



Kent and Medway **NHS**
NHS and Social Care Partnership Trust

Kent & Medway NHS & Social Care Partnership Trust [KMPT]

Younger Adult Bed Usage Report

Report prepared for:

Medway Council
Health & Adult Social Care [HASC] Overview & Scrutiny Committee
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1. Introduction

- 1.1 This report focuses on and provides an update on five key areas, namely:
 - 1.1.1 Contracting round 2016/17 including the creation of short term additional younger adult bed capacity.
 - 1.1.2 Younger adult bed usage including acute inpatient out of area placements and delayed transfers of care [DTocS].
 - 1.1.3 The work of the national Emergency Care Improvement Programme [ECIP].
 - 1.1.4 Section 136 assessments¹ and the joint working with the Police and South East Coast Ambulance Service NHS Foundation Trust [SECAMB].
 - 1.1.5 Single point of access [SPoA].
 - 1.1.6 Closer working with social workers.
- 1.2 The Committee is asked to note the content of the report.

2. Update on the contracting round 2016/17 including the creation of short term additional younger adult bed capacity

- 2.1 The contracting round for 2016/17 is nearing completion. For the Trust this has meant complex negotiations with a number of commissioning bodies, namely:
 - 2.1.1 NHS Medway Clinical Commissioning Group [CCG].
 - 2.1.2 NHS West Kent CCG.
 - 2.1.3 NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG.
 - 2.1.4 The East Kent Federation of CCGs, which comprises NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.
 - 2.1.5 NHS England.
- 2.2 In recognition of the increased demand for acute inpatient care, which now exceeds the 174 beds currently commissioned by CCGs, the Trust and CCGs agreed in October 2015 to explore the possibility of creating additional younger adult capacity to the equivalent of a single ward for a time-limited period to see if this reduces pressure in the system, reduces cost pressures currently experienced by the CCGs as a result of out of area bed use and improves clinical outcomes with individuals being treated closer to home.
 - 2.2.1 In the period October 2015 to February 2016 a number of options were explored by the Trust and CCGs. The agreed brief demanded the solution be considered in the context of the wider Care Quality Commission [CQC] recommendation and requirement, namely: “the need to reduce the level of acute and psychiatric intensive care unit [PICU] admissions and for the system to ensure sufficient commissioned capacity where needed”². As such it was agreed options considered must be time-limited solutions only (maximum of 24 months) with a clear

¹(1983) Mental Health Act [MHA]

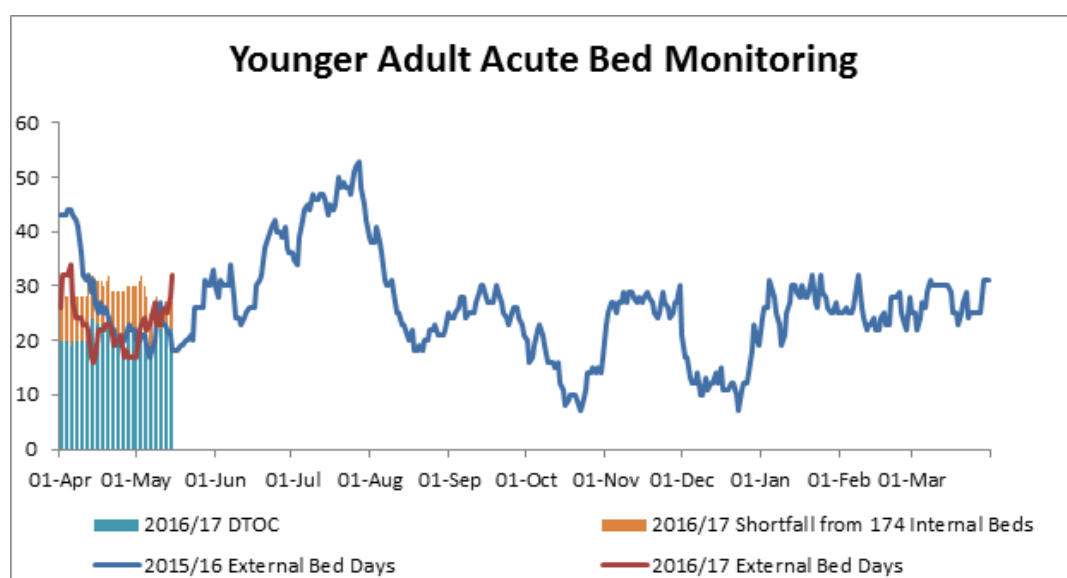
²(2015) KMPT *Delivering the CQC System-wide compliance actions: Capacity / Demand Assumptions and Modelling: CCG / KMPT Workshop*

