

## HEALTH AND WELLBEING BOARD

28 JUNE 2016

### KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST – MENTAL HEALTH SERVICES 2016/17

Report from: Malcolm McFrederick,  
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#### Summary

The report attached at Appendix 1 provides a strategic overview of KMPT's mental health services 2016/17 and beyond. The Board is asked to note the content of the report.

#### 1. Budget and Policy Framework

1.1 The Health and Social Care Act 2012 sets out the requirement for all upper tier and unitary local authorities in England to establish a Health and Wellbeing Board, which would be established as a committee of the Council.

#### 2. Background

2.1 This paper was requested by the Health and Wellbeing Board to provide information around mental health services in 2016/17.

#### 3. Risk management

3.1 Failure to achieve the potential benefits of the Health and Wellbeing Board to improve the health and wellbeing of the population.

#### 4. Financial implications

4.1 There are no direct financial implications for Medway Council.

#### 5. Legal Implications

5.1 The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services, to work in an integrated

manner for the purpose of advancing the health and wellbeing of the people in Medway.

## **6. Recommendations**

6.1 It is recommended that the Health and Wellbeing Board:

- (i) Note KMPT's commitment to radical and whole-system change within Medway and Kent; and
- (ii) Note the content of this report in support of its wider multi-agency discussion around mental health services 2016-17 in Medway.

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### **Appendices**

KMPT Mental Health Services 2016/17

### **Background papers**

None



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

## Mental Health Services 2016/17

### Report prepared for:

Medway Council  
Medway Health and Wellbeing Board  
28 June 2016

**Version:** 3.0

**Reporting Officer:** Malcolm McFrederick  
Interim Chief Executive, KMPT

**Date:** 31 May 2016

**Report Compiled By:** Sarah Day  
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## 1. Introduction

- 1.1 This report has been prepared at the invitation of Medway Council's Health and Wellbeing Board to support multi-agency discussion around mental health services in Medway.
- 1.2 This report will provide a strategic overview of KMPT's mental health services 2016/17 and beyond.
- 1.3 These developments are set within the context of:
- 1.3.1 Government plans and national policy<sup>1</sup> to put mental health at the centre of health reform by recognising the individual service user as a whole-person, and thereby seeking to close the gap between mental and physical health services – that is deliver parity of esteem<sup>2</sup>, and
- 1.3.2 Local system-wide plans for 2016/17 and beyond – that is the Kent and Medway Sustainability and Transformation Plan [STP]<sup>3</sup>, which seeks to promote self-care and prevention, strengthen primary care and integrated out of hospital care including mental health and social care, implement an acute hospital strategy that includes mental health, and implement cost reduction measures and efficiencies.
- 1.3.3 The Medway Health and Wellbeing Board are asked to note KMPT's analysis on strategic developments for mental health in Medway is reflected in the wider Kent and Medway STP.
- 1.4 The Medway Health and Wellbeing Board are asked to note the content of the report.

## 2. KMPT's strategic position

- 2.1 KMPT's vision is to create an environment within Medway and Kent where mental health is everyone's business, where every health and social care contact counts, where everyone works together to encourage and support children, their parents, young people and adults of all ages with a mental health problem or at risk of developing one to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.
- 2.2 To achieve this KMPT is committed to working with its commissioners and other care providers to:
- 2.2.1 Ensure all service users irrespective of age, and their carers, are treated with respect and dignity in the least restrictive, most appropriate setting of care to meet their needs.
- 2.2.2 Ensure services operate across organisational boundaries to deliver care in a more effective manner through collaboratively and partnership working with community and voluntary bodies and more integrated working with primary and community health

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<sup>1</sup>(2016) NHS England *The Five Year Forward View for Mental Health* which sets out three main areas for improvement to better support people with mental health problems, namely improved access to high quality services; integration of physical and mental health care services; and promoting good mental health and stopping people from having mental health problems.

<sup>2</sup>(2016) NHS England defines parity of esteem as "valuing mental health equally with physical health".

