

TRANSFORMATION PROGRAMME

Medway Council Health and Adult Social Care O&S Committee Highlight Report – September 2014

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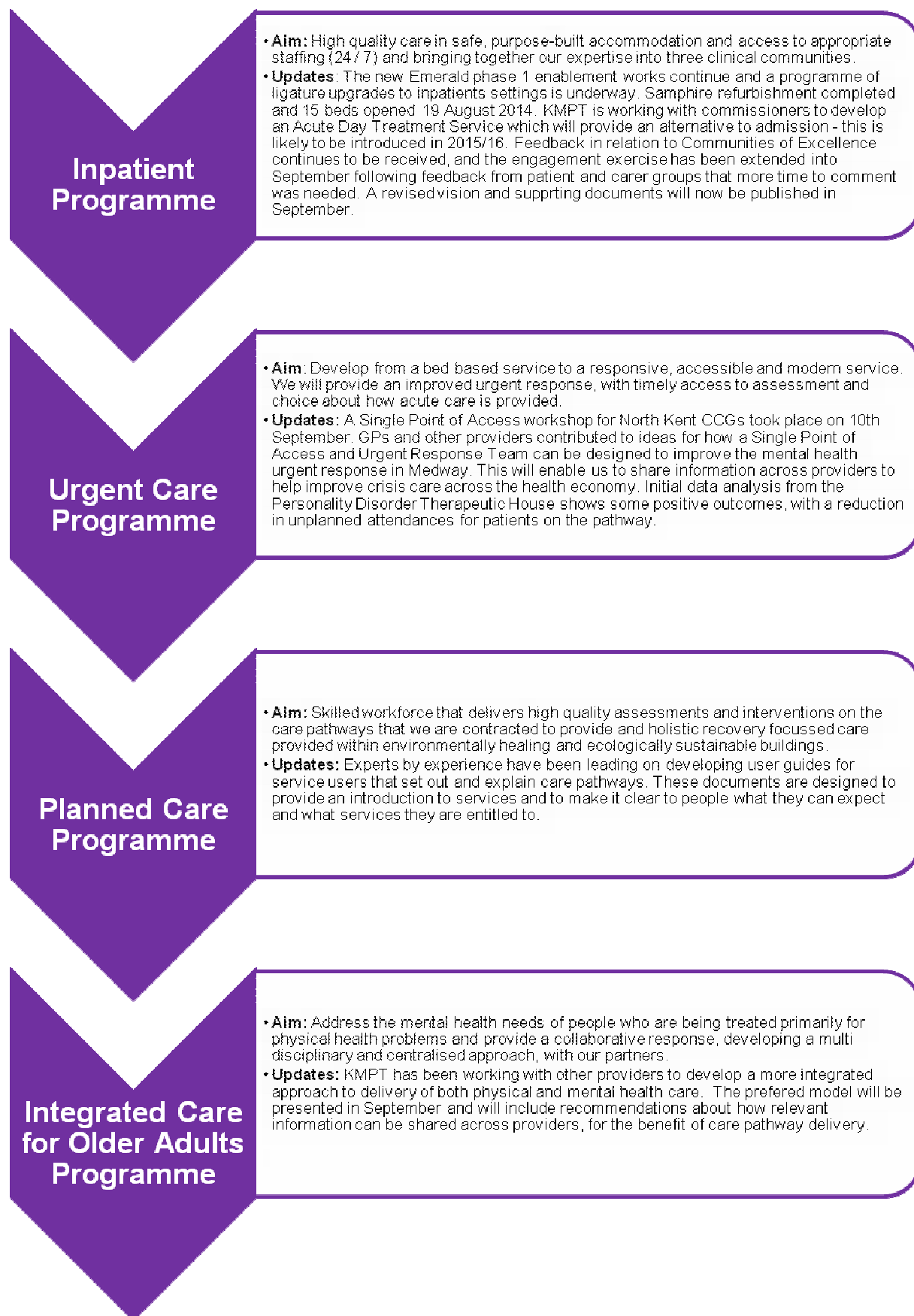
Introduction:

In August, the HASC received a report from KMPT in relation to its Transformation Programme, providing an update on the progress made towards delivery of the planned service developments and a report on the benefits realised to date.

