CABINET

17 JANUARY 2017

REFERRALS FROM HEALTH AND ADULT SOCIAL CARE OVERVEW AND SCRUTINY COMMITTEE

Portfolio Holder:	Councillor David Brake, Adult Services
Report from/Author:	Ian Sutherland, Interim Director of Children and Adults Services
	Jon Pitt, Democratic Services Officer

Summary

This report sets out a referral from the Health and Adult Social Care Overview and Scrutiny (O&S) Committee with regard to two of the agenda items considered at the Committee meeting held on 15 November 2016.

In relation to the Development of GP Services in Medway (agenda item no. 7), the Committee "Recommended that Cabinet notes the risks that falling GP numbers will present to Medway residents and the implications for Adult Social Care."

With regards to the KMPT Mental Health update (agenda item no. 9), the Committee "Agreed to recommend that Cabinet emphasises to the Kent Police and Crime Commissioner the importance of street triage."

1. Budget and Policy Framework

1.1. Overview and Scrutiny Committees may make recommendations to the Cabinet arising from the outcome of the scrutiny process (Constitution – Articles of the Constitution - Chapter 2, Article 6, Paragraph 6.4).

1.2. At its meeting held on 15 November 2016, the Health and Adult Social Care Overview and Scrutiny Committee agreed to make two recommendations to Cabinet, as set out in section 2 of this report.

2. Background

Health and Adult Social Care Overview and Scrutiny Committee – 15 November 2016

2.1. Development of GP Services in Medway

2.2. The Committee considered a report on the Development of GP services in Medway. The report set out the challenges facing local services and detailed both national and local initiatives to address these challenges and to develop services in a way that provides improved care and access for local patients.

2.3. The Risk Management section of the report stated that there were no specific risk implications for Medway Council arising directly from the report. However, the Chairman advised that although this was technically correct, he considered that the Council would be potentially exposed to risk in the event that declining GP numbers made it increasingly difficult for residents to get an appointment or care from their GP.

2.4. The report advised that the recruitment and retention of GPs was proving a challenge for GP practices across the country, with many older GPs reaching retirement age. Around 38.6% of the GP population was over the age of 60 within Medway. Other issues affecting the workforce included that younger GPs were increasingly choosing to work as locums and as salaried GPs, rather than entering into GP partnerships and running practices themselves, while some GPs were also choosing to work part time. There were a large number of local vacancies for GPs and practice nurses. This was a challenge that was being experienced in Medway and in other areas.

2.5. Some practices felt that they did not have the operational capacity to register new patients at the current time, while some practices were closing branch surgeries and looking to consolidate their services on fewer sites.

2.6. An increasing number of practices in the South East had resigned their contracts to provide GP services over the past couple of years. In the Medway area, two GP practices had given notice on their contracts to provide services during this time. There had also been local instances where NHS England had needed to take the decision to ask patients to register at other local practices in order to ensure their ongoing care. This was a result of other local GP practice contracts coming to an end and where it was determined that it would not be feasible to reprocure these contracts in their existing forms.

2.7. The Committee agreed to recommend that Cabinet notes the risks that falling GP numbers will present to Medway residents and the implications for Adult Social Care.

2.8. **KMPT Mental Health Update**

The Committee considered a report that provided an update on the work of Kent and Medway NHS and Social Care Partnership Trust (KMPT).

2.9. Street Triage involves mental health workers going out on patrol with Police Officers. One benefit of the scheme is the potential for it to help avoid the need for the Police to use Section 136 powers, which allow them to remove a person to a place of a safety, where there were concerns for their wellbeing for mental health reasons.

2.10. Provision of Street Triage from November 2016 was summarised in the Committee Report as follows:

Based within the Kent Police Force Control Room and South East Coast Ambulance NHS Foundation Trust [SECAMB], Emergency Room, the pan-county service will operate between 16.00 and 00.00 hours Sunday to Tuesday from November 2016. Currently, the night service comprises one band 4 nurse within the Control Room; this is increasing to one band 6 nurse who will respond in person and two band 4 nurses who will be based in the Control and Emergency Rooms to provide advice from November 2016.
In addition as an extension to the Criminal Justice Liaison and Diversion Service based within the Kent Police Northfleet custody suite (Gravesend) the pan-country day service will operate between 09.00 and 17.00 hours Monday to Friday from November 2016. This service will comprise one band 7 senior practitioner who will respond in person.

2.11. In response to a Member question about the current provision of Street Triage, the Chief Executive of KMPT advised that there was some provision in Dartford but that this was not able to cover the whole of Kent and Medway. She stated that consideration was being given as to how to work with commissioners, the Police and patients to improve provision. The Committee report stated that one priority of KMPT was to work with Kent Police and health commissioners to introduce Street Triage across Kent and Medway.

2.12. The Committee agreed to recommend to Cabinet that Cabinet emphasises to the Kent Police and Crime Commissioner the importance of street triage.

3. Advice and analysis on options

3.1. The options open to Cabinet are as follows:

Option 1 – To agree both recommendations from Health and Adult Social Care O&S Committee for Cabinet to:

i) Note the risks that falling GP numbers will present to Medway residents and the implications for Adult Social Care.
ii) Emphasise to the Kent Police and Crime Commissioner the importance of street triage.

Option 2 – To agree one of the recommendations listed in option 1 and not the other.

Option 3 – To agree neither of the recommendations listed in option 1**.**

3.2. In relation to the Development of GP Services, the report presented to the Committee had advised that there were no specific risk implications to Medway. The Chairman advised at the meeting that although there were no direct risks to the Council arising from the contents of the report, he considered that the Council would be potentially exposed to risk in the event that declining GP numbers made it increasingly difficult for residents to get an appointment or care from their GP.

3.3. The advice from the Chairman was on the basis that there could be an adverse impact on Adult Social Care provision in the event that residents are unable to get an appointment with their GP. This was because they could then require social care provision that they may not otherwise have needed, had they been able to see their GP.

3.4. This announcement by the Chairman resulted in the Committee agreeing the recommendation for a referral to Cabinet. There was no discussion of the issue otherwise.

3.5. With regard to the recommendation that Cabinet emphasises to the Kent Police and Crime Commissioner the importance of Street Triage, it is considered that this recommendation arose due to the Chief Executive of KMPT stating that it was not feasible for the existing provision, based in Dartford, to cover the whole of Kent and Medway.

3.6. The Committee report stated that one priority of KMPT was to work with Kent Police and health commissioners to introduce Street Triage across Kent and Medway. However, the recommendation agreed by the Committee only recommends that Cabinet emphasises the importance of Street Triage to the Kent Police and Crime Commissioner and does not mention health commissioners. This may be due to the fact that the Accountable Officer from Medway NHS Clinical Commissioning Group was present at the Committee meeting. Therefore, Cabinet may wish to consider whether it also wishes to emphasise the importance of Street Triage to health commissioners, in the event that it is minded to accept the Committee's recommendation.

4. Risk Management

4.1. The following risks are considered relevant:

Risk	Description	Action to avoid or mitigate risk
Increase in pressure on Adult Social Care provision	Decreased number of GPs in Medway has adverse impact on Adult Social Care (ASC) provision due to people being unable to get GP appointments and their ASC needs increasing as a result.	Implementation of the support measures for GPs announced as part of the General Practice Forward View (published in April 2016) and implementation of plans by Medway Clinical Commissioning Group (CCG) to develop GP services that will meet patient needs over the coming years.
Lack of sufficient Street Triage provision in Medway.	Provision of Street Triage is not expanded, resulting in there being a lack of provision in Medway	KMPT has stated that working with Kent Police and health commissioners to improve Street Triage provision is a priority; Acceptance of Health and Adult Social Care OS&C recommendation to Cabinet.

5. Consultation

5.1. No consultation has been undertaken or is required in relation to the recommendations contained in this report.

6. Financial and Legal Implications

6.1. There are no specific financial implications for the Council arising directly from this report.

6.2. Section 9F of the Local Government Act 2000 requires the Council to ensure that its Overview and Scrutiny Committees have power to make recommendations to the Leader and Cabinet in respect of the discharge of Council functions (executive and non-executive) and also on matters which affect the authority's area or the inhabitants of the area.

7. Recommendations

7.1. Cabinet is asked to consider the following recommendations from the Health and Adult Social Care Overview and Scrutiny Committee and agree a way forward:

The Health and Adult Social Care Overview and Scrutiny Committee recommends that:

i) Cabinet notes the risks that falling GP numbers will present to Medway residents and the implications for Adult Social Care.

ii) Cabinet emphasises to the Kent Police and Crime Commissioner the importance of street triage.