<sup>3</sup>(2015) NHS England *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/2*, a new approach which requires every health and care system in England to produce a multi-year STP, which shows how local services will evolve and become sustainable over the next five years and thereby deliver the Five Year Forward View [5YFV].

services thereby promoting wellbeing and enabling individuals with a mental health problem to live in their own community with access to care closer to home.

- 2.2.3 Ensure developments and services support service users in their journey to recovery by allowing individuals to own and drive their care and treatment through an agreed integrated care planning approach that will promote the use of self-help and deliver collaborative and integrated physical and mental health services in which the reliance on an inpatient admission as the default response to urgent and emergency care is the exception and not the rule.

### **3. Local performance**

- 3.1** Mental health services within Medway and Kent are under increased pressure with levels of demand exceeding the capacity of the system. This increased demand is often manifested in the need to send service users significant distances from home when they need treatment. This has an impact on the individual with regards to their recovery, ability to maintain social networks, friends and family and on KMPT and its commissioners in relation to costs incurred.
- 3.2** Mental health prevalence and service provision varies significantly across Medway and Kent however this variance is within national averages on a number of key metrics. Appendix A provides a comparison of Medway performance against national averages<sup>4</sup>.
- 3.3** An analysis of national benchmark data of all mental health providers has highlighted that in both younger and older adult services Medway and Kent has a lower commissioned bed capacity per 1000,000 population. This means providers operate at high levels of occupancy and service users are often placed out of area for treatment as few alternatives to admission exist. This has an impact on the individual with regards to their recovery, ability to maintain social networks, friends and family and on KMPT and its commissioners in relation to costs incurred. Appendix B provides a summary of this benchmark analysis.
- 3.4** The levels of demand are further impacted by the numbers of delayed transfer of care [DToCs]<sup>5</sup>, which in turn impact on patient flow<sup>6</sup>. If the issue of DToCs is addressed at a system-wide level, the level of external bed use could be significantly reduced or eliminated. However an improved management of DToCs alone will not address the gap between capacity and demand. At current levels of demand and with no corrective action, there is a significant shortfall of younger adult and psychiatric intensive care unit [PICU] beds. Appendix C provides a summary of this impact for younger adults and older adults and Appendix D provides a summary of the gap.
- 3.5** In addition service users and carers in Medway and Kent do not have many alternatives to attending an acute hospital accident and emergency department [A&E], contacting a mental health crisis team or being detained on a section 136<sup>7</sup> when they experience a crisis. There are few alternatives to admission and there is only one 24/7

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<sup>4</sup>(2016) Public Health England Fingertips

<sup>5</sup>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.

<sup>6</sup>As at 18 May 2015 there are 40 DToCs across KMPT, 2 of which are service users open to Medway teams. Both are younger adults. The first is awaiting public funding for a more suitable NHS placement, the second is awaiting a residential home placement (social care). 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.

<sup>7</sup>(1983) Mental Health Act [MHA]

liaison psychiatry service within Medway and Kent – this operates in Medway. For older adults presenting in mental health crisis the only crisis support available is provided by voluntary bodies or the Medway and Kent younger adult crisis teams. For service users with a dual diagnosis or substance misuse problem, levels of support within primary and secondary care are variable.

- 3.6** This position is not sustainable. It requires KMPT, its commissioners and other providers of care to adopt a radical approach to implementing new models of care which will improve quality and service user experience as well as deliver a sustainable long-term financial position across the whole Medway and Kent health and social care system.