The September report provides (1) a further progress update and (2) seeks to respond to a number of points raised at the meeting, which include:

- 2.1 Report on the number of serious incidents relating to acute mental health
- 2.2 Detail in relation to patients held in police cells
- 2.3 Outcomes for people with personality disorder accessing the PD Therapeutic House
- 2.4 Update regarding the Medway *Let's Talk, Let's Listen, Let's Act Together* event and the Mental Health Stakeholder Event
- 2.5 Detail of staff vacancies

1. Progress report:



Inpatient Programme

- **Aim:** High quality care in safe, purpose-built accommodation and access to appropriate staffing (24/7) and bringing together our expertise into three clinical communities.
- **Updates:** The new Emerald phase 1 enablement works continue and a programme of ligature upgrades to inpatients settings is underway. Sapphire refurbishment completed and 15 beds opened 19 August 2014. KMPT is working with commissioners to develop an Acute Day Treatment Service which will provide an alternative to admission - this is likely to be introduced in 2015/16. Feedback in relation to Communities of Excellence continues to be received, and the engagement exercise has been extended into September following feedback from patient and carer groups that more time to comment was needed. A revised vision and supporting documents will now be published in September.

Urgent Care Programme

- **Aim:** Develop from a bed based service to a responsive, accessible and modern service. We will provide an improved urgent response, with timely access to assessment and choice about how acute care is provided.
- **Updates:** A Single Point of Access workshop for North Kent CCGs took place on 10th September. GPs and other providers contributed to ideas for how a Single Point of Access and Urgent Response Team can be designed to improve the mental health urgent response in Medway. This will enable us to share information across providers to help improve crisis care across the health economy. Initial data analysis from the Personality Disorder Therapeutic House shows some positive outcomes, with a reduction in unplanned attendances for patients on the pathway.

Planned Care Programme

- **Aim:** Skilled workforce that delivers high quality assessments and interventions on the care pathways that we are contracted to provide and holistic recovery focussed care provided within environmentally healing and ecologically sustainable buildings.
- **Updates:** Experts by experience have been leading on developing user guides for service users that set out and explain care pathways. These documents are designed to provide an introduction to services and to make it clear to people what they can expect and what services they are entitled to.

Integrated Care for Older Adults Programme

- **Aim:** Address the mental health needs of people who are being treated primarily for physical health problems and provide a collaborative response, developing a multi disciplinary and centralised approach, with our partners.
- **Updates:** KMPT has been working with other providers to develop a more integrated approach to delivery of both physical and mental health care. The preferred model will be presented in September and will include recommendations about how relevant information can be shared across providers, for the benefit of care pathway delivery.

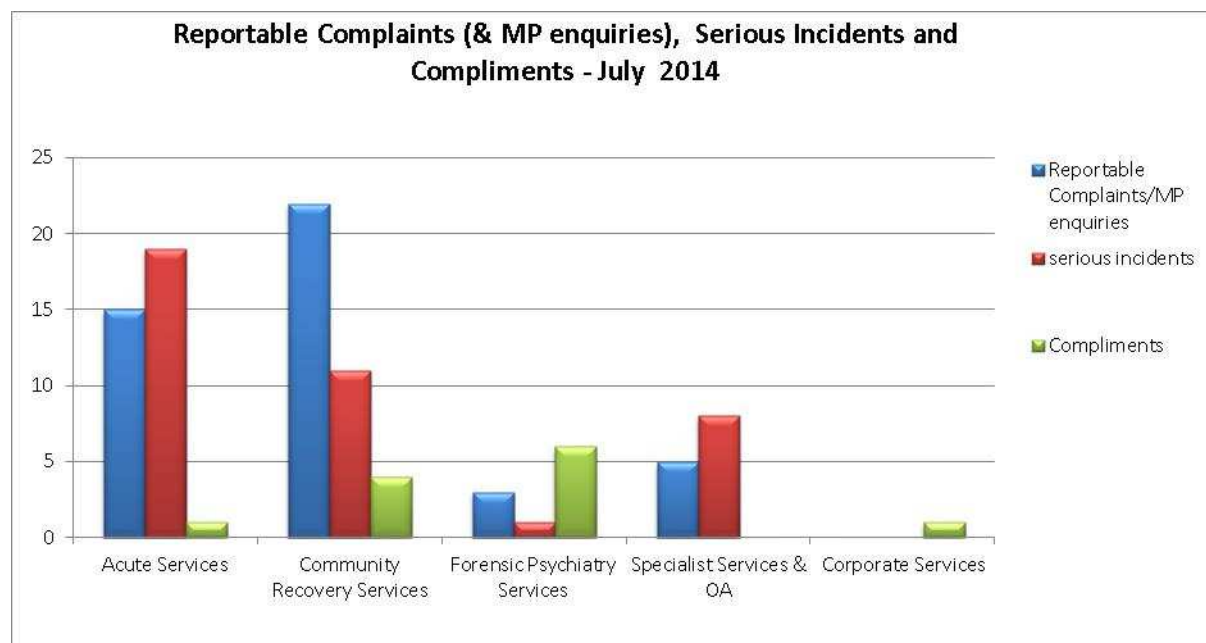
2. Responses to issues raised at the HASC in August:

2.1 Report on the number of serious incidents relating to acute mental health across Kent and Medway

The total number of serious incidents recorded for July was 39, with eight cases reported up to STEIS. The patient safety manager attended the North Kent CCG and West Kent CCG closure panels in this period and there were six closures in July by the closure groups. There were no breaches in July.

Rates of suicide are not benchmarked at a national level because of the disparity in instances between South and North (with higher instances in the North, a comparison nationwide would be misleading). At a local level the Trust has participated in a comparison with other Trusts within the South East and was found to be within the median range.

The Patient Experience team received 40 new reportable complaints and 5 MP enquiries in July and closed 51.



2.2 Detail in relation to patients held in police cells

There may be a variety of reasons why people with a known mental health issue are held in a police cell. Broadly speaking they are likely to have either been arrested for a criminal offence, and subsequently thought to have a mental health problem, or they will have been detained under S136 and taken into custody instead of a designated S136 suite. Those detained under S136 may be in a cell due to a high level of violence or a history of serious offending - in line with the joint policy between KMPT and the police. The police hold this data, the last report from them indicated that this account for 4.7% of the total S136 assessments across Kent and Medway. This is lower than the national average, as reported by the CQC following a recent national survey at over 30%.

Those arrested for a criminal offence and subsequently thought to have a mental health problem, will be assessed in the cell by the Custody Liaison service. Outside of their working hours, the assessment may be undertaken by the Crisis Resolution Home Treatment service

or by an AMHP, if a Mental Health Act assessment is needed - this is with the aim of diverting them away from custody if required.

Activity in relation to the Custody Liaison service across Kent and Medway is below:

	Routine Referrals	Urgent Referrals	Emergency Referrals	Assessments
2014-04	225	18	3	224
2014-05	246	21	1	254
2014-06	221	13	0	211
2014-07	225	17	0	216
2014-08	191	19	0	202

There are no known concerns with regard to the police custody area in Medway raised to KMPT by the police. Any concerns that are raised will be dealt with at the Police/KMPT joint partnership meeting.

The street triage service, operational since September 2013, has been shown to have a positive impact. For instance, early analysis shows a 38% reduction in the use of Section 136.

2.3 Outcomes for people with personality disorder accessing the PD Therapeutic House

Evidence highlights that patients with personality disorders who are admitted to acute wards do not respond well to treatment and are known to regress and deteriorate and quickly become 'revolving door' admissions. These patients have usually suffered from severe emotional traumata and can set up a negative cycle of behaviour where they act out repeatedly and defiantly without forming a therapeutic alliance with the services. NICE guidelines do not recommend long admissions for such patients, however many overstay any crisis or planned admission due to self harming and other risk behaviour.

The person's own home environment is often not conducive to supporting a recovery from a crisis and can often exacerbate a crisis further. In this instance an individual may require access to the accommodation attached to the crisis pathway. This is managed by the therapeutic team and is kept to a minimum stay of up to 4 nights. All individuals accessing the accommodation will always be engaged with the crisis pathway therapeutic programme.

The Personality Disorder Therapeutic House operates a five day a week therapeutic group programme of two hours duration. This will be a three month programme for all individuals accessing the service and will operate for up to 15 people in each group. Following the three month programme the individual will then be fast tracked to the personality disorder main outreach group and then the personality disorder service therapeutic community if required.