8. Suggested reasons for decision

8.1 The Health and Adult Social Care O&S Committee has made these recommendations to Cabinet in accordance with its entitlement, under the Council's Constitution, to make recommendations to Cabinet arising from the outcome of the scrutiny process (Constitution – Articles of the Constitution - Chapter 2, Article 6, Paragraph 6.4). Cabinet is, therefore, required to consider its response.

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Appendices:

Appendix A - Report on Development of GP Services in Medway considered by Health and Adult Social Care O and S on 15 November 2016

Appendix B - Report, KMPT Mental Health Update considered by Health and Adult Social Care O and S on 15 November 2016

Background Papers:

Minutes of Health and Adult Social Care O and S, 15 November 2016
https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3400&Ver=4

General Practice Forward View, NHS England, published April 2016
https://www.england.nhs.uk/gp/gpfv/

APPENDIX A

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 NOVEMBER 2016

DEVELOPMENT OF GP SERVICES IN MEDWAY

Report from: David Selling, Senior Manager - Clinical Strategy, Revalidation and Performance, Kent & Medway Area Team NHS England

Caroline Selkirk, NHS Medway Clinical Commissioning Group

Author: Jon Pitt, Democratic Services Officer

Summary

This report sets out the current challenges facing GP services in Medway and outlines both national and local initiatives to address these challenges and to develop services in a way that provides improved care and access for local patients.

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 report includes a summary of the support that has been announced as part of the General Practice (GP) Forward View (published in April 2016), which sets out a national plan to address the challenges GP services are currently facing. It also outlines local plans by NHS Medway Clinical Commissioning Group (CCG) to develop GP services that will meet patient needs over the coming years.

2.2 It was agreed at the August 2016 agenda planning meeting that NHS England South (South East) and NHS Medway CCG should be invited to provide a report to the Committee at this meeting to provide information about the Forward View and specifically, the implications that this would have locally and the timescales for changes to take place.

3. Risk management

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

4. Financial implications

4.1 The report provides information about NHS funding that has been committed nationally by NHS England to support GP services. There are no specific financial implications for Medway Council arising directly from this report.

5. Legal implications

5.1 There are no specific legal implications for Medway arising directly from this report.

6. Recommendations

6.1 The Committee is asked to comment on the report provided (appendix 1) and comment on the implications and issues raised relating to Medway.

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Appendices

Appendix 1: Update on GP Services in Medway, provided by NHS England and Medway NHS Clinical Commissioning Group.

Background papers

General Practice GP Forward View (published April 2016).
www.england.nhs.uk/ourwork/gpfv

Update on GP services in Medway

1. Introduction

GP services provide vital services for patients, but are now under unprecedented pressure across the country, including within Medway. Action is needed to address the challenges that GP practices are facing and to transform the way care is provided to patients, in order to ensure sustainable services for the future.

The national GP Forward View sets out a national plan to get general practice services back on their feet. This includes setting out increased national investment for primary care services, practical, funded steps to grow and develop the primary care workforce. It also includes helping GP practices to better manage their workload, funding to modernise the infrastructure and technology GP practices use and support for local practices to redesign the way modern primary care is offered to their patients.

Due to the complexity of the challenges local GP practices in Medway are facing, there is no simple, overnight solution to resolving these issues. Ensuring the long-term sustainability and transformation of care will require partnership working across the local health and care system. NHS Medway Clinical Commissioning Group (CCG) is working with local GP practices and other health and care partners to plan the development of services in a way that will meet patient needs over the coming years and provide more joined up care to patients outside of hospital.

It is also important to make sure that the national support that is being made available through the GP Forward View can be tailored to meet local needs. NHS England is therefore working with NHS Medway CCG and local GP practices to determine the particular nature of support practices in Medway need to become more resilient and to help improve access to services for the local population in the long-term.

2. Current challenges facing GP services

General practice is the bedrock of healthcare and local GP surgeries provide valuable services to their patients. Across the country, GP services are however facing a number of challenges, which include:

- **Managing an increased workload**
  GP practices are serving an ageing population and an increasing number of patients with complex care needs and multiple long-term conditions. There are also rising patient expectations about what they want services to provide and increased regulatory requirements that GP practices must meet.

- **Workforce supply**
  The recruitment and retention of GPs is proving a challenge for GP practices across the country, with many older GPs reaching retirement age. Around 38.6% of the GP population is over the age of 60 within Medway.

  Younger GPs are also increasingly choosing to work as locums and as salaried GPs – rather than entering into GP partnerships and running practices themselves, while some GPs are also choosing to work part time.

  There are also large numbers of local vacancies for GPs and practice nurses - a challenge that is being experienced in Medway and other parts of the country.

- **Increased operational costs**
  As a result of the workforce pressures referred to above, many GP practices are increasingly relying on using the services of locum GPs to provide clinical care, but this often results in higher operating costs for the practices. At the same time, there is increasing pressure on NHS financial resources and the need to make the best possible use of NHS funding for the benefit of patient care.

  Medical indemnity costs for GPs are also increasing. GPs have made clear that they feel they have been subject to unsustainable, above-inflation rises in the amount they must pay to buy indemnity against clinical negligence. Concerns have also been raised about the potential for rising indemnity in discouraging GPs from taking on certain work, like out-of-hours care.

- **Infrastructure**
  GP practice premises and infrastructure have struggled to keep pace with population growth and the increasing need for care over recent years. This means that some GPs are working out of small consulting rooms which do not best meet the needs of modern general practice services.

- **Variation in the quality and performance of services**
  Since October 2014, the Care Quality Commission (CQC) has been carrying out a programme of work to inspect and rate every GP practice in England. This helps to identify where any improvements need to be made, so that patients can consistently receive good quality services. The majority of GP practices inspected to date within Medway have been rated by the CQC as providing a 'good' service, but two local GP practices were initially rated as 'inadequate'. Red Suite Surgery in Gillingham was subsequently taken out of 'special measures' in August 2016, following improvements made at the practice and the CQC has yet to publish a follow up report regarding services provided at St Mary's Island Surgery. Some areas for improvement have been identified within other local practices.

  We also know that some patients in Medway, as in other parts of the country, have expressed frustration at their ability to book a GP appointment and have expressed concern about waiting times for appointments. The latest results of the GP national patient survey, published in July 2016, show that across England the majority of patients (84.7%) were able to get an appointment last time they tried, compared to 81% of people asked in the NHS Medway CCG area (based on survey responses from 5,811 local people). This is down slightly from July 2014 (when 82% if people in Medway said they could get an appointment) and lower than the proportion of patients in Medway who reported in July 2013 that they could get an appointment (85%).

  While GP practices are responsible for providing appointments in the way that best meets the needs of their patients (including ensuring swift access to appointments for any patients with urgent medical needs), it is clear that support needs to be provided to practices to help them to improve general access to services.

3. The impact of challenges facing GP services

Ways in which the various challenges facing GP services are manifesting themselves in the South East (in line with the experience in other parts of the country) include:

- GP practices struggling to recruit to vacant GP partnership and salaried GP positions.

- Some practices feel they do not have the operational capacity to register new patients at the current time.

- Some practices are closing branch surgeries and are looking to consolidate their services on fewer sites.

- Some practices are merging and coming together in order to become more resilient. Smaller practices, by their nature, can find it harder to tackle some of the challenges facing general practice and according to figures published by the Health and Social Care Information Centre (HSCIC), the number of patients per practice has grown steadily in the last decade, rising from 6,250 to 7,450 between 2005 and 2015, in part reflecting the move towards larger practices (www.hscic.gov.uk/catalogue/PUB20503/nhs-staf-2005-2015-gene-prac-rep.pdf). Of the 51 practices in Medway, 13 are currently run by 'single-handed' GPs.

- An increasing number of practices in the South East have resigned their contracts to provide GP services over the past couple of years. In the Medway area, two GP practices have given notice on their contracts to provide services during this time, meaning that arrangements to ensure continued care for patients had to be secured (College Health gave notice on their contract to provide services at Sterling House Surgery in Chatham, with effect from 30 September 2015, and the single-handed GP who was running Esplanade Surgery in Rochester gave notice on his contract with effect from the end of July 2016).

  There have also been instances whereby NHS England has had to take the decision to ask patients to register at other local practices in order to ensure their ongoing care. This was a result of other local GP practice contracts coming to an end and where it was determined that it would not be feasible to reprocure these contracts in their existing forms. A temporary contract was put in place to provide services to patients at the former Green Suite Surgery at Rochester Healthy Living Centre after the contract NHS England previously held with a single-handed GP to run the practice was ended due to patient safety concerns.

  The temporary contract to run Green Suite Surgery ended on 31 March 2016 and patients were supported to register at other local GP practices, who provided reassurance that they could accommodate them. The contract at DMC Walderslade Surgery will also reach its natural end on 31 March 2017 and patients from this practice will be supported to register at other local GP practices from mid-January 2017. Patients from the surgery have been sent a letter about this.

