid progress in relation to adult mental health social care. The transition from KMPT to Council management was achieved safely with no evidence of any adverse impact to users and carers across Medway in a challenging environment. The level of serious incidents recorded by the social work team concerning clients open to the team was low during this period. There is evidence to suggest that the safeguarding practices used by the mental health social work team is improved in comparison to previous arrangements, and risks have diminished to clients open to the team. The team has worked hard to achieve good outcomes in an uncertain environment. There has been an improvement in joint working with KMPT teams since January 2013.

8.2. The overall environment for users of mental health services and their families remains tough. There are increasing signs of the impact of economic hardship, welfare and housing changes at the same time as longer-term service users feel the impact of charging and the eligibility test for services. The current Medway Adult Social care eligibility threshold may also limit the effectiveness of the team in working with parents experiencing mental ill-health and also during the transition from children services to adult services.

8.3. Access to acute psychiatric in-patient beds is of concern currently across local mental health services, users and families. The Medway Council AMHP service has been under pressure as a result of bed unavailability.

8.4. The team will need to be prepared to work in a tougher environment within financial constraints, by making more efficient use of Day Resources and C.S.O.T. and developing stronger partnership working with the local voluntary sector. It is uncertain whether the current pace of progress will be sufficient to tackle rising demand, for example, in responding to accommodation needs, following acute in-patient psychiatric admission.

8.5. The key tasks that must be taken forward to keep pace with demand, improve response and secure good social care outcomes include: effective transition from child and adolescent services to adult mental health services; better outcomes in relation to meeting housing need and preventing homelessness; and better outcomes in relation to supporting people with dual diagnosis.

9. RECOMMENDATION

9.1. This Committee is invited to offer views on the options for the future of the Medway adult mental health social work service to Cabinet.

LEAD OFFICER CONTACT FOR ENQUIRIES:

David Quirke-Thornton
Deputy Director, Children and Adults Services
01634 - 331212

BACKGROUND PAPERS

(1). Adult Mental Health Social Care: options for the future. Health and Adult Social Care Overview and Scrutiny Committee. 22 May 2012

(2). Report on the Progress of Medway Mental Health Social Work Team. 20 May 2013. Steve Morris and Cathy Konzon.

(3). Next Steps: Direction of Travel for the Mental Health Social Work Service in Medway. 23 September 2012. Richard Adkin and Dick Frak.

(4). Mental Health Referral Pathway from 1 February 2012. 13 January 2012. Richard Adkin and Dick Frak.

(5). Medway Adult Mental Health Social Work Team: working with families. 11 January 2013. Dick Frak.

(6). Social Work Practices Pioneer Project Medway Council Final Report. 7 March 2013. Matthew Clemens-Lary and Dick Frak.

(7). Medway Mental Health Day Resources Workshop. 21 November 2012. Dick Frak.

(8). Medway Mental Health Day Resources: understanding and acting on the messages from the workshop. 13 March 2013. Dick Frak.

(9). SCIE: Social Care Institute for Excellence (2009) Think child, think parent, think family: a guide to parental mental health and child welfare.

(10). Ofsted (2013) What about the children?: joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems.

(11). Department of Health (2011) No Health without mental health: a cross-government mental health outcomes strategy for people of all ages.

Appendix 1:

OPTIONS AVAILABLE FOR DEVELOPMENT OR LONGER-TERM MENTAL HEALTH SOCIAL CARE STRATEGY IN MEDWAY

Option 1: Service remains in Council management

Advantages:

1. Continuity of operations.
2. Direct control to undertake further transformation of service.
3. Less disruption and uncertainty to staff.
4. Opportunity to direct management of improvement of social care outcomes.
5. Opportunity to align mental health social work operations to Health and Wellbeing Board objectives and Council policies.

Disadvantages:

1. Against Council's stated ambition to be a Commissioning-led authority.
2. Commissioning and providing functions potentially confused.

Option 2: Mental Health Social Work staff form a Mutual organisation

Advantages:

1. Social Work professionals have autonomy and direct control of governance and operations and directly contract with Medway Council.
2. Ensures specialist Mental Health Social Work focus remains central.
3. Governance of organisation could include service users and carer members.
4. All operating surplus held by the organisation for local reinvestment.
5. Consistent with Government Policy of supporting professional groups to run local services.
6. Back office functions could be provided by a local social enterprise (e.g., Medway Community Healthcare, Sunlight).