The activity data outline below represents 62 patients over the seven month period from initiation of the pathway to discharge (4 November 2013 – 23 July 2014).

The data shows:

- A decrease of 91.7% in the number of admissions
- A reduction in the length of stay by 1745 days
- A decrease in CRHT presentations by 82.9%
- A 79.6% decline in the number of 136 presentations

	Number of admissions	Length of stay (days)	Number of CRHT contacts	Number of 136 contacts	Total
Prior to Pathway	108	1793	350	54	2305
During Pathway	14	78	101	10	203
Post Completing Pathway	9	48	60	11	128

2.4 Update regarding the Medway *Let's Talk, Let's Listen, Let's Act Together* event in September and October

KMPT has met with the event organiser to understand further how the events will work. The event is designed to be targeted at staff and will include representatives from Liaison Psychiatry, Crisis Resolution Home Treatment, Personality Disorder Services and services for Dementia. In addition, staff involved in service development and transformation will be represented, along with Executive Directors.

The event will provide an opportunity to discuss service provision, and to identify opportunities to improve interfaces between departments and providers. KMPT are keen to participate and the event is being promoted on both the intranet and external website to encourage attendance.

The Mental Health Event on 17th September, co-hosted by Medway Council and NHS Medway Clinical Commissioning Group, , will be an opportunity to look at the progress that has been made recently in local mental health services. This event is aimed at Medway residents, their carers and local stakeholders who may use or support people who use mental health services and has been promoted by the Patient Experience Team and on the KMPT website.

2.5 Detail of staff vacancies

	Sickness absence		Vacancy	
	Target	Actual	Target	Actual
Acute	<3.9%	0%	<15%	20%
Community		2.4%		24%
Older Adult		3.1%		14%

Exception report:

Acute:

The reported vacancies include:

- 3.0 WTE Band 5 vacancies on Emerald Ward
- 9.0 WTE Band 6 vacancies in the Medway and Swale Crisis Resolution Home Treatment service

Despite these vacancies the team remains stable, supported by three good agency staff who hold fixed term Band 6 posts. Recruitment to the vacancies is underway, with 5.0 WTE Band 6 staff due to start within the CRHT shortly. However there are 2.0 WTE Band 6 staff who have since handed in their resignations.

Recruiting in this locality can be challenging because of the proximity to localities which attract London Weighting enhancements to salary.

Community:

All vacancies are being actively recruited to. There are three remaining posts being interviewed week commencing 15th September, with the remainder of posts appointed to, and the candidates due to start in October.

Appendix A: Benefits realisation

Project	Metrics	Baseline	Target	May-14		Jun-14		Jul-14	
Inpatient Programme - SRO: Karen Dorey-Rees - Programme Manager: Phillipa MacDonald				Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Increasing Acute Inpatient Capacity	Bed count against commissioned beds - with CCG breakdown	163 beds	174 beds	163	163	165	163	167	167
	Implementation of the friends and family test, as outlined in the CQUIN schedule	NK/EK	N/A	Finalise CQUIN	Achieved	Complete PID	Achieved	N/A	N/A
	External OBD	NK/EK	0	0	126	0	226	0	164
	Average length of stay	23.3	23	23	31.4	23	26.1	23	23.9
	Occupancy rate	NK/EK	85-95%	N/A	97.8%	N/A	98.6%	N/A	96.8%

Exception narrative:

- External OBD: Full analysis of external OBD usage is available in separate report

Appendix 2

Project	Metrics	Baseline	Target	May-14		Jun-14		Jul-14	
Urgent Care / Crisis Programme - SRO: Rosarii Harte / Chris Koen - Programme Manager: Rheanna				Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Street Triage	Number of s136 presentations	92	N/A	<90	90	<90	69	<90	96
	Conversion rate	20%	N/A	N/A	17%	N/A	15%	N/A	29%
Personality Disorder Therapeutic House	Service specific CROMs (CORE)	68% severe	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Service specific experience of service questionnaire	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Reduction admission with ICD- 10 coding of PD (601 - 700) Count of OBD	744	<50%	N/A	N/A	N/A	N/A	N/A	<91.7%
	Decrease in presentation to other services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<82.9%
	Number of s136 presentations (1yr before / 1yr after pathway)	N/A	N/A	N/A	May 13/14: 6 April 14/YTD: 0	N/A	N/A	N/A	<79.6%
	Number of OBD (1yr before / 1yr after pathway)	N/A	N/A	N/A	May 13/14: 427 April 14/YTD: 0	N/A	N/A	N/A	<1745 days
Liaison Psychiatry	2 hour urgent referral target	79.5%	90%	83%	89.4%	84%	84%	85%	82%