## **4. Mental health services 2016/17 and beyond**

- 4.1** In order to improve the levels of support for service users and their carers it is essential the local health and social care system works together and focusses on:

4.1.1 Promoting wellbeing and reducing poor mental health:

4.1.2 Delivering integrated physical and mental health services; and

4.1.3 Delivering improved care for individuals and their carers at times of crisis.

- 4.2 Promoting wellbeing and reducing poor mental health:** KMPT is committed to working with partners to ensure that individuals living with mental illness and their carers are actively involved in the design and delivery of their care. KMPT believes that people live within communities and that those communities are often best placed to support people to lead meaningful lives. Within Medway and Kent a number of initiatives have been and are being developed to accelerate support to individuals within their local communities. These include:

4.2.1 **Open dialogue:** KMPT is one of four Trusts within England to be piloting<sup>8</sup> and introducing the peer-supported open dialogue [POD] approach. This non-medicalised model focuses on what the service user and their family want. Developed in Finland it has been shown to improve return to work / study rates for those with a first episode of psychosis by 78% and reduce relapse for that group by 19%. Appendix E provides a summary of outcomes.

4.2.2 **Use of community assets to strengthen response by building communities, social networks and social prescribing:** KMPT is actively involved with other health, social care and voluntary and third sector organisations to implement care programmes which support individuals to live within their own communities and receive support through social networks, peer supported programmes and also through community interventions provided through community and voluntary groups. Appendix E provides a summary of outcomes.

4.2.3 **Multi-speciality community provider [MCP] hubs:** KMPT is building upon the community hub operating centre model<sup>9</sup> to develop community hubs within Medway<sup>10</sup> and Kent. Community hubs promote a more integrated approach to working with

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<sup>8</sup>Work has already commenced in Medway to participate in the largest worldwide randomised controlled trial [RCT] of the POD model within an NHS setting in accordance with the National Institute of Clinical Excellence [NICE] guidelines.

<sup>9</sup>MCP Vanguard Encompass (Whitstable).

<sup>10</sup>The Medway hub will provide a full complement of community and specialist mental health services (younger adult and older adult), as well as specialist limb services and some primary care services, such as those currently provided at healthy living centres. Some services will be accessible 24 hours.

community health services and primary care through the development of secondary care consultant-led multi-disciplinary team [MDT] services within community hubs for a population base of circa 50,000. This allows the delivery of a menu of integrated services from each hub as mental health, social care and physical health services are co-located on one site. Appendix E provides a summary of outcomes.

- 4.3 Delivering integrated physical and mental health services:** KMPT is committed to working with partners to ensure the needs of service users and their carers are met in a more effective way and that those needs are addressed holistically. KMPT believes physical and mental health teams must work collaboratively and every contact for service users must count. Within Medway and Kent a number of initiatives have been and are being developed to ensure physical and mental health are not seen in isolation but deliver services as integrated teams and through one point of access. This includes:
- 4.3.1 Proactive management of physical and mental health through bi-annual health checks:** KMPT is working with partners to ensure known service users are provided with a bi-annual physical and mental health check which develops an agreed integrated care plan. Each check will review the appropriateness of the plan and the service user's adherence. Appendix F provides a summary of outcomes.
  - 4.3.2 MCP hubs:** Section 4.2.3 provides a summary of this initiative. Appendix F provides a summary of outcomes.
  - 4.3.3 Psychological support for people with co-morbid long term conditions:** KMPT is working with partners to ensure all service users with a co-morbid long term condition and a mental health diagnosis receive psychological support. Appendix F provides a summary of outcomes.
  - 4.3.4 Adoption of a recovery college approach for physical health staff and health trainers:** KMPT is working with partners to promote a recovery focussed approach to physical health and health training. This will build on the recovery approach already adopted within mental health and promote the implementation of more goal orientated integrated model of physical and mental health care. Appendix F provides a summary of outcomes.
  - 4.3.5 Repatriation of complex out of area service users through new models of service provision in partnership with housing and social care:** KMPT is working with partners to ensure that service users who have complex needs are brought back to Medway and Kent to receive care and support when it is appropriate to do so. Appendix F provides a summary of outcomes.
  - 4.3.6 Mother and infant mental health services [MIMHS]:** KMPT is working with partners to increase the numbers of women who receive specialist mental health support during the perinatal period through enhanced levels of working with obstetric and gynaecological and community midwifery services. Appendix F provides a summary of outcomes.
- 4.4 Delivering improved care for individuals and their carers at times of crisis:** KMPT is committed to working with partners to ensure service users and carers within Medway and Kent have access to a range of health or social care services when they are in a crisis. KMPT and its commissioners believe that currently there are few alternatives to hospital attendance and as such they are committed to working collaboratively to improve liaison psychiatry services, reduce the number of section 136 detentions and provide access to appropriate home treatment when required. Within