agreement at the outset that an additional acute ward would be approved and funded in the longer term.

- 2.2.2 A number of options were proposed and following a robust process of evaluation against the agreed criteria as well as clinical scrutiny and assessment of the impact on quality, CCGs agreed to invest in a 16-bedded solution at Dartford for a time limited period until a more permanent solution can be found
- 2.2.3 The unit identified is the Trust's decant ward, Pinewood (formerly known as Old Amberwood) at Little Brook Hospital. The Trust is in the process of upgrading its inpatient accommodation; improving the general layout, addressing backlog maintenance issues and minimising ligatures. This programme means that other upgrade work has been delayed until a more permanent solution is found.
- 2.2.4 A programme of essential capital works to Pinewood commenced in early April 2016. This includes replacement of all doors and addressing of the shower control ligatures, as well as replacement / installation of the misting system and fire dampers and redecoration throughout. In addition the ward will be fitted out with new furniture, fixtures and equipment [FFE].
- 2.2.5 A dedicated programme of recruitment also commenced in April 2016. Substantively staffing the additional capacity unit to therapeutic staffing levels remains the biggest risk to the project. In recognition of this challenge, NHS Improvement has given approval for the Trust to engage a specialist consultancy to help support the process.
- 2.2.6 The unit is expected to open in early autumn 2016.

3. Younger adult bed usage including acute inpatient out of area placements and delayed transfers of care [DTOCs]³

3.1 The figure below provides a summary of the current use of external beds year to date.



3.2 The Trust remains focussed on reducing out of area bed usage. To support this twice weekly structured and detailed planning telephone calls continue to take place with

³ Delayed transfers of care [DTOCs] are those service users who no longer require acute inpatient care and are deemed fit for discharge from a Trust bed. These service users require other health or social interventions and continue to have a significant impact on the use of external beds.

representatives from Medway and other CCGs, social care and the Trust's acute and community recovery service lines. These calls review all DToC service users and identify where blockages in the system are. The outputs include agreed and detailed actions with an identified lead to resolve blockages and agreed and detailed discharge plans to help move these service users on to an environment more suitable to meet their needs thereby ensuring all service users receive the right treatment at the right time and in the right place.

3.3 As at 18 May 2016, there are 40 DToCs across the Trust, of these 2 are service users open to the Medway teams. Both are younger adults. The first is awaiting public funding for a more suitable placement, the second is awaiting a residential home placement. The Trust continues to work with partner agencies to ensure both service users are placed in accommodation more suitable to their needs as soon as possible.

3.4 Appendix A provides the detailed bed usage data for April 2016.

4. The work of the national Emergency Care Improvement Programme [ECIP]

4.1 ECIP is a national and clinically-led programme that offers intensive practical help and support to 28 urgent and emergency care systems across England that are under the most pressure and that has, until now, focussed on physical health. It has a particular focus on improving whole system performance across health and social care and in delivering real improvements in quality, safety and patient flow.

