

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

17 DECEMBER 2015

PERSONALITY DISORDER SERVICE

Report from: Barbara Peacock, Director of Children and Adults

Author: Rosie Gunstone, Democratic Services Officer

Summary

This report is to inform the Committee of the latest position with regards to the Personality Disorder Service following discussion at the last meeting.

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

- 2.1. This matter was considered at the last meeting of the Committee where Members were informed that Therapeutic House in Park Avenue, Gillingham would be closing on 11 December 2015. This service has now closed.
- 2.2. Since the last meeting the Chairman wrote, on behalf of the Committee, to the Chief Clinical Officer, NHS Medway expressing concern and seeking assurances as to the service being provided following the closure of Therapeutic House.
- 2.3. Attached to this report as Appendix A is an update from NHS Medway Clinical Commissioning Group (CCG) in relation to the Personality Disorder Service.
- 2.4. There will be a representative from NHS Medway CCG at the meeting to answer questions.

3. Risk management

- 3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council that has not already been covered in this report.

5. Recommendations

- 5.1. The Committee is asked to consider the response from NHS Medway CCG in relation to the future provision of services for people in Medway with a personality disorder.

Lead officer:

Rosie Gunstone, Democratic Services Officer

Tel: (01634) 332715

Email: rosie.gunstone@medway.gov.uk

Appendices

Appendix 1 – response from NHS Medway CCG

Background papers:

None.



Fifty Pembroke Court
North Road
Chatham Maritime
Chatham ME4 4EL
t: 01634 335031
e: peter.green@nhs.net

6 November 2015

Clr Trevor Clarke
Member for Rochester South and Horsted
Chair of HASC

By email to avoid delay

Dear Clr Clarke

Personality Disorder Service – Medway

Thank you for your letter dated 26th October regarding the pilot of the Personality Disorder Hostel.

The evaluation of the Personality Disorder (PD) service considered all the evidence that was presented to the CCG by Kent and Medway Partnership Trust (KMPT) and the Commissioning Committee based their decision upon this.

I have responded to each of your points below:

- **What measures will be taken to ensure that existing users of the service will continue to receive their planned interventions and support and there will be no gaps in care?**

There are currently 20 patients using the personality disorder service and they will continue to access their groups until their natural end in December 15. All of these patients will have access to a care coordinator and have a care plan in place.

- **How will other people with PD be able to access care in line with NICE guidance?**

Current NICE guidelines only cover patients with Borderline PD and Antisocial PD. The guidance recommends that once patients have been diagnosed that they are referred to the Community Mental Health Team (CMHT) and have access to crisis care. They should have a comprehensive care plan which has been developed collaboratively with the patient which includes a crisis plan. Patients are encouraged to understand their triggers and ways to manage these. Long term



psychotherapeutic interventions are available locally through the Brenchley Unit and the Medway CMHT currently has a "STEPS" and "Stairways" program for PD patients open to the CMHT. "Steps" is a 20 week program and patients attend once a week followed by the "Stairways" program and patients attend fortnightly for a year. There is no single clear treatment that works for PD patients as it is dependent upon the patient understanding and managing their condition long term; support and interventions are part of each patient's comprehensive care plan.

- **We are particularly concerned about the staffing issues in the CRHTs and the detrimental impact that this is having on patients. Please can you advise us on the measures being taken to address recruitment and retention?**

The high level of vacancies within the CRHT is a real concern of the CCG and our Quality and Safety team have been meeting fortnightly with KMPT over the past few months to work on a remedial action plan regarding the workforce issues. However, the workforce concerns remain and I have recently written to Angela McNab regarding our concerns and will be meeting with her on 24th November to discuss plans on improving this service for Medway patients.

- **In the report on Mental Health Services to HASC on 20 August 2013 it was noted that in addition to the PD Service it was planned to establish a Recovery House within Medway. This has not yet happened and we would like to know why and whether it is still planned.**

The recovery house was stated as a proposal in the August 2013 report. It was not a worked up model or business case as part of a wider mental health service model at that time. It is important that any service is based on evidenced need and outcomes and as part of a wider strategy, and not developed in isolation. As part of the CCG strategy refresh you are aware that we are committed to undertaking a mental health needs assessment and we will consider the totality of the need in determining any services gaps and areas for improvement and how they are addressed, within available resource, as part of our wider plans. As stated above our core concern at this time is that the core commissioned service for the CRHT has a high level of vacancies and this will be impacting on basic access and support for patients.

- **We note that you intend to conduct a needs analysis to identify areas for improvement. This is welcomed as it will identify how services should be developed to meet local needs. Please could you clarify the timescale for this work and the implementation of its findings? The Committee will want to see this work and to be assured that any new services are evaluated robustly.**

We have discussed the needs assessment with Public Health and will be jointly scoping what is required. We plan to recruit an external consultant to conduct the full assessment due to limited capacity to undertake at short notice within the Public Health Team. This will be scoped by 30th November 2015 and we will then identify an external consultant to take forward. We cannot therefore confirm specific timescales as this will need to be agreed as part of the appointment of an external consultant. We can however assure you that this is a priority and we will keep you updated regarding progress. As with any needs assessment the findings and recommendations would be considered as part of the wider CCG plan and through the CCG governance processes. Clearly this work will need to include engagement with patients and other stakeholder groups.



In addition Kent County Council will be conducting a needs analysis for borderline personality disorder and we have requested that Medway is included in this.

Whilst not specifically requested please find below some additional information :

- The CCG is working proactively with stakeholders as part of the Crisis Concordat which includes Police, Medway Council, Public Health, KMPT and all providers. The aim of the concordat is to ensure that there is a crisis pathway for patients who suffer from mental health a reduction in S136s and reduction in patients held in Police custody as a place of safety. As part of this work we have agreed to invest in a mental health triage model which includes a CPN and support member of staff in both the ambulance and police control room to give tactical advice and support to first responders of mental health patients in a crisis.
- As part of the system resilience and urgent care programme the CCG is working with stakeholders to identify the frequent users of services and ensure crisis plans are available for first responders to assist with these patients. The clinical group has agreed to prioritise PD patients as the first group they work with and have identified 15 patients initially.
- The CCG has been working with KMPT on establishing a single point of access (SPA). The number is already in place and from the end of Feb 16 the SPA will be clinically staffed and take all urgent referrals and calls, routine referrals will be taken from June 16. Patients will be triaged over the phone and offered an appointment or advice as appropriate.
- Following the CQC report for KMPT the CCG is meeting monthly with KMPT, NHS England (NHSE) and the Trust Development Authority (TDA) on a work plan to improve services and improve capacity and demand issues.

Please let me know if you require any further information.

Yours sincerely



Dr Peter Green
Chief Clinical Officer