Medway and Kent a number of initiatives have been and are being developed to develop alternatives to hospital attendance and admission. These include:

- 4.4.1 **Alternative place of safety:** KMPT is working with partners to define and agree an alternative place of safety for those in a mental health crisis. Appendix G provides a summary of outcomes.
- 4.4.2 **Mental health decision unit [MHDU]:** KMPT is working with partners to reduce the proportion of individuals that attend an acute hospital A&E when experiencing a mental health crisis. KMPT believes by developing MHDUs which do not provide beds but do allow for the rapid assessment of an individual's needs and the implementation of a care plan that effectively manages the crisis, the pressure experienced by the emergency system will be significantly reduced and that individual's needs will be better met. Appendix G provides a summary of outcomes.
- 4.4.3 **Liaison psychiatry (Core 24):** KMPT is working with partners to implement 24/7 liaison psychiatry services within all A&E departments. KMPT believes the current liaison psychiatry provision is limited - it does not meet the Core 24 or enhanced level of service provision expected. Service users wait in A&Es, and acute hospitals do not gain the benefits from a consultant-led service operating within outpatients to review medically unexplained symptoms [MUS], which in turn places the system under strain and incurs a significant cost. Appendix G provides a summary of outcomes.
- 4.4.4 **Single point of access [SPoA] (all age):** KMPT is working with partners to reduce the multiple points of access to mental health and social care services within Medway and Kent. KMPT believes by building on its existing SPoA it will allow immediate clinical assessment and signposting or treatment for all who call. This initiative seeks to implement a single care plan which will be interoperable with all provider systems including community, voluntary and housing agencies as well as statutory health and social care providers. Appendix G provides a summary of outcomes.
- 4.4.5 **Enhanced levels of crisis response:** KMPT is working with partners to reduce the considerable pressure crisis services in Medway and Kent experience which results in those services spending more time assessing rather than providing home treatment. KMPT and its commissioners believe by utilising the principles of the Mental Health Care Crisis Concordat<sup>11</sup> to reduce levels of section 136 detentions, by providing alternatives for those in crisis (refer point 4.4.2 above) and commissioning 24/7 liaison psychiatry services across all acute sites (refer point 4.4.3 above), the pressure on teams will reduce allowing crisis teams to focus on intensive home treatment thereby avoiding deterioration and admission to hospital. Appendix G provides a summary of outcomes.
- 4.5 To support the rapid implementation of these initiatives KMPT is working with partners to build on existing programmes of work notably the MCP Vanguard Encompass (Whitstable), the mental health SPoA, the work being undertaken with the Police through the Mental Health Care Crisis Concordat, housing providers such as Horizons, who currently provide supported accommodation in east Kent, and local care homes to support them to deliver enhanced levels of service within a community setting. Budgets are being realigned and costs and risks shared across these more integrated models of care as partnerships are developed.
- 4.6 In undertaking this ambitious transformation programme KMPT recognises there are a number of constraints. These include the need to address issues of substance misuse and dual diagnosis, the need to ensure all actions are all age, the need to ensure

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<sup>11</sup><http://www.crisiscareconcordat.org.uk>



integration of dementia work within physical health, the need to ensure staff see themselves as providing services to a locality and not from an organisation, the need to ensure workforce development across the whole system includes making best use of existing whole system assets with a focus on succession planning thereby removing competition for scarce resources, the need to develop an integrated information communication and technology [ICT] platform to enable integrated care planning and delivery, and the need to address the issue of geographical scale and diversity.