Disadvantages:

1. Unaffordable model for a relatively small staff group because of overhead costs, including set up costs and full governance structure, including Board.
2. Small group of staff may not contain all the necessary skills and leadership required.
3. Sustainability problematic due to cost pressures across local health and social care system.
4. Does not benefit from the advantages of integration with potentially high transaction costs.
5. Would require staff to formally "declare" an interest in taking on this task.

Option 3: Open Market Tender

Advantages:

1. Potentially wide interest from a range of providers across statutory, voluntary and for-profit sectors.
2. Opportunities identified for potential cost savings in the delivery of services.
3. Introduces innovation and a new model for service delivery.
4. Potentially introduces new expertise and experience into Medway.
5. Clear separation of commissioning and statutory function and provider functions.

Disadvantages:

1. Costs incurred in running tender relative to the value of contract is high.
2. Time-consuming process of tendering may contribute to uncertainty over strategic direction, impact on staff morale and delay in operational decisions.

3. Relatively small financial value of contract, together with pension and insurance liabilities, may make an unattractive prospect to providers.
4. Tender may be perceived by KMPT as hostile encroachment by another NHS specialist provider placing already fragile co-operation at further risk.
5. Length of contract to enhance value of offer to attract suitable providers may tie the Council into longer-term or inflexible arrangements.
6. Lack of broad interest may constrain Council to consider less than optimal solution and have an impact on reputation and morale.

Option 4: Mental Health Service transfers to be a Subsidiary of an established Social Enterprise

Advantages:

1. Subsidiary would operate independently within an agreed governance framework with a strategic plan agreed and monitored by the parent Social Enterprise Board.
2. Subsidiary fully supported by the parent Social Enterprise, including leadership and back office functions.
3. Governance model for subsidiary could include membership of service users and carers.
4. Autonomous decision-making for the subsidiary stakeholders within an agreed framework.
5. Value-driven as mental health staff, users and carers within the agreed framework, will make decisions.
6. Cost-effective as Subsidiary will be supported by the parent Social Enterprise, minimising the costs of establishment and business transfer.
7. Clear separation of commissioning and statutory function and provider functions.
8. Potential to forge important links between physical disability, long-term conditions and mental health.
9. Ability around income generation.

Disadvantages:

1. New governance model for Subsidiary and Social Enterprise Board and accountability, will need full involvement and understanding of respective roles and responsibilities.
2. Long time-scale to establish governance framework.
3. Use of any operating surplus ultimately decided by Social Enterprise Board.
4. Limited choice of local Social Enterprises for transfer and lack of experience in Mental Health for potential local Social Enterprises.
5. Competition and contestability need to be determined.

Option 5: Integrate into an existing local Social Enterprise

Advantages:

1. Cost-effective model, with little additional management structure of governance structure required.
2. Service operates in an integrated manner alongside other Social Enterprise services.
3. Long-term sustainability
4. Local focus.
5. Clear separation of commissioning and statutory function and provider functions.
6. Potential to forge important links between physical disability, long-term conditions and mental health.

Disadvantages:

1. Lack of control of autonomy as service would be one of several service lines and accountability would need to be clear.
2. Use of any operating surplus decided by Social Enterprise Board.

3. Mental Health social work focus may be lost if local social enterprise has no significant prior experience in social care.
4. Limited choice of local Social Enterprises for transfer and lack of experience in Mental Health for potential local Social Enterprises.

Appendix 2:

CASE EXAMPLES

The following case examples are taken from work undertaken by the team in 2012/13.