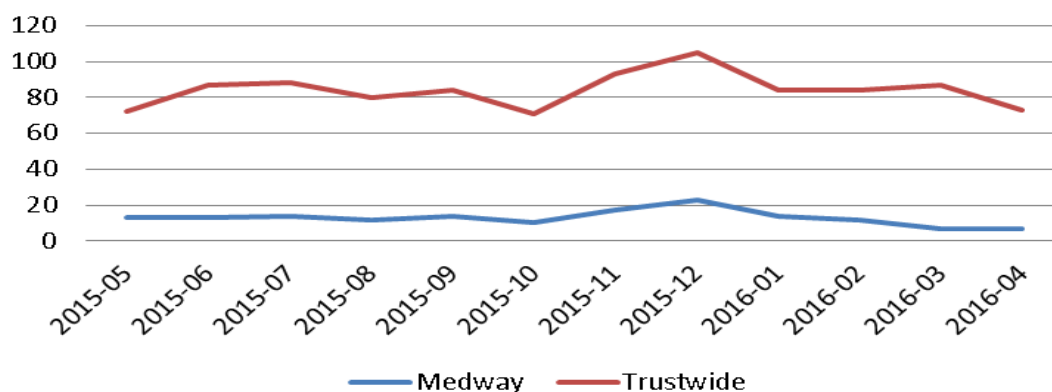
4.2 The Trust wishes to bring learning from this work into mental health. A workshop facilitated by ECIP took place on 20 April 2016. It was attended by representatives from all health partners. The learning from the event is being rolled out across the Trust.

4.3 The main focus was on older adults. A robust process has been established within older adult and continuing care services to ensure regular reviews of service users are being undertaken, and service users are being moved on to more appropriate care services to meet their needs. A positive impact has been realised with the Trust successfully managing to move services users on to more supportive accommodation.

5. Section 136 assessments and the joint working with the Police

5.1 In the twelve month period May 2015 to April 2016 a total of 156 section 136 assessments were undertaken for people presenting from the Medway Consortia locality. This represents 15% of all section 136 assessments undertaken Trust-wide in period. The table below provides a summary of these presentations by month.

Number of S136 assessments per month



- 5.2 Of these 15 (10%) resulted in an admission under section, 15 (10%) resulted in an informal admission and 126 (80%) were not admitted. The table below provides a summary of the outcome of these presentations.

Outcome of Presentation	Number
Admitted under section	15
Admitted informally	15
Not admitted	126
Total	156

- 5.3 The Trust has been working closely with all CCGs across Medway and Kent in the development of a street triage service and there is committed investment to a continued service following the completion of a 6 month pilot in June 2016.
- 5.4 The current street triage service provided to the Medway locality operates Thursday to Saturday 18.00 to 02.00 hours and is part of the pan-county service based out of the Kent Police control room. The service includes an experienced mental health worker providing a telephone response within the control room and a mental health triage nurse response for assessment at the scene as required. The aim is to provide a swift and effective resolution to a mental health crisis and a reduction in the use of section 136.
- 5.5 Plans to operate a similar service in partnership with SECamb have now been agreed. Following successful recruitment the Trust aims to provide a mental health worker within SECamb's emergency operations centre and a mental health triage nurse will provide assessment at the scene as required. Similar to the Police model, the aim is to provide an effective resolution to a mental health crisis in the absence of a physical health concern and so avoid conveyance to an accident and emergency [A&E] department.
- 5.6 Plans are in place for a daytime street triage service (08:00 to 18:00 hours, 7 days a week) to operate out of the police custody suites across Kent and Medway through an enhancement of the current Criminal Justice Liaison and Diversion Service [CJLDS]. This service responds to the Police and SECamb and was trialled out of the Northfleet custody suite with plans to extend it to the Medway custody suite, then to all other areas. Funding details are in the process of being finalised with NHS England, who fund the CJLDS, and the CCGs.
- 5.7 Medway residents have accessed the street triage service more than any other area of Kent and Medway. This is not surprising when looking at similar mental health activity out of Medway A&E, Medway custody suite and the high referrals to community mental health services in the Medway locality. The table below provides a summary of referrals:

	Street triage referrals (night service)				
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Total referrals (all CCGs)	27	48	56	61	40
Total section 136 avoided	7	4	19	12	13
Medway CCG referrals	7	10	18	17	10

- 5.8 Work with partner organisations continues through the Crisis Concordat Steering Group which has a great emphasis on reducing the use of section 136. Work plans have been developed and focus on:
- 5.8.1 Reduction in section 136 and increased conversion rates of those admitted (currently the conversion rate is very low with on average only 20% of those detained admitted after assessment);
- 5.8.2 Improved access to places of safety across Medway and Kent;

- 5.8.3 Improved access to place of safety for children and young people;
- 5.8.4 Reduction in duration of section 136 detention;
- 5.8.5 Development of alternatives to section 136, such as street triage and an alternative place of safety (not provided by the Trust);
- 5.8.6 Avoidance of custody as a place of safety except in cases of extreme violence;
- 5.8.7 Education and training of officers including recognising mental health and risk associated with mental health and intoxication in order to reduce numbers detained due to intoxication;
- 5.8.8 Improved working with substance misuse services (linked to point 5.8.7 above); and
- 5.8.9 Improved working with British Transport Police [BTP] as many detentions under section 136 across Medway and Kent are initiated by BTP and numbers are well above average when compared to national BTP data.

6. Single Point of Access [SPoA]

6.1 The SPoA has been busy expanding over the last few months with a number of developmental phases being implemented. These include:

- 6.1.1 On 16 March 2016 the team structure changed with a clinical layer being introduced alongside the existing call handlers to offer referral triage.
- 6.1.2 On 4 April 2016 the SPoA launched the Trust's urgent and emergency referral pathway for Medway and Kent. The SPoA is now processing the Trust's urgent and emergency referrals, offering screening triages, onward booking of appointments and supporting service users to navigate to the right help at the time.

6.2 Since 4 April 2016 the SPoA has received a total of 4590 calls and opened 1716 referrals to the Trust. The table below provides a summary of Medway referrals:

SPoA Medway Referrals			
	Apr-16	May-16	Total
Medway Consortium	179	107	286
Total	1137	579	1716

- 6.3 The average daily call rate is 105 per day with Friday being the peak day with an average call rate of 142 calls per day. In addition the SPoA receives an average of 168 email referrals a week which equates to around 31 per day.
- 6.4 The SPoA team consists of a combination of dedicated, rotational and seconded staff. Recruitment is ongoing as the SPoA continues to expand with a second hub being opened later in the year. Currently the SPoA has 9.4 whole time equivalent [wte] band 6 staff and 4.0 wte band 3 staff in post (this excludes the senior management team). A further 6.4 wte dedicated posts have been offered with 3.4 wte starting in post by the end of June 2016.
- 6.5 Interface meetings between the SPoA and service lines take place on a regular basis to review current performance and processes and identify areas that could be enhanced to improve the service user experience. Communication and commitment were identified as priority areas in May 2016, and work is ongoing to address these.

7. Closer Working (Social Workers)

- 7.1 Since December 2015 a number of meetings have taken place between senior managers from the Trust and senior managers from Medway Council to discuss closer working relationships and running a workshop together to promote integrated working. Next steps include progressing the workshop; the Trust remains committed to this process and is waiting for engagement from Council colleagues to take this forward.
- 7.2 Relationships on the ground, between community mental health team [CMHT] staff and Medway social workers, remain good.
- 7.3 The Trust has invited senior staff from Medway Council to become involved in the Medway Local Leadership Group [LLG]; to date there has been no engagement.

8. Conclusion and Recommendation

- 8.1 The Medway HASC Overview and Scrutiny Committee is requested to note the content of this report.
- 8.2 The Medway HASC Overview and Scrutiny Committee is requested to support the ongoing work as outlined above with a recommendation that a report on progress be submitted to the Medway HASC Overview and Scrutiny Committee at a future meeting, as defined by the Committee.