4. The GP Forward View – a national plan to respond to these pressures

We need to transform the way care is provided in order to address the issues referred to above, and to ensure the future delivery of good quality care to patients in a sustainable way over the coming years. A national strategy for the future of the NHS has been set-out in the NHS Five Year Forward View. The accompanying General Practice (GP) Forward View, published in April 2016, sets out a national plan to get general practice back on its feet, to improve patient care and access and to invest in new ways of providing primary care, in order to help address the principal challenges facing GP services. This includes action being taken to address workforce issues and to support vulnerable practices, while work has been taking place across the country to test potential new models of care, so that services can be designed which will meet the needs of patients, both now and in the future.

Examples of the type of support that is being made available nationally to support GP practices, as described in the GP Forward View, are outlined below.

Investment in GP services

The national GP Forward View commits to providing an extra £2.4 billion a year to support general practice services in England by 2020/21, while also outlining a one off five-year £500 million national sustainability and transformation package to support struggling practices in the interim, to develop the workforce, stimulate care redesign and to tackle workload challenges.

As part of this work, NHS England announced details of a £40 million General Practice Resilience Programme in July 2016, to help support struggling practices with challenges such as practice management, recruitment issues, and capacity. The menu of potential support available as part of this scheme extends from support to help stabilise GP practices where these is a risk of closure, through to more transformational support that will help make individual GP practices more resilient in the future.

Of the national funding available to support GP practices in 2016/17, the South East area has received £765,000 from the Vulnerable Practice Fund and £1.3m from the new GP Resilience Programme. The local South East team at NHS England has topped this up with an additional £540,000 of local funding, to support practices. This provides total funding of £2.6 million to allocate amongst local GP practices within Kent, Surrey and Sussex in 2016/17.

There are around 600 local GP practices in Kent, Surrey and Sussex and the local South East primary team at NHS England has been working alongside local clinical commissioning groups (CCGs) to determine which practices could benefit most from this support at the current time. We have also been working with CCGs to determine the nature of the support individual practices require in order to improve their resilience and to tailor any proposed support to their specific needs.

We have identified three main themes of support:

1. Diagnostic Support
2. Support with potential mergers
3. Locality support to increase capacity and resilience in specific areas

Practices in Medway have been identified to receive support from the General Practice Resilience Programme for 2016/17. It is also worth noting that resilience funding will continue for the next three years

Meanwhile, there are also plans for a new national GP indemnity support scheme, which will start in 2016/17 and provide a special payment to GP practices, linked to their workload, which will help offset the rising cost of GP indemnity costs.

As well as setting out plans for various schemes of national investment to help stabilise and transform services for patients, the GP Forward View also makes commitments to ensure a fairer distribution of funding for GP practices.

National colleagues at NHS England have confirmed that they are working to do this in a way that does not undermine stability or cause uncertainty for GP practices. They are starting negotiations with colleagues from the British Medical Association on a new national funding formula for GP services and are modelling the impact any changes would have on practices, in view of other funding flows that are already in place. NHS England and the BMA have confirmed that there will be no changes sought to the funding formula before 1 April 2018. It is felt that this timescale will allow better forward planning by practices, better engagement with the profession and patient involvement, if this is required.

Due to the diversity of the different local populations that are served by GP practices, colleagues do however recognise that a national funding formula will not be able to accommodate the needs of all practices. In parallel to the development of a new national funding formula, national colleagues at NHS England are therefore also in the process of developing national guidance to help local commissioners of services better understand the workload challenges that practices serving particular groups of patients can face. This guidance will consider university practices, unavoidably small and isolated practices and practices with a significant proportion of patients who cannot communicate in English.

Support to develop the primary care workforce

We need to ensure we have the right primary care workforce in place, which will help meet patient needs over the coming years. At a national level, NHS England has been working in partnership with Health Education Health Education England (HEE), the Royal College of General Practice, and the British Medical Association on various initiatives to strengthen the primary care workforce and to deliver an extra 10,000 staff working within primary care by 2020/21 (including plans to create an additional 5,000 doctors working in general practice by this time).

There is a need to expand the number of GPs in training, while also training more community nurses and other primary care staff and investing in new roles which will support patient care. There is also a need to support returner and retention schemes, ensuring that current rules are not inflexible and putting off those health professionals considering a potential return to general practice.

Workforce programmes that have been announced nationally include:

- Increasing GP training places to 3,250 a year, to support overall net growth of 5,000 extra doctors by 2020 (compared with 2014).

- Attracting up to an extra 500 appropriately trained and qualified doctors from overseas.

- Rolling out 250 new post-certificate of completion of training (CCT) fellowships to provide further training opportunities in the areas of poorest GP recruitment.

- Attracting and retaining at least an extra 500 GPs back into English general practice.

- In September 2015, Health Education England launched a national marketing campaign ('Nothing General About General Practice') designed to recruit more newly trained doctors into general practice.

- A national pilot scheme has been launched to encourage GP trainees to work in those areas of England identified by the GP National Recruitment Office as being the hardest to recruit trainee GPs to. The Targeted Enhanced Recruitment Scheme has offered bursaries to attract GP trainees to work in these areas (Medway is not one of the areas covered by the pilot scheme, but the scheme will be evaluated to determine its impact and effectiveness and to inform the future planning of GP recruitment).

- NHS England has invested in the development of 13 pilot training hubs, where groups of GP practices can offer inter-professional training to primary care staff, extending the skills base within general practice and developing a workforce which can meet the challenge of new ways of working. A training hub has been established to cover the Kent, Surrey and Sussex area. The local training hub, which is supported by NHS England and NHS Medway CCG, amongst other partners, is developing networks of GP practice support.

- A Retained Doctor Scheme has been announced. This is a national package of support, which includes financial incentives and development support to help GPs who might otherwise leave the profession. In the meantime, a broader review into the best approaches to retaining doctors is also being undertaken by NHS England, Health Education England (HEE), BMA's General Practitioners Committee (GPC) and Royal College of General Practitioners (RCGP).

- A revised national induction and refreshers scheme, designed to provide a safe, supported and direct route for qualified GPs to join or return to the NHS has been launched.

- A new national pilot scheme to test how to support GP practices who are struggling to recruit GPs has been developed. The Targeted Investment in Recruiting Returning Doctors Scheme invests resources in GP practices which have been identified as having historically encountered difficulty in recruiting GPs. The scheme offers support to help practices fill their vacancies, as well as providing a relocation allowance for GPs filling those posts. In Kent, two practices in Margate and Dymchurch are part of this pilot scheme.

- The GP Forward View sets out plans to increase the range of clinical staff working as part of practice teams, to reduce reliance on GPs where other health professionals can also provide patient care and in order to make the best possible use of everyone's clinical skills. A commitment has been made by NHS England to recruit a minimum of 5,000 other staff working in general

practice across England by 2020/21, including an extra 3,000 mental health therapists, a further 1,500 clinical pharmacists, 1,000 new physician associates and piloting new medical assistant roles. NHS England are also developing a general practice nurse development strategy and will be investing £15 million to increase pre-registration nurse placements, to improve retention of the existing workforce and to support return to work schemes for practice nurses.

There are various local workforce initiatives in Medway which are already taking place and which supplement, or support, these national initiatives.

As part of plans to increase the range of health professionals working within the primary care workforce, ten practices in Medway are amongst those taking part in a national pilot scheme, to test the way clinical pharmacists can work in primary care to support both GPs and patients. The practices taking part in the scheme are:

- Parks Medical practice, Cliffe Woods, Rochester
- The Elms Medical Centre, Hoo
- Highcliffe Medical Practice, Higham
- Court View Surgery, Strood
- Borstal Village Surgery, Rochester
- Dame Sybil Thorndike Health Centre, Strood
- Bryant Street Medical Centre, Chatham
- Lordswood Health Centre, Chatham
- Churchill Clinic, Chatham
- Parkwood Family Practice, Rainham

We understand that the practices have worked to recruit five pharmacists to work across the ten Medway practices and that they have started to receive additional training (alongside GPs from the practices) to support them in this new role.

Examples of the benefits patients can expect to see from this scheme include extra help to manage long-term conditions, specific advice for those with multiple medications and more access to clinical advice on treatments.

NHS Medway Clinical Commissioning Group (CCG) is also working to support:

- An increase in local trainee nurse placements in primary care.
- Offering career advice and support for clinical staff.
- Undertaking recruitment initiatives amongst local people and the local university.
- Developing the roles of Health Care Assistant, Nurse Practitioners and practice-based pharmacists to improve the skill mix within local GP practices.
- Work is ongoing with volunteers from local care teams, across a range of healthcare professionals, to implement changes and help improve services for patients.

Support to manage GP workload

Recent years have seen a growth in the volume and complexity of the work that local GP practices need to manage, alongside the rising operational costs that many practices face in providing services (for example greater spend on locum GPs where recruitment is challenging).