1. Outcome of a self-referral

"Dear Sir/Madam
I am one of the self referral who started first to write a letter to the Medway Council and took help because of my condition (suffering from Agoraphobia - fear of open spaces). From Medway Mental Health Social Work Community Support Outreach Team Agnes Mulenga, Jenny Bartlett and Jaki Ward came to my house and started to help me. Because I can not go out and I needed to see a doctor and I needed financially to be helped, they helped me to meet a Consultant at Medway Hospital and see my GP in City Way Surgery. They also helped me with my council tax and by going through my financial situation. I gained money from Employment and Support Allowance plus Disability and Carers Service. The Mental Health Community Access Team helped me to solve my problems, which I never would be able to do by myself. I thank the Access team and Medway organisations who are helping people who suffer from mental problems.
Sincerely yours …"

2. Personal Budget: Ms S

Ms S is profoundly deaf, and requires a British Sign Language (BSL) communicator. She also has a diagnosis of Schizophrenia. Ms S has had a number of admissions to a specialist psychiatric unit for people who are hearing impaired. Ms S first became mentally unwell at 16 years when her grandmother died. The stress of attending college at this time was also recorded. Ms S's mental health symptoms include auditory hallucinations, paranoia and delusions that her family are not really her family. In the past this has led Ms S to become physically aggressive. Her last psychiatric hospital admission was late 2010. Ms S was discharged in 2011 and supported upon discharge to move into her own home.

Through the choice and control process, Ms S chose for her personal budget to be managed by Medway Council. The annual budget was taken and weighted heavily at the beginning of the year, to enable Ms S to receive extra support to set up her own home and take part in the community. This was regularly reviewed and the support funded through the personal budget was carefully reduced over the 12 month period.

A specialist service (RAD) was commissioned through Ms S's personal budget to enable Ms S to communicate with regard to decisions about all aspects of daily living. In addition, Ms S's home was fitted with equipment to address her hearing impairment and safety needs. These also addressed some aspects of her well-being, for example providing some reassurance to prevent the build up of suspicions that could lead onto paranoia, e.g., camera installed to the outside of her home.

Outcome

Ms S now manages daily living routines very well and has developed high levels of skill in the management of her home, including tenancy-related responsibilities. Ms S still requires ongoing support to prevent her from being isolated, which can have a negative effect on her mental health. RAD continue to support but have progressively reduced their involvement as Ms S has been able to take on more control of her daily living and her connectedness to the community.

3. Safeguarding: M

Through a Safeguarding Vulnerable Adult Alert, it was discovered that M was being subject to verbal and physical abuse from her neighbours because she had disclosed to a neighbour that she experienced mental health problems. Within the Safeguarding Vulnerable Adult meeting, it was disclosed that M and her daughter were living in the same street as the family of a perpetrator who had subjected M's daughter to a sexual assault. This appeared to be compounding the victimisation M was experiencing.

Outcome

Children's Services were requested to attend the next Safeguarding Vulnerable Adult meeting to advise why the child and family were not supported with moving. The professionals supporting M supported the plan to request re-housing. As an outcome, M's housing banding was increased and she and her family will move to new accommodation.

4. Transition from residential care towards greater independence: S

S. has lived in the same residential care home in Rainham since 2008. He was admitted there after a previous group home setting he lived in was closed. S. is 40 and has a diagnosis of schizophrenia, but his behaviours are more in keeping with Aspergers Syndrome, since he experiences disabling anxiety when faced with unfamiliar events. However, S is independent and fully occupies himself on a daily basis with his interests, as well as regular visits to his mother, who lives near the care home. In practice, S needs very little support from the care home. In February 2012 the Accommodation Panel reviewed S's needs and believed that, give the right level of support and staff contact, he could live well outside of a 24 hour care setting. This idea was discussed with S, who was ambivalent about the idea but did not reject it. However S's mother was opposed to this idea and believed any move would be highly disruptive and very risky to her son's health and well-being.

The team worked with S, his mother and his siblings about moving on to a more independent setting. Mother was offered a carer's assessment, which she declined. A family meeting was called and S, his mother and his brother and sister attended. S was anxious, could not take part and left soon after the meeting started. S's mother and siblings were suspicious of the reasons for supporting S to move on from residential care, believing it was a cost-saving measure on the part of the Council. When supported housing placements were visited by S and his family, they were critical of these projects. Nevertheless S's allocated social worker persevered in working with S towards moving on to greater independence, and involved C.S.O.T. in supporting S to learning new bus routes so he could know how to visit his mother if he was to move out of Rainham.

Outcome

Shortly after Easter, S. moved onto a "step down" supported housing project in Chatham. S. made a very smooth transition. He appears to be enjoying his new home and getting involved in all of the new routines and changes this involved. He continues to visit his mother regularly.