## **5. Conclusion and Recommendation**

- 5.1 The Medway Health and Wellbeing Board are requested to note KMPT's commitment to radical and whole-system change within Medway and Kent.
- 5.2 The Medway Health and Wellbeing Board are requested to note the content of this report in support of its wider multi-agency discussion around mental health services 2016-17 in Medway.

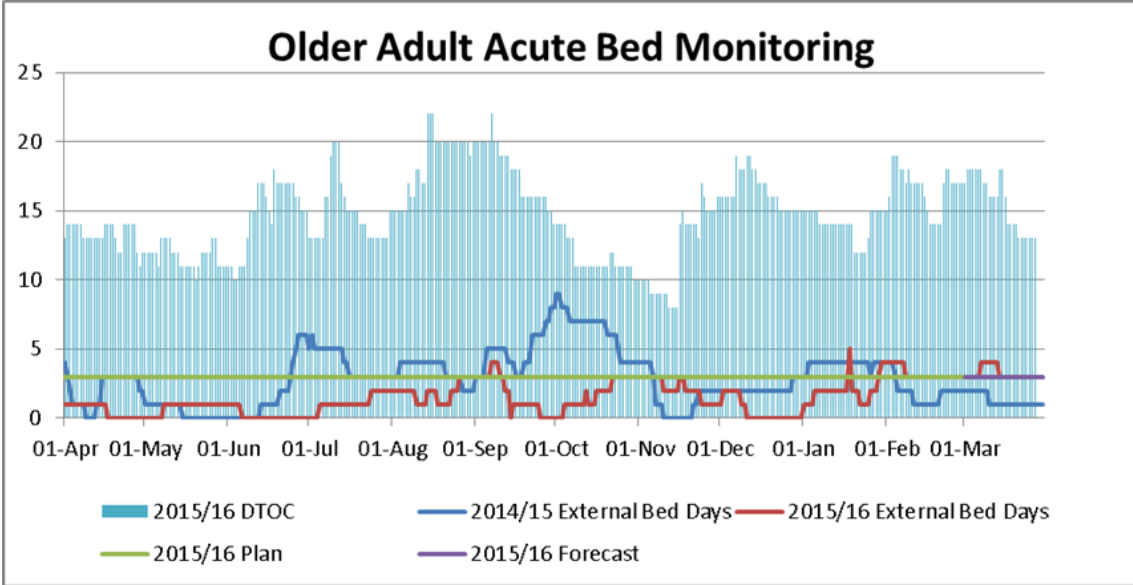
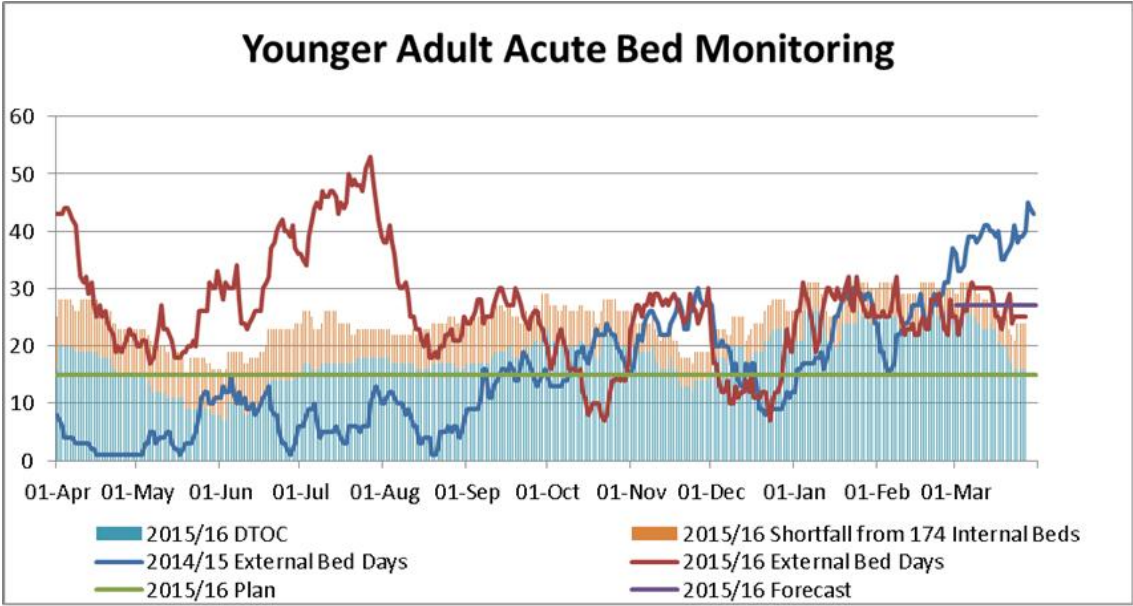
## Appendix A : Comparison of Medway performance against national averages