NHS England commissioned a national study to quantify the sources of bureaucracy and potentially avoidable demands on the workloads of GP practices. The Making Time In General Practice study, by the Primary Care Foundation with the NHS Alliance, found that the biggest burden for GP practices was navigating payment systems, whilst the next biggest burden related to processing incoming paper-based information from hospitals. The study, published in October 2015, also showed that up to 18 per cent of GP appointments could be avoided if services were organised differently.

In response to the findings of the study, NHS England has announced a new General Practice Development Programme and £127 million of practical support over the next five years to help GP practices in England to manage their workload differently, freeing up time for GPs and other practice staff to improve care for their patients. National resources and expertise will help groups of local GP practices plan their own 'Time for Care' programme, tailored to meet their local interests and plans. They will be able to implement innovations that other GP practices across the country have already tried and tested and found useful in managing their workloads, with these various initiatives grouped into 10 so-called 'high impact actions'.

These actions, which will be discussed as part of conversations with local care teams are:

1. **Active signposting** - Providing patients with a first point of contact which directs them to the most appropriate source of help (web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional, while GP receptionists can also ensure the patient is booked in with the right health professional first time).

2. **Introduce new communication methods for some consultations**, such as phone and email. Where clinically appropriate, these can improve continuity and convenience for the patient, and reduce clinical time per contact.

3. **Reduce do not attends (DNAs) -** Maximise the use of appointment slots and improve continuity by reducing the number of patients who do not attend their appointments. Changes may include issuing appointment reminders by text message and making it quick for patients to cancel or rearrange an appointment.

4. **Develop the practice team -** Consider broadening the workforce to reduce demand for GP time and connect the patient more directly with the most appropriate professional. This may include training a senior nurse to provide a minor illness service or employing a community pharmacist, for example.

5. **Productive work flows -** introduce new ways of working which enable staff to work smarter, not just harder. These can reduce wasted time and help ensure uncomplicated follow-up queries from patients are less reliant on GPs consultations.

6. **Personal productivity** – includes providing resources and training to ensure individual staff are able to work in the most efficient way possible.

7. **Partnership working -** exploring the benefits of working and collaborating with other local GP practices at greater scale, to help improve organisational resilience and efficiency and improve patient care.

8. **Use social prescribing -** referring or signposting patients to services which increase their wellbeing and independence. These are non-medical activities, advice, advocacy and support and are often provided by voluntary and community sector organisations or local authorities. This might include support for dementia sufferers for example.

9. **Support self-care and management -** supporting people to play a greater role in their own health and care, including by signposting patients to sources of information, advice and support in the community and training people to manage their long term conditions.

10. **Build quality improvement expertise -** developing a specialist team of facilitators to support service redesign and continuous quality improvement, in order to help GP practices to more rapidly introduce new ways of working and to achieve sustainable progress as quickly as possible.

Other initiatives which form part of the national General Practice Development Programme include £45 million that has been announced nationally to support the training of reception and clerical staff to play a greater role in navigating patients and handling clinical paperwork to free up GP time, £6 million to support practice manager development and £45 million to support the uptake of online consultation systems within GP practices (from April 2017 funding will be provided via CCGs to help practices with the cost of installing an online consultation system, so they can make use of technology to spend additional time in contact with their patients).

As well as making the workload of GP practices more sustainable and releasing time for staff to spend with the patients who need it most, it is hoped that the General Practice Development programme will also help strengthen collaboration between practices and other organisations in the health and care system.

Meanwhile, NHS England has also announced a new nationwide £19.5 million health service for GPs, which will be introduced in January 2017 and focused on helping those GPs who may be suffering from mental ill-health, including stress and burnout. Available in 13 areas across the country, the NHS GP Health Service will be accessible via a confidential national self-referral phone line, website and app, enabling GPs and GP trainees to seek information about the services available, and to access self-help tools and clinical support.

Practice Infrastructure

The national Estates and Technology Transformation Fund is a multi-million pound investment boost in GP premises and technology, to improve and expand out of hospital care for patients, a key commitment set out in the General Practice Forward View.

The key driver for investment is to improve existing facilities, to increase flexibility to accommodate multi-disciplinary teams and to develop the right infrastructure to expand the range of care for patients, as well as to add more training facilities and make greater use of technology. This is needed to facilitate primary care at scale and more joined up care in local communities.

In January 2015, GP practices were invited to submit bids to NHS England for investment in 2015/16. The majority of bids focused on helping GP practices make much needed improvements in access to clinical services by extending existing GP

premises. In 2015/16, City Way Surgery in Rochester received funding to add an additional room at the practice and this work has been completed.

For the 2016/17 financial year, local GP-led clinical commissioning groups (CCGs), which plan and fund the majority of local health services, were invited to put forward proposals for investment in primary care infrastructure, working with GPs locally.

In order to ensure the best possible use of available resources, all CCGs were asked to assign rankings to prioritise any bids they put forward on behalf of local practices, so that this could be taken into account in making decisions about the allocation of funding.

For 2016/17, NHS England has received a large number of applications for funding on behalf of local GP practices from across the country (including 149 from the South East, of which four applications were made on behalf of Medway practices).

NHS England recently announced those GP practices from the Midlands and East region which had been approved in principle for support from the national fund in 2016/17, subject to the necessary due diligence checks. Details of other schemes supported in principle in other parts of the country (including within the South East) are set to be announced from the end of October. NHS England will work with NHS Medway CCG to make sure the local Medway practices which have submitted applications to the fund are kept updated as this work is completed.

In October 2016, a number of minor improvement grants have been agreed across the South east and at least three of these relate to the Medway area.

Care Redesign

As outlined in the GP Forward View, there is a need to transform the way we provide services to patients, in order to ensure that the NHS can continue to meet their needs in the future.

Although it is expected that some smaller GP practices will continue in their current form, it is recognised that primary care is entering the next stage of its evolution.

Primary care services of the future will need to build on the traditional strengths of GPs as ‘expert generalists’, proactively providing services for patients with complex on-going needs, such as the frail elderly or those with chronic conditions and working much more intensively with them. Future models of care will also need to expand the leadership of primary care to include nurses, therapists and other community based professionals.

It could also mean offering care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients in order to bridge the traditional divide between primary care, community services and hospitals, which is increasingly a barrier to the personalised and coordinated health services patients need. The emphasis in future needs to be on managing and designing whole systems of care – not just on the individual organisations that provide care. Two models of care have been described nationally which can enable this to happen. The first is the Multi-Specialty Community Provider (MCP) model, whereby primary care providers, working across local populations, take on a range of services currently provided in hospital settings. This option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care providers, to create a

system of integrated out-of-hospital care for local patients. The second is the Primary and Acute Care Service (PACS) model, whereby hospitals take on responsibility for primary care provision for set populations. Both models involve primary care being delivered “at scale”.

NHS England is also working to develop a new ‘MCP contract’ to enable the integrated commissioning of primary care with other health and care services, as per a commitment made in the NHS Five Year Forward View. It will be a contract between the commissioner and the MCP provider. A working draft of the contract will initially be shared with the ‘vanguard’ MCP sites across the country that have been helping to develop these new models of care, with the draft contract then published for wider consultation later this year.

This slight adjustment to the original timetable will give NHS England more time to engage with people, especially those likely to use the contract early. NHS England national colleagues have advised that they are still intending to publish the final contract in early 2017.

This work will help support the development of new ways of providing care for the benefit of patients, however, England is too diverse for a ‘one size fits all’ care model.

With the support of NHS England, clinical commissioning groups (CCGs) are therefore leading work to implement the aims of the General Practice Forward View at a local level and to develop sustainable models of care that will provide the best possible care to patients and support integration.