5. Working with a parent experiencing mental health problems

C was admitted to the Mother & Baby Unit following the birth of her first child. After 9 months mother and baby were discharged to community, but there was poor follow-up from mental health services. The child was assessed as a child in need, and this was escalated to child protection following C's suicidal ideation. A social worker from the mental health team was allocated to work with C due to difficulties in engaging with her. C already had had three key workers who had not been able to engage her.

Since working with C, the social worker has attended all core group and case conferences in relation to the child, including regular contact with SureStart. The social worker has close contact via. face-to-face joint visits with the child's social worker, telephone and email contact to ensure full and clear communication of both client and child's needs and circumstantial changes. The child's social worker has been invited and attended professionals meetings, CPA meetings and planning meetings in relation to C. The child remains at home with her mother and father. Mother has engaged with a care package of community inclusion and support.

Outcome

C is engaged and responsive to this package. The child remains on protection plan at present time due to unpredictable nature of risk. Social intervention and contact continues with C and the whole family.

Appendix 3:

NEXT STEPS

DIRECTION OF TRAVEL FOR ADULT MENTAL HEALTH SOCIAL WORK SERVICE IN MEDWAY

1. Background

The Mental Health Social Work Team was established in February 2012 to meet Medway Council's statutory duties, particularly under the Mental Health Act 1983 (as amended 2007) and the NHS & Community Care Act 1990, and to deliver strong social care outcomes for Service Users and their families in Medway. The team consists of Community Social Work staff, Community Support Workers and Day Resources staff along with administrative support staff support and other key lead roles taking up by the team, for example, in relation to safeguarding.

2. Vision:

Better quality mental health services for the people of Medway: for the users of services; their carers; their children, families and communities

- To effectively discharge statutory functions around assessment, care planning, safeguarding and intervention.
- To assert, articulate and demonstrate through practice, the social perspective on mental disorder and mental health needs.
- Articulate the professional discipline of social work and values of social care in the course of contributing to effective inter-agency and inter-professional working across the statutory and voluntary sectors.
- To form strong working relationships with networks and community groups, to influence collaborative working with a range of individuals, teams, agencies and advocates for the benefit of people using mental health services, their families, and the broader community of Medway.

Effective frontline professionals with confidence in their own skills and abilities, in their purpose and professional identity

- Working towards a democratic, less hierarchical and coherent service known to the community and delivered by a motivated, skilled staff group, integrated across our three main areas of frontline delivery.
- Moving towards stronger User and Carer participation and voice in influencing, designing and delivering interventions that meet the complex needs of users and carers. To involve Black and Minority Ethnic (BME) communities as well as mainstream community.
- To empower workers across the whole team to take initiatives forward to develop the Service further.
- To further explore and understand the options of moving towards becoming a social enterprise and strengthening the mental well-being of the local community.

3. Challenges

We must improve communication and work as one team.

The legacy of the experience of being employed in a large mental health trust, working in a command and control regime.

Focussing on the systematic delivery of strong social care outcomes for Users and Carers.

Stronger partnership arrangements with Users and Carers and the Voluntary Sector and work to combined our strengths through partnership.

To move beyond an inherited command and control, *bureau* approach to delivery, while recognising that consistency and completion of processes is a vital to achieve and monitor social care outcomes.

4. Areas of Work

1) Accommodation Strategy
- Social Work Practice Pilot - SCIE funded and support from Bristol University.
- The midway report by SCIE and Bristol University nationally validates some of the work the Social Work Team based at Compass are aiming to achieve.
- Some successes e.g., the prospect of step down accommodation to Stanley House
- Possibility of further funding for developing pilot further.
- Reducing our dependence on low quality residential care.

2) Review of Day Resources
- Stakeholders Workshop being set up.
- Build on experience of Employment Forum and previous success with establishing SDS.
- Programme and activities based on skills of daily living, enhancing user *resilience*, and community *tenure*. Supported placements towards *skills*.
- Impact of charging.

3) Strengthen Liaison with Children and Families Team, Voluntary Sector, Substance Misuse, KMPT teams, Primary Care, etc.
- Joint Operations Steering Group, chaired by PCT.
- Steering Group established re. Children & Young Person's Plan and audit caseload.
- Integrate Care Manager for Substance Misuse with team.