Key metric	Medway	National Average
People estimated to have a common mental health disorder: estimated percentage of population aged 16+ to 74 years	15.76%	15.62%
Improving access to psychological therapies [IAPT] recovery: percentage of people who have completed IAPT and who are moving to recovery as at September 2015	46.00%	45.80%
People estimated to have psychotic disorder: estimated percentage of people aged 16+ years	0.28%	0.40%
GP prescribing of drugs for psychosis and related drugs: items per 1,000 population	40.30	47.00
Attendances at A&E for a psychiatric disorder: rate per 1,000 population	238.60	243.50
Service users with a serious mental illness [SMI] who have a comprehensive care plan: percentage	71.70%	77.20%
Dementia recorded prevalence aged 65+	3.30%	4.27%

# Appendix B : Commissioned bed capacity benchmark analysis

	Younger Adults			Older Adults		
	KMPT	National Mean	Variance to Mean	KMPT	National Mean	Variance to Mean
Commissioned beds per 100,000 population	14.8	20.5	5.7	28.0	56.0	28.0
Average length of stay [ALoS]	28.9	32.2	3.3	78.0	76.0	2.0
Bed occupancy	98.0%	91.1%	6.9	95.1%	83.9%	11.2

# Appendix C : Impact on external bed use (younger adults and older adults)



## Appendix D : Capacity and demand

	Bed Utilisation								
	Younger Adults			Older Adults			PICU		
Occupancy	100%	94%	85%	100%	94%	85%	100%	94%	85%
Commissioned beds	174	164	148	92	86	78	12	12	10
Current usage	195	195	195	90	90	90	18	18	18
Gap	21	31	47	2	4	12	6	6	8

## Appendix E : Promoting wellbeing and reducing poor mental health – outcomes

Action	Description	Outcome
Open dialogue	Systemic approach to service user and family intervention	<ul style="list-style-type: none"> <li>✓ Reduced anti-psychotic medication spend</li> <li>✓ Reduced time in treatment</li> <li>✓ Reduced time to work / study timeframe</li> <li>✓ Improved service users / carer experience</li> </ul>
Use of community assets	Implementation of care programmes which support people to live within their own communities and receive support through social networks, peer support programmes and community interventions provided through community and voluntary groups	<ul style="list-style-type: none"> <li>✓ Local service provision improves access</li> <li>✓ Reduced levels of relapse and crisis</li> <li>✓ Reduced pressure on statutory health and social care services</li> </ul>
MCP hubs	Mental health, social care and physical health services co-located on one site within a locality serving circa 50,000 population	<ul style="list-style-type: none"> <li>✓ Improved access</li> <li>✓ Reduced crisis</li> <li>✓ Integrated care planning</li> <li>✓ Support and education for physical and mental health staff</li> <li>✓ Reduced stigma</li> </ul>