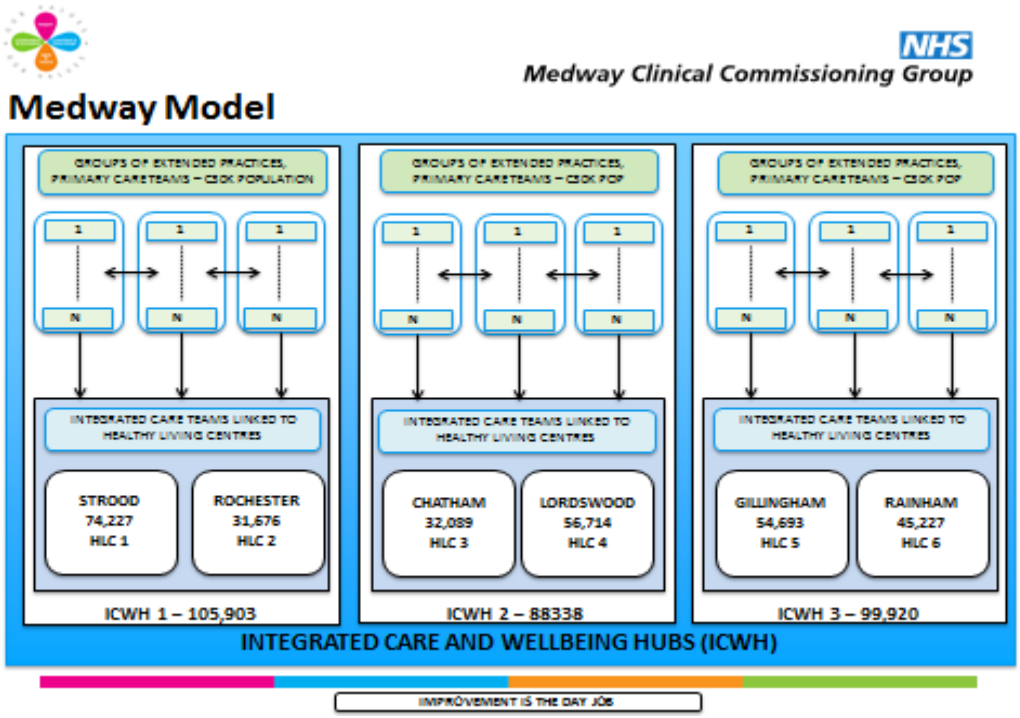
Taking a bottom-up approach to the development of services, in partnership with GPs and other local health and care providers, the Medway approach includes the development of a strategic partnership with several societies (Red Zebra Partnership Project) that will enable the statutory sector to engage with local communities more effectively.

New planning guidance published by national NHS leaders on 22 September 2016, places a requirement upon CCGs to submit their strategic plans to develop local GP services to NHS England on 23 December 2016. These plans will need to include details of how they will work to improve access to local GP services. The planning guidance also explains funding that will be available to help CCGs increase the capacity of local GP services, for example by local GP practices working together to provide more appointments in the evenings and at weekends) . NHS Medway CCG will be working to this national guidance as part of the ongoing development of their plans for the future of local GP services.

The transformation of primary care services, for the benefit of patient care, is at the centre of NHS Medway CCG’s emerging strategy for the development of local, out of hospital, healthcare services. This local strategy sets out a programme for the provision of primary and community hubs, locally known as the ‘Medway Model’ (see diagram below). This is in line with the NHS Five Year Forward View and the emerging Sustainability and Transformation Plan (STP) in Kent and Medway.

A focus on prevention and support for patients outside a hospital environment will see more services being provided in and around a primary care environment, with a focus on the multidisciplinary approach to patient-centred care.

NHS Medway CCG feels that these primary and community healthcare hubs will not only help to address access and capacity needs for local primary care services, but will also improve patients' access to integrated health care services and outpatient appointments in the community. This would in turn, relieve pressure on the main acute hospital (Medway Maritime Hospital in Gillingham) and reduce demand on the urgent care pathway.



To help develop the Medway Model for care, discussions are starting with local GP practices regarding how they can work together via Local Care Teams, which will consist of GPs and other health care professionals who, between them will care for up to 30,000 to 50,000 patients. These integrated care teams will bring together a wide range of health professionals across health, social and voluntary services, so that they are able to contribute to the health and care of the local population at this level and can provide preventative care and a breadth of services at scale.

As well as delivering a range of services to meet the needs of individual patients, this approach will help consolidate and make the best possible use of NHS resources for the benefit of local patient care, help support the resilience and sustainability of services and make scarce GP and practice nursing skills available to the widest number of people.

To underpin these proposals, the CCG is planning to make better use of the existing Healthy Living Centres in Rainham, Rochester, Lordswood and Balmoral Gardens. This is also part of the Local Estates Strategy that the CCG has been developing, which aims to make the best possible use of premises that are available for local health services. The CCG is also looking at options to support the integrated teams that will be working in Strood and Chatham. This will ensure that local people are able to get easy access to local health services, such as those provided by GPs,

community and out of hospital services by bringing together a wider range of health, social and voluntary services and advice under one roof. This approach will also encompass extended hours provision of GP services.

As part of these plans, NHS Medway CCG will also be working with its local providers to look at the way in which some services that are currently provided in a hospital setting could be provided more locally within the community i.e. some outpatient services.

A number of key themes can thus be identified from the local strategic direction, namely:

- Consolidating primary care resources across populations.
- Achieving greater sustainability, resilience and economies of scale.
- Co-location of services in appropriate physical premises.
- Making scarce GP and practice nursing skills available to the widest number of people.

5. Giving NHS Medway CCG more influence

Clinical commissioning groups (CCGs) are playing a lead role in the strategic development of local primary care services. They are best placed to ensure that primary care and community services are developed in a way that will meet the future needs of their local populations and will work effectively alongside the other health services the CCGs commission, helping to support the delivery of integrated care for patients.

Many CCGs are now taking the lead for commissioning local GP services under delegated commissioning arrangements, to help support the development of integrated out-of-hospital services based around the needs of local communities. Across the South East area, 10 of the 20 CCGs currently have delegated responsibility for the commissioning of GP services and it is expected that more will take these responsibilities on from April 2017. NHS Medway CCG is intending to apply to take over the responsibility for commissioning of local GP services from this time.

6. Conclusion

As outlined above, there are a number of challenges facing GP services in Medway and across the country. There is no one solution to resolving these issues and securing sustainable local GP services for the future will require a mixture of investment and support and transformation in the way in which services are provided, so that they are better placed to provide a range of joined up, out-of-hospital care, based around the needs of patients.

NHS Medway CCG and NHS England will continue to work with local GP practices and other partners and patients in the local community to develop the solutions that will help ensure sustainable services for patients over the coming years.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 NOVEMBER 2016

KMPT MENTAL HEALTH UPDATE

Report from: Helen Greatorex, Chief Executive, KMPT

Author: Jon Pitt, Democratic Services Officer

Summary

The attached report provides an update on the work of Kent and Medway NHS and Social Care Partnership Trust (KMPT). This includes details of current activities and priorities, successes, challenges and opportunities.

The Committee has previously been provided with regular updates on the acute mental health inpatient beds review. This report provides an update on inpatient beds and also covers the wider work of the Trust.

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.

1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Background

2.1. Following the update on inpatient beds provided at the August 2016 meeting of the Committee, it was agreed at the pre-agenda meeting on 6 October that KMPT would be asked to provide an update on its wider work.

2.2. Attached to this report as Appendix 1 is a report from KMPT which provides an update under the following headings:

- Current service provision – a reminder.
- The Chief Executive's 100 day reflection.
- Current activities and priorities.
- New initiatives and opportunities.

2.3. A Mental Health Strategy Workshop took place on 18 October 2016. An update will be provided on this at the meeting.

2.4. Four appendices are included within the KMPT report as follows:

Appendix A - An outline of services based in Medway.

Appendix B - An outline of services based outside Medway that offer an in-reach provision to the residents of Medway.

Appendix C - A summary of work streams that have been established to reflect the whole system approach needed to deliver change and achieve the objectives.

Appendix D - Provides an illustrative representation against trajectory in relation to the reduction of private bed usage.

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. 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 organisation. 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. The Committee may make reports and recommendations to relevant NHS bodies and health service providers who can be required to respond formally within 28 days of a request for a response.

4.2. Department of Health guidance to support Local Authorities and their partners to deliver effective health scrutiny (published June 2014) emphasises that the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

5. Recommendations

5.1 The Committee is requested to note the content of this report, to provide any comments that it wishes to make and to agree when a further update should be considered by the Committee.

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Appendices

Appendix 1 - KMPT Mental Health Update.

Appendix 2 - Medway Mental Health Strategy Workshop Outcomes and Next Steps

Background papers:

None.

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Kent and Medway NHS
NHS and Social Care Partnership Trust

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

Mental Health Update

Report prepared for:

Medway Council
Health and Adult Social Care [HASC] Overview and Scrutiny Committee
15 November 2016

Version: 5.0

Reporting Officer: Helen Greatorex
Chief Executive, KMPT

Report Compiled By: Sarah Day
Programme Management Office [PMO]
Programme Manager, KMPT

respect ◆ open ◆ accountable ◆ working together ◆ innovative ◆ excellence

Version Number: 5.0

1. Introduction

1.1 This report has been prepared at the invitation[1] of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee [HASC] to provide an update about the Trust.

1.2 This report is the first in the new style[2]. It aims to update Members on current activities and priorities, successes, challenges and opportunities and to provide a reminder to Members of the current service provision in Medway.

1.3 This report will be presented under the following set of headings:

i. Current service provision – a reminder.

ii. The Chief Executive's 100 day reflection.

iii. Current activities and priorities.

iv. New initiatives and opportunities.