4) Review of Community Support Team in achieving integrated working and social inclusion

- **Reinforce and extend the team role as helping users sustain community tenure.**

5) Review of Admin and Business Support
- Review establishing a single team. Outside evaluation on most effective and sustaining working model.

6) User and Carer involvement
- Users and Carers to be involved in setting and taking this vision further
- How do Users and Carers perceive the Service - what is our reputation?
- Facilitation by CVS Service User Group to be established.

7) AMHP rota and OOH
- Review on effectiveness of Service and our liaison with OHH

- Consider local impact of Kent Review of AMHP Service.
- Consider alternative arrangement.

8) Establish MH Standing Group on consistent application of FACS eligibility
- Develop experience from SDS input - achievements regionally acknowledged
- Establish our expertise and influence in relation to social care issues, MH and eligibility.
- Consider external input to facilitate discussion.

9) Develop culture of Shared Learning Events in the Team
- Practitioner to lead on a programme to support reflective practice.

10) Referrals
- To establish our approach over short and mid term
- We need to wrest control as there may be potential pressures
- Strengthen links with Primary Care who will be reluctant to buy services from a health provider in new cluster arrangements from 2013.

11) Performance Targets
- Audits: Safeguarding, Carers Assessments, Children and Family Work etc.
- Evaluation of AMHP assessments and whether these are making a difference
- Realistic service targets for Day Resources and C.S.O.T.
- Financial targets: in budget and preparing savings plan for 2013/14
- Operations Practice Gains in performance.

12) Social Enterprise Learning Stream
- To analyse the prospects for establishing the Mental Health Social Work Team as a Social Enterprise, using local experience and drawing in other expertise
- To review other examples elsewhere (e.g., Topaz project, Lambeth).

5. Consultation

We will provide and discuss first working draft paper at the Team Meeting Friday, 24th August 2012 to all team members.

We will take this discussion into the Development session to set the Team Plan with the Managers on 17th September 2012.

We will discuss with Service User Group at CVS.

6. Summary

There is an opportunity here to grasp.

This Committee requested a report with proposals for the future of the Service, and to have fully reviewed with stakeholders the transformation of delivery of day resources, to bring about an improvement in the quality of this service. We will be reporting back to Councillors: many have shown great interest in what the Team are achieving. We have fought hard to get here. We had a major struggle with KMPT, but there's only so much constructive investment to be spent further in that direction. We must look at a wider horizon and the set of social care priorities we must focus on. Increasingly, we will be expected to draw on our own experiences, skills and strengths to provide what we must provide in Medway.

Richard Adkin & Dick Frak

24 August 2012
Updated: 23 September 2012.

Appendix 4:

MEDWAY ADULT MENTAL HEALTH SOCIAL CARE BUDGET and OUTTURN

Service	10-11 BUDGET	11-12 BUDGET	12-13 BUDGET	13-14 BUDGET	10-11 OUTTURN	11-12 OUTTURN	12-13 OUTTURN
KMPT Contract	2,554,323	2,225,510	0	0	2,500,575	1,987,094	(219,754)
Community Day Resources	0	0	333,223	270,427	392	55,633	274,726
Community Support Outreach Team	0	0	451,391	451,391	0	77,048	481,209
Community Services staffing	0	63,000	1,332,005	1,249,005	15,401	290,282	1,301,401
Total Staffing Related/ In House	**2,554,323**	**2,288,510**	**2,116,619**	**1,970,823**	**2,516,368**	**2,410,057**	**1,837,581**
MH Residential	2,039,749	1,958,647	1,951,161	1,869,006	2,028,100	1,992,701	1,932,542
MH Community Services	310,038	245,553	217,554	166,868	245,132	292,746	163,473
Total Client Related	**2,349,787**	**2,204,200**	**2,168,715**	**2,035,874**	**2,273,232**	**2,285,447**	**2,096,014**
Total MH excluding support services/recharges	**4,904,110**	**4,492,710**	**4,285,334**	**4,006,697**	**4,789,600**	**4,695,503**	**3,933,596**
Support Services/Recharges	247,972	134,172	230,953	358,081	247,973	134,171	230,954
Total MH including support services/recharges	5,152,082	4,626,882	4,516,287	4,364,778	5,037,573	4,829,674	4,164,549