Appendix 2

Project	Metrics	Baseline	Target	May-14		Jun-14		Jul-14	
Planned Care Programme - SRO: Mark Dinwiddy - Programme Manager: Rheanna Mitchell									
Well Being Centres	Group of expert service users established, who can advise on our building environments	0	3	1	0	1	1	3	1
	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia, in line with CQUIN requirements	N/A	N/A	Finalise CQUIN	Achieved	Completed PID	Achieved	N/A	N/A
	Number of reflective practice groups in our CMHTs which are run by Clinical Experts for GPs	0	3	0	0	1	0	1	0
	Implementation of the friends and family test, as outlined in the CQUIN schedule	N/A	N/A	Finalise CQUIN	Achieved	Completed PID	Achieved	N/A	N/A
Caseload	No. of cluster days 1,2,3	6816	0	N/A	6770	N/A	6392	N/A	7016
	Reduction in rate of referrals not accepted to secondary	8.40%	5.0%	7.8%	8.4%	7.5%	9.2%	7.2%	8.4%
	% of open referrals seen within the last 6 months	77.80%	95%	82%	59.3%	84%	72.0%	7.2%	78.3%
	% of referrals with a pathway	71%	80%	73%	76.9%	74%	77.3%	75%	76.4%
	Reduction in number of open referrals	10,179	N/A	N/A	9,898	N/A	10,013	N/A	10,021
	% of referrals with a cluster that is within the cluster review	N/A	95%	N/A	76.7%	N/A	77.2%	N/A	76.5%
	Of patients audited, there is an up-to-date care plan has been shared with the GP, including ICD codes, medications prescribed and monitoring requirements, physical health condition and on-going monitoring and treatment needs, in line with CQUIN requirements	TBC	90%	Agree CQUIN	Achieved	Completed PID	Achieved	N/A	N/A
	No. of professions with a defined and agreed job plan outline.	2	6	2	2	2	2	2	2
	No. of Experts by Experience employed by the service line	11	22	15	15	17	15	17	15

Exception narrative:

- No. of cluster days 1,2,3: Cluster days, that is the length of time a client has been open to KMPT under a specific cluster, is a measure used under Care Pathways and Pricing to understand activity levels.

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Project	Metrics	Baseline	Target	May-14		Jun-14		Jul-14	
Integrated Care for Older Adults Programme - SRO: Justine Leonard - Programme Manager: Vicky Stevens									
Review and redesign of Community Services for Older People	No. of cluster days, Cluster 18	96,912	<10%	<2%	6.9%	<3%	7.5%	<4%	17%
	Implementation of the friends and family test (CQUIN schedule)	N/A	N/A	CQUIN PID	Achieved	CQUIN PID	Achieved	N/A	N/A
	Reduction of severe and moderate falls, as outlined in the CQUIN schedule	TBC	<20%	CQUIN PID	Achieved	N/A	11	N/A	N/A
	Count of delivery of training to Care Homes via EK Home Treatment teams	152	N/A	N/A	163	N/A	181	N/A	181

Exception narrative:

- *Data in relation to falls not available within report timeframe*

Appendix B: Detailed Transformation Programme milestone tracking report

The table below provides a more detailed overview of the work undertaken to date / planned on the KMPT transformation programme.

NB: Information that relates specifically to Medway is highlighted in bold, with other information contained for information or to give context.

PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
Increased inpatient capacity	<ul style="list-style-type: none"> • New Emerald Ward: Work has commenced in preparation for the development of 18 bed new ward at Maidstone • DVH: renamed Samphire: refurbishment completed and 15 beds opened 19 August 2014. • Priority House: two additional rooms became operational July 2014 • Little Brook: Business case being developed in support of additional capacity and minimal ligature work. Once agreed it is anticipated that this work will commence in December • Decant option approved - this will enable the additional capacity and refurbishment works to be completed with minimal disruption to patients. 	<ul style="list-style-type: none"> • Continue phase 1 of Emerald project • Little Brook – approval of business case and commence works 	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created • Emerald: Plans include management of transport arrangements, in partnership with Experts by Experience and the PET.