## Appendix F : Delivering integrated physical and mental health services – outcomes

Action	Description	Outcome
Proactive management of physical and mental health	Provision of bi-annual physical and mental health checks which develop an agreed integrated care plan, review appropriateness of the plan and service user adherence	<ul style="list-style-type: none"> <li>✓ Early identification of long-term conditions</li> <li>✓ Implementation of proactive prevention strategies</li> <li>✓ Reduced levels of deterioration</li> </ul>
MCP hubs	Mental health, social care and physical health services co-located on one site within a locality serving circa 50,000 population	<ul style="list-style-type: none"> <li>✓ Integrated service delivery of physical and mental health care through GP-led clinics</li> <li>✓ Integrated risk stratification for service users in community hub operating centres</li> <li>✓ Improved GP / psychiatrist working</li> <li>✓ 15% reduction in secondary care referrals</li> </ul>
Psychological support for people with co-morbid long-term conditions	Ensure all service users with a co-morbid long-term condition and a mental health diagnosis receive psychological support	<ul style="list-style-type: none"> <li>✓ Reduced anxiety / depression</li> <li>✓ Improved self-management of the condition</li> <li>✓ Reduced reliance on secondary / primary care services</li> </ul>
Recovery college approach	Promotion of a recovery focussed approach to physical health and health training	<ul style="list-style-type: none"> <li>✓ Enhanced levels of goal setting for physical health teams</li> <li>✓ Integrated models of delivery</li> </ul>
Repatriation of complex out of area service users through models of service provision in partnership with housing and social care	Ensuring service users who have complex needs are brought back to Medway and Kent to receive care and support when it is appropriate to do so	<ul style="list-style-type: none"> <li>✓ Reduced reliance on health infrastructure with health services providing skilled staff to support housing developments</li> <li>✓ Reduced levels of out of area placement spend</li> <li>✓ Improved service user and carer experience</li> </ul>
MIMHS	Increase numbers of women who receive specialist mental health support during the perinatal period through enhanced levels of working with obstetric and gynaecological and community midwifery services	<ul style="list-style-type: none"> <li>✓ Early identification and management of post-natal depression and post-partum psychosis</li> <li>✓ Multi-skilling of physical and mental health teams to improve risk management and early diagnosis</li> </ul>

## Appendix G : Delivering improved care for individuals and their carers at times of crisis – outcomes

Action	Description	Outcome
Alternative place of safety	Define and agree alternative place of safety for those in mental health crisis	<ul style="list-style-type: none"> <li>✓ Reduced A&amp;E attendance</li> <li>✓ Reduced admissions</li> <li>✓ Improved throughput of section 136 assessments</li> <li>✓ Reduced numbers of service users in custody</li> </ul>
MH DU	Implement a MH DU which does not provide beds but does allow for the rapid assessment of an individual's needs and the implementation of a care plan that effectively manages the crisis	<ul style="list-style-type: none"> <li>✓ Enhanced service user experience</li> <li>✓ Immediate access to assessment and a safe haven</li> <li>✓ Reduced pressure on A&amp;Es</li> <li>✓ Provision of a de-escalation space</li> <li>✓ Reduced short length of stay admissions to secondary care services</li> </ul>
Liaison psychiatry (Core 24)	Implement a 24/7 liaison psychiatry service within all A&Es that provides a consultant-led programme for review of individuals with MUS	<ul style="list-style-type: none"> <li>✓ Reduced pressure on A&amp;Es</li> <li>✓ Reduced spend in acute providers</li> <li>✓ Enhanced service user experience</li> <li>✓ Reduced pressure on crisis teams</li> </ul>
SPoA	Build on existing SPoA within Medway and Kent to ensure it is all age and allows for immediate clinical assessment and signposting or treatment for those who call based upon a single care plan which will be interoperable with all provider systems	<ul style="list-style-type: none"> <li>✓ Enhanced levels of access</li> <li>✓ Integrated working and care planning</li> <li>✓ Immediate response and signposting reducing service user stress and anxiety</li> <li>✓ Reduce number of crisis</li> </ul>
Enhanced levels of crisis response	Enabling crisis teams to focus on intensive home treatment thereby avoiding deterioration and admission to hospital	<ul style="list-style-type: none"> <li>✓ Reduced hospital admissions</li> <li>✓ Reduced A&amp;E attendance</li> <li>✓ Reduced section 136 detentions</li> <li>✓ Improver service user and carer experience</li> </ul>