1.4 The Committee is asked to note the content of the report and provide comment.

2. Current service provision – a reminder

2.1 The Trust is commissioned to provide a range of inpatient, community and specialist services to younger and older adult residents of Medway. Some of these services are based in Medway; others are based outside of Medway and offer an inreach provision to the residents of Medway. Appendix A provides an outline of those services based in Medway. Appendix B provides an outline of those services based outside of Medway that offer an inreach provision to the residents of Medway.

3. Chief Executive's 100 day

3.1 As the new Chief Executive, I am very grateful for the genuineness and warmth of welcome I have received, and have been impressed by the obvious commitment of everyone I have met. I can see that there is much to do, but I can also see an appetite and willingness to improve services and remove variation.

3.2 Having taken up post on 6 June 2016, my 100th day in it was Wednesday 16 September 2016. Fittingly (and completely coincidentally) this was the date of the Trust's annual staff awards celebration. The Trust celebrated some of the truly outstanding work that goes on in KMPT every day, and it was a rightly joyful and joyous event.

3.3 Listening to people who use our services, their loved ones, key partners and commissioners has helped inform my thinking about initial priorities. Some of these priorities, such as reducing private bed use and expanding the work we already do with the community and voluntary sector, are outlined in this report. Our other priorities include:

[1] Medway Council (02 September 2016) Jon Pitt (Democratic Services Officer, Medway Council) email to Helen Greatorex (Chief Executive, KMPT)

[2] As agreed between Councillor Wildey (Chairman Medway Council's HASC) , Ian Sutherland (Deputy Director Children and Adults, Medway Council) and Helen Greatorex

3.3.1 Working with Kent Police and our commissioners to introduce Street Triage across the county.

3.3.2 Improving Accident and Emergency [A&E] Mental Health Liaison services.

3.3.3 Redesigning our care pathway for people whose primary diagnosis is Personality Disorder.

3.3.4 Reviewing and updating our services for Older Adults

4. Current activities and priorities

4.1 The Trust continues to experience a high demand for its services. The table below provides a summary of contacts within the Medway teams for quarter 1 (1 April 2016 to 30 June 2016) and quarter 2 to date (1 July 2016 to 23 September 2016):

Type of Contact	Quarter 1	Quarter 2
Crisis Resolution Home Treatment [CRHT][3] episodes	223	176
Community Mental Health Team [CMHT][4] contacts following assessment	6,212	4,849
Liaison Psychiatry[5] referral / attendance	602	589

4.2 In addition the Trust experiences significant pressures on its inpatient beds. The Care Quality Commission [CQC] highlighted this in 2015 and recommended that the Medway and Kent health economy should take urgent action to improve patient flow and reduce the use of private beds[6].

4.3 Whilst bed utilisation trends have been shown to be volatile over a two year period, evidence highlights that bed use is impacted by:

4.3.1 The ability of CRHT teams to home treat patients and support them in a community setting thereby reducing admission.

4.3.2 The ability of CRHT teams to home treat when they undertake non-home treatment roles including section 136 assessment[7].

[3]Based at A Block, Medway Maritime Hospital (Gillingham), the Medway and Swale CRHT provides support at home 24 hours 7 days a week to those individuals aged 16 years and over experiencing mental health crisis and whom without support would require hospital admission.
[4]Based at Canada House (Gillingham) the Medway and Swale CMHT provides services to adults of working age (18 to 65 years) with severe long term mental health needs.
[5]Based at Medway Maritime Hospital, the Medway Liaison Psychiatry service operates 24 hours a day 7 days a week and provides mental health support to people admitted to Medway Maritime Hospital. The service is available to anyone over the age of 18, regardless of address, who attends the emergency department or is an inpatient at Medway Maritime Hospital and needs advice, assistance or a mental health assessment.
[6]For the 2015/16 financial year the health economy spent approximately £11m on private beds for younger adults, older adults and Psychiatric Intensive Care Unit [PICU]. This represents a poor quality experience for service users and carers, a significant cost to a health system experiencing financial pressure and a potential loss of income to KMPT.
[7]A section 136 is a power under the 1983 Mental Health Act that allows a constable to remove an apparently mentally disordered person from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital (often a special section 136 suite).

4.3.3 Effective management of discharge from the point of admission.

4.3.4 Effective management of delayed transfers of care [DToCs][8].

4.3.5 Enhanced levels of therapeutic intervention during an inpatient stay to speed the process of recovery and discharge.

4.3.6 High numbers of service users presenting at an emergency department [ED] when in a crisis following a KMPT intervention[9].

4.3.7 High numbers of patients with a personality disorder being admitted for long lengths of stay [LoS][10].

4.3.8 High numbers of emergency readmissions following an inpatient stay.

4.3.9 The speedy repatriation of those patients placed within private beds to improve outcomes and experience as well as reduce cost.

4.4 To improve patient flow and reduce the use of private beds (acute mental health and psychiatric intensive care unit [PICU]) the Trust has implemented a Patient Flow Programme[11], which will achieve, with the opening of Pinewood[12], a reduction in private bed usage to a maximum of 15 beds by end October 2016 and a further reduction in private bed usage to 0 by end December 2016 for acute mental health and PICU beds[13].

4.5 A number of work streams have been established to reflect the whole system approach needed to deliver the change and achieve the objectives. These work streams are reflected in a programme plan - a live document updated at a minimum weekly following the weekly Patient Flow Programme Board [PFPB][14] meetings. Appendix C provides a summary of the work streams.

4.6 A programme trajectory for reduction in younger adult acute and PICU private bed usage has been defined. To date significant progress has been made with both acute and PICU private bed use having been reduced in line with trajectory, however it is recognised there is still much to do. As at 26 September 2016, acute private bed use is 23 against a trajectory of 17

[8]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.

[9]c30% of ED presentations have been seen by KMPT within the previous 7 days.

[10] National Institute of Clinical Excellence [NICE] guidance indicates hospital admission is not helpful for individuals presenting with an acute personality disorder, and that where hospital admission is recommended to manage risk this is brief. The Trust interprets 'brief' as normally kept to a maximum of 72 hours.

[11]This forms one of three work steams identified as part of the Trust's Implementation of a Target Operating Model [TOM] Programme which seeks to address the unwarranted variation the Trust experiences within and across services, and to deliver improved outcomes and financial balance. The implementation of the TOM will: (1) be set within the context of the Trust and health and social care economy strategic vision; (2) be driven by a case for change based upon current levels of performance and clinical outcomes; (3) be clinically owned and led; (4) reduce unwarranted variation in performance and improve outcomes; (5) reduce workforce variation and improve operational efficiency and effectiveness; and (6) deliver long term financial sustainability.

[12]An additional capacity ward at Little Brook Hospital, Dartford which is scheduled to open in November 2016 and will see current bed stock increase by 4.

[13]Older adult beds, subject to assurance and ongoing monitoring of the success of systems already in place in ensuring no private beds are used, and forensic beds because of separate commissioning arrangements and flow processes, have been excluded.

[14]The PFPB was established on 3 August 2016 and meets weekly. It is chaired jointly by the Executive Medical Director and Executive Director Operations, with clinical leadership provided by the Associate Medical Director Acute, and with cross service line (acute, community recovery and older adult) representation at a senior level.

and PICU 8 against a trajectory of 13. Of those patients in private beds, 11 (48%) of the acute patients and 1 (13%) of the PICU patients are funded by Medway Clinical Commissioning Group [CCG][15]. Recognising there will be variance week by week, overall this represents a significant achievement in reducing private bed use. Appendix D provides an illustrative representation of achievement against trajectory.

4.7 In addition to the positive achievement against trajectory a number of other key successes have been achieved within the work streams. Each plays a significant role in supporting the positive reduction in private bed usage and changing culture within and across services to maintain and improve this positon. Appendix E provides a summary of key achievements and success to date.

5. New initiatives and opportunities

5.1 The Trust continues to welcome the opportunity to develop new initiatives and opportunities to deliver its vision[16]. To achieve this, the Trust is involved in a number of projects as part of international and national trials, and in partnership with a number of community and voluntary sector providers. These include:

5.2 *Peer-supported open dialogue [POD]:* The Trust is one of four Trusts in England piloting and introducing the POD model. This non-medicalised model focuses on what the service user and their family want[17]. Work has already commenced in Medway and Kent to participate in the largest worldwide randomised controlled trail [RCT][18] of the POD model within an NHS setting. Having successfully secured Health Foundation Innovating to Improvement Programme grant monies[19] to support local set up and evaluation, the Trust has developed two POD teams. The first in Medway and the second in Canterbury. These localities have been chosen as a result of the particular circumstances and unique challenges each offers. With the second cohort of Trust clinicians nearing the end of their POD[20] training and the recruitment of a full time service manager and research assistant to drive forward the change, at a practice and system level, the Trust continues to implement Open Dialogue at pace. In recognition of this pioneering work the Trust is one of five shortlisted projects in the NHS England Positive Practice in Mental Health - Crisis Care award category[21].

5.3 *Accident and emergency alcohol pilot:* Funded by Public Health, the service is a two-year pilot which has been set up by Trust. Launched at Medway Maritime Hospital the pilot provides clinical nurse specialist support to individuals who present at the ED and are identified by ED staff as having the potential to suffer an alcohol-related health problem in the future. The clinical nurse specialists have in-depth experience of working with alcohol and substance abuse cases and specialist services such as Turning Point and offer appointments within 24

[15]Medway CCG 27.2 acute bed days per day and 1.6 PICU bed days per day.
[16]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.
[17]Developed in Finland the POD model (open dialogue) 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%.
[18]The £2.4m RCT is being led by University College London [UCL].
[19]The Trust secured £72,000 as part of a Health Foundation Innovating for Improvement grant award – runs for 15 months.
[20]The Trust secured £65,000 from Health Education Kent Surrey Sussex [HEKSS] for training clinicians.
[21]Award ceremony October 2016.

hours of a patient being admitted to the ED, followed by referral to the appropriate intervention and treatment.

5.4 *Medway Five Carers Group:* The Trust is taking over funding venues for the meetings of this group and is working with the group to co-ordinate a Trust-wide carers' conference before year end.

5.5 *Armed Forces Network Medway:* The Trust continues to proactively engage with the Armed Forces Network to ensure that mental health services for ex-armed forces personnel are responsive, accessible and timely. This includes working with ex-military personnel to ensure they have access to specialist trained practitioners and champions[22] to help and support them and their families. The focus of the Armed Forces Network joint working goes beyond that of mental health only and brings together a multitude of services, including armed forces charities, police and local authorities to name but a few. This collaborative working has proven successful in improving the lives of the whole armed forces community.

5.6 *Carers First:* The Trust remains committed to promoting the principles of the *Triangle of Care*[23], which recognises carers are vital partners in supporting an individual's recovery. In doing so the Trust continues to focus on a number of key elements of the *Triangle of Care*, that include strengthening processes to ensure: (1) carers and the essential role they can play is identified at first contact or as soon as possible thereafter; (2) staff are 'carer aware' and trained in carer engagement strategies; (3) policy and practice protocols around confidentiality and sharing information are in place and adhered to; (4) a carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway provided; and (5) a range of carer support is available. Every service line now has a nominated carer champion within each team who liaises with local carers and carer groups to improve services.

5.7 *Live It Well:* The Trust remains committed to promoting the principles of the *Live It Well Strategy*[24] by further developing and promoting the Live It Well Library, a joint collaborative between service users, carers, external agencies and the Trust, which challenges stigma, promotes understanding, offers hope and enables people to talk about their experiences of living with mental health issues. This valuable material is now used within our staff training and development programmes. In addition, the Trust continues to actively contribute to the Live It Well website and promotes The Six Ways to Wellbeing[25] material in training material and staff health and wellbeing initiatives. The Trust collaborates with partner organisations and Live It Well events such as the forthcoming Kent Mental Health Festival 2016[26]. The Trust has worked within the planning group for this event, ensuring Trust services have a high profile and showcase their innovative work, alongside 80 other Kent wide third sector and primary care providers.

5.8 *Moving On Group:* The Trust's occupational therapy [OT] service is forging closer links with primary care colleagues and third sector providers to enable a smoother transition back to

[22]The Armed Forces Network Sussex offers award winning continuing professional development [CPD] accredited Champion Training. The first round of training is scheduled to commence on 18 October 2016. eLearning, facts and updates are currently available on the Sussex website with similar scheduled to go live for Kent and Medway in September 2016. In addition an Armed Forces Mental Health Event has been scheduled for 2 March 2017.

[23]Carers Trust (2013) *The Triangle of Care – Carers Included: A Guide to Best Practice in Mental Health Care in England (Second Edition)*

[24]NHS Medway (2010) *Live It Well Strategy 2010-2015*, extended to 2016 while the Kent health and well-being economy decides its next strategic direction.

[25]http://www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing/

[26]The first Kent Mental Health Festival 2016 is scheduled to take place on 11 October 2016 at the Leas Cliff Hall and Channel Suite in Folkestone.

primary care. A new group programme is being developed collaboratively with service users, third sector providers and primary care, which will be fully outcomed.

5.9 In addition a number of initiatives have been and are being taken forward as part of the Crisis Care Concordat[27] work, which has seen the development of a Medway and Kent multi-agency action plan to enable the delivery of core principles and outcomes with the Crisis Care Concordat. In all cases the Concordat recommends that where a pilot shows positive results to people at the point of crisis, that these pilots be expanded county-wide. The Trust is currently involved in a number of initiatives, which it hopes, if successful, will be expanded to Medway. These include:

5.9.1 The Trust's North Kent on-site police officers based at Little Brook Hospital (Dartford) continue to work with external agencies to develop a crisis café in the Dartford area. If successful, this will provide an alternative to section 136 and a place within the community that provides a centralised point of support to those in crisis to help them to access the required pathway in a less restrictive manner.

5.9.2 The Shaw Trust's work with Maidstone and Mid-Kent [MMK] Mind around delivering safe space provisions in Maidstone and in Ashford. As part of this work, there is the potential to work elsewhere if the Shaw Trust receives acceptable expressions from other local organisations. This welcomed initiative, if successful, will help prevent crisis and escalation that frequently results in a section 136 being issued.

5.9.3 Mentoring Herne Bay Umbrella, a centre that provides support for people in the Herne Bay community and surrounding areas who are experiencing mental health and / or associated learning disabilities.

5.9.4 In addition the Trust's implementation of a single point of access [SPoA] service continues to enable closer working with community and voluntary sector organisations, such as Mental Health Matters Helpline and The Samaritans, by signposting people to these and other organisations as appropriate to meet an individual's needs.

6. Conclusion and Recommendation

6.1 The Medway HASC is requested to note the content of this mental health update report.

[27]HM Government (2014) *Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*

APPENDIX A : SERVICES BASED IN MEDWAY

Type of service	Description of service
Acute (younger adult) services	
Crisis resolution and home treatment [CRHT]	Based at A Block, Medway Maritime Hospital (Gillingham), the Medway and Swale CRHT provides support at home 24 hours 7 days a week to those individuals aged 18 years and over experiencing mental health crisis and whom without support would require hospital admission
Liaison psychiatry	Based at Medway Maritime Hospital, the Medway Liaison Psychiatry service operates 24 hours a day 7 days a week and aims to provide mental health support to people admitted to Medway Maritime Hospital. The service works very closely with staff at Medway Maritime Hospital to allow a patient's mental health to be treated effectively alongside any physical health problems. The service is available to anyone over the age of 18, regardless of address, who attends the emergency department or is an inpatient at Medway Maritime Hospital and needs advice, assistance or a mental health assessment.
Community recovery services	
CMHT	Based at Canada House (Gillingham) the Medway and Swale CMHT provides services to adults of working age (18 to 65 years) with severe long term mental health needs.
Mental health learning disability [MHLD]	Based at Canada House, the Medway and Swale MHLD team provides services to adults of working age (18 to 65 years) with a mental health learning disabilities.
Early intervention for psychosis [EIP]	Based at Canada House, the Medway and West Kent EIP service works with people aged between 14 and 35 years old who are experiencing their first episode of psychosis, and who have been experiencing symptoms for less than three years.
Inpatient rehabilitation	Based at Newhaven Lodge, Medway Maritime Hospital, the 8 bedded Newhaven Lodge Rehabilitation Unit is a mixed gender inpatient adult mental health rehabilitation unit. The rehabilitation team work with men and women who have experienced a relapse in their mental health, to promote recovery and support them to develop or regain skills for every day living.
Older adult services	
Inpatient older adult	Based at A Block, Medway Maritime Hospital, the 14 bedded Ruby Ward is a mixed gender inpatient older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.

Community mental health service for older people [CMHSOP]	Based at Elizabeth House (Rainham), the Medway CMHSOP provides a service for people age over 65 years with both organic and functional presentations.
Forensic and specialist services	
Criminal justice liaison and diversion service [CJLD]	Based in the Medway Custody Suite, the Medway CJLD service[28] provides screening and assessment of individuals, of all age groups and vulnerabilities within the criminal justice system.
Chronic fatigue syndrome CFS] / myalgic encephalopathy[ME] (pain clinic)	Based at Medway Maritime Hospital the pan-county service offers multidisciplinary assessment and treatment programmes for adults from 18 years with a diagnosis of CFS / ME.
Disablement services (prosthetics and orthotics) and environmental control services	Based at the DSC the pan-county Disablement and Environmental Control teams provide services to people with a permanent medical condition or severe physical disability by providing suitable equipment that can help with every day life. This includes providing electronic assistive technology equipment, on loan, to severely disabled people to enable them to live more independently in their homes.
Community brain injury	Based at Medway Maritime Hospital the Medway and Swale Community Brain Injury team supports people with non-progressive brain injuries between the ages of 18 and 65 years.

[28]The Medway CJLD team is one of seven operating pan-county; in addition to the team operating out of the Medway Custody Suite, teams operate from six other suites outside Medway.

APPENDIX B : SERVICES BASED OUTSIDE MEDWAY THAT OFFER AN INREACH PROVISION TO THE RESIDENTS OF MEDWAY

Type of service	Description of service
Acute (younger adult) services	
Section 136 suite	Based at Priority House (Maidstone), the 2 roomed suite offers a place of safety for those individuals on a section 136 awaiting assessment. Should the Maidstone suite be full, individuals can be taken to the 1 roomed suite at Little Brook Hospital (Dartford).
Inpatient acute	Based at Little Brook Hospital, the two 17 bedded (Amberwood and Cherrywood) and one 12 bedded (Woodlands) acute younger adult admission wards provide inpatient care with intensive support for patients in periods of acute psychiatric illness.
PICU	Based at Little Brook Hospital, the pan-county 12 bedded (Willow suite) PICU provides mixed gender facilities designed for short-stay treatment of patients with mental health problems requiring intensive treatment, care and observation.
Older adult services	
Inpatient older adult	Based at Darent Valley Hospital, the 16 bedded Jasmine Ward is a mixed gender older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.
Inpatient continuing healthcare [CHC]	Based at the Frank Lloyd Unit (Sittingbourne), the two 20 bedded wards, Hearts Delight and Woodstock, and the one 16 bedded Littlestone ward based at Little Brook Hospital provide CHC bed stock for all North Kent localities. Patients with a diagnosis of dementia and associated needs are admitted to the most suitable bed for the individual's need.
Forensic and specialist services	
Street triage	Based within the Kent Police Force Control Room and South East Coast Ambulance NHS Foundation Trust [SECAMB] Emergency Room, the pan-county service will operate between 16.00 and 00.00 hours Sunday to Tuesday from November 2016. Currently the night service comprises one band 4 nurse within the Control Room; this is increasing to one band 6 nurse who will respond in person and two band 4 nurses who will be based in the Control and Emergency Rooms to provide advice from November 2016. In addition as an extension to the Criminal Justice Liaison and Diversion Service based within the Kent Police Northfleet custody suite (Gravesend) the pan-country day service will operate between 09.00 and 17.00 hours Monday to Friday from November 2016. This service will comprise one band 7 senior practitioner who will respond in person.

Inpatient forensic (medium secure)	Based at the Trevor Gibbens Unit (Maidstone) the pan-county service provides medium secure care for men and women. .
Inpatient forensic (low secure)	Based at the Greenacres site (Dartford) the 20 bedded pan-county Tarentfort Centre consists of two wards for male patients with a learning disability whose offending behaviour and mental health needs require that they are detained under the MHA in secure conditions. In addition, the 20 bedded pan-county Allington Centre offers holistic person centered care packages for male patients between the age of 18- 64 years detained under the MHA, whose mental health and offending / criminal behaviors puts them and / or others at significant risk.
Inpatient forensic (rehabilitation)	Based at the Greenacres site the 10 bedded pan-county Brookfield Centre provides a rehabilitation and recovery inpatient service for forensic male patients with a learning disability. The service helps to reintegrate this patient group into the community, and acts primarily as a step down service for patients from the Tarentfort Centre.
Personality disorder	Based at The Brenchley Unit (Maidstone) this service provides a therapeutic community and range of services for patients diagnosed with a severe or borderline personality disorder. .
Inpatient addiction	Based at Fant Oast (Maidstone) the pan-county 10 bedded Bridge House Service provides inpatient detoxification treatment in a high quality environment.
Neuropsychiatry	Based at Darent House (Sevenoaks) the West Kent and Medway tertiary neuropsychiatry service offers outpatient assessment and treatment to individuals with a psychological / psychiatric disorder that manifest as neurological / organic conditions.
Eating disorder services [EDS]	Based at Oakapple Lane (Maidstone) the pan-county EDS provides services to people with eating disorders and works mainly with people who are experiencing anorexia or bulimia nervosa.
Mother and infant mental health services [MIMHS]	Based in Canterbury and Maidstone the pan-county MIMHS is for women with mental health difficulties who are considering pregnancy, are currently pregnant, or have given birth and the baby is under a year old. The team also provides inreach services at Canada House.

APPENDIX C : PATIENT FLOW PROGRAMME WORK STREAMS (as at 21 September 2016)

Patient Flow Programme

Work stream 1: Improving gatekeeping

To ensure that every new admission has a documented plan of care, including proposed discharge date, prior to a bed being found.

Work stream 2: Daily patient flow calls

To ensure daily internal bed management calls to include all patients in external beds and their recall plans, all new admissions (after 48 hours), all patients who have exceeded their predicted length of stay, all patients on the 'to come in [TCI]' list.
Incorporates work of closed work stream 4: Ensuring specialist multi disciplinary team [MDT] review of long stay patients which also includes the work of closed work stream 8: Reviewing PCU DToCs, and closed work stream 11: Bringing patients back from private be.

Work stream 3: Improving clinical communication around private admissions

To introduce a system to ensure that the community care co-ordinator, pod consultant and inpatient consultant are immediately informed about their current patient bed admissions, and of any subsequent admissions.

Work stream 5: Improving clinical reviews for new admissions

To develop arrangements to ensure that all new admissions have a consultant psychiatrist review within 24 hours, applicable across 7 days a week (to be further developed to achieve a 14 hour review).

Work stream 6: Introducing a cluster 8 (personality disorder) admission pathway

To introduce a NICE compliant standard admission and discharge pathway for all patients admitted with a diagnosis of personality disorder.

Work stream 7: Improving care plans and crisis planning for patients with repeat admission

To ensure that robust care plans and crisis plans are in place for those patients who have more than one admission within a year.

Work stream 9: Increasing clinical site management capacity

To increase clinical site management out of hours.

Work stream 10: Funding

To ensure recovery of costs of overseas patients and those with no recourse to public funds.

Work stream 12 Approved Mental Health Practitioner [AMHP] service / outcome of section 136 assessment

To ensure greater efficiency in AMHP service and processing of section 136 assessments by implementing a culture of positive risk taking.

Work stream 13: Specialist advice and training

To ensure increase in the specialist advice and training made available to clinicians.

Work stream 14: The use of rehabilitation beds

To ensure improved interface between acute and rehabilitation services, to review admission and discharge criteria and to ensure rehabilitation beds are fully utilised.

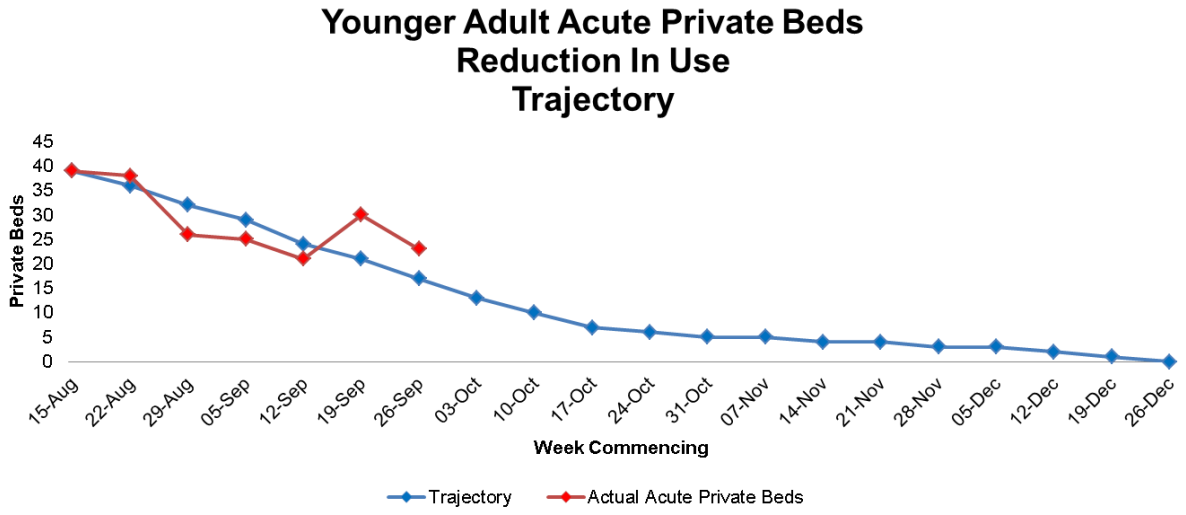
Work stream 15: Bed management process