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Personality Disorder Therapeutic House	<ul style="list-style-type: none"> Outcomes report for initial project phase – includes analysis unscheduled attendances for patients on the pathway 		<ul style="list-style-type: none"> Securing recurrent funding post pilot.
Street Triage	<ul style="list-style-type: none"> Proactive recruitment to Band 6 post 	<ul style="list-style-type: none"> Implement agreed model 	<ul style="list-style-type: none"> Successful recruitment
Liaison Psychiatry	<ul style="list-style-type: none"> Operational in Medway 24/7, funding through Winter Pressures money 		<ul style="list-style-type: none"> Finance Commissioner support Use of Winter Pressures money in Q3/Q4
Single Point of Access	<ul style="list-style-type: none"> Single Point of Access workshop for Medway and North Kent CCGs on 10th September 	<ul style="list-style-type: none"> Engagement stakeholders about the proposed model 	<ul style="list-style-type: none"> Commissioner support. Telephony infrastructure.
Crisis Accommodation / Recovery Accommodation	<ul style="list-style-type: none"> High level PID outlining potential future service in development under discussion internally. 	<ul style="list-style-type: none"> Planning phase continues and includes: <ul style="list-style-type: none"> Engage with potential partners Scope models used nationally Develop model and business case 	<ul style="list-style-type: none"> Commissioner support Support from potential partners Resources – including estate and staffing (currently specific details, such as the locations of the premises, are yet to be determined)
Acute Day Treatment Service	<ul style="list-style-type: none"> Working group, to develop future options established, to include commissioner involvement. 	<ul style="list-style-type: none"> Stakeholder workshop planned for the 8th October. This will develop the vision and the emerging model for the development of acute day treatment in Kent and Medway. 	<ul style="list-style-type: none"> Identification of suitable estate to deliver service. Commissioner support to ensure service can be developed and is sustained. Resources – including estate and staffing (currently specific details, such as the locations

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			of the premises, are yet to be determined)
Caseloads Project	<ul style="list-style-type: none"> • Entry pathway workshop to share best practice and learning within community teams 		<ul style="list-style-type: none"> • Workforce • Single Point of Access
Workforce Project	<ul style="list-style-type: none"> • Analysis of survey results regarding the experience of Care Coordinators • Review the role and contribution of professional within the MDT. 	<ul style="list-style-type: none"> • Workshop to consider and respond to the learning from the care coordinator survey. • Job plans refined to support the unique contribution of professionals within the MDT. 	<ul style="list-style-type: none"> • Care Pathways and Pricing • Caseloads project • Cross Service Line workforce plans
Well-Being Centres Project	<ul style="list-style-type: none"> • Customer service survey undertaken, to seek views on our receptions / welcome – analysis undertaken • ‘Improving our welcome’ event for staff, developed standards and implementation plans to deliver improvements • Early adopter applications received 	<ul style="list-style-type: none"> • Service User reps to undertake assessment of our welcome and receptions to contribute to improvement plans. 	<ul style="list-style-type: none"> • Communities of Excellence • Estates Strategy • IM&T Strategy
Embedding Care Pathways	<ul style="list-style-type: none"> • Care Pathway information developed by Experts by Experience 		<ul style="list-style-type: none"> • Communication and engagement. • Information Management.
OASSIS	<ul style="list-style-type: none"> • Project steering group to continue to oversee progress in relation to the re-location of Cranmer Ward, Canterbury 	<ul style="list-style-type: none"> • Attend Patient Consultative Committee in November/December 2014 	

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<p>Older Adult Community Services redesign</p>	<ul style="list-style-type: none"> • Finalise information sharing mechanism 	<ul style="list-style-type: none"> • Agree governance arrangements in relation to shared care planning. 	<ul style="list-style-type: none"> • Cross Service Line workforce plans • Commissioner support
<p>Integrated Models of Delivery</p>	<ul style="list-style-type: none"> • Demand and capacity work in relation to Rehabilitation services continues, with exploration of Community Rehabilitation models. 	<ul style="list-style-type: none"> • Develop vision for future provision of step down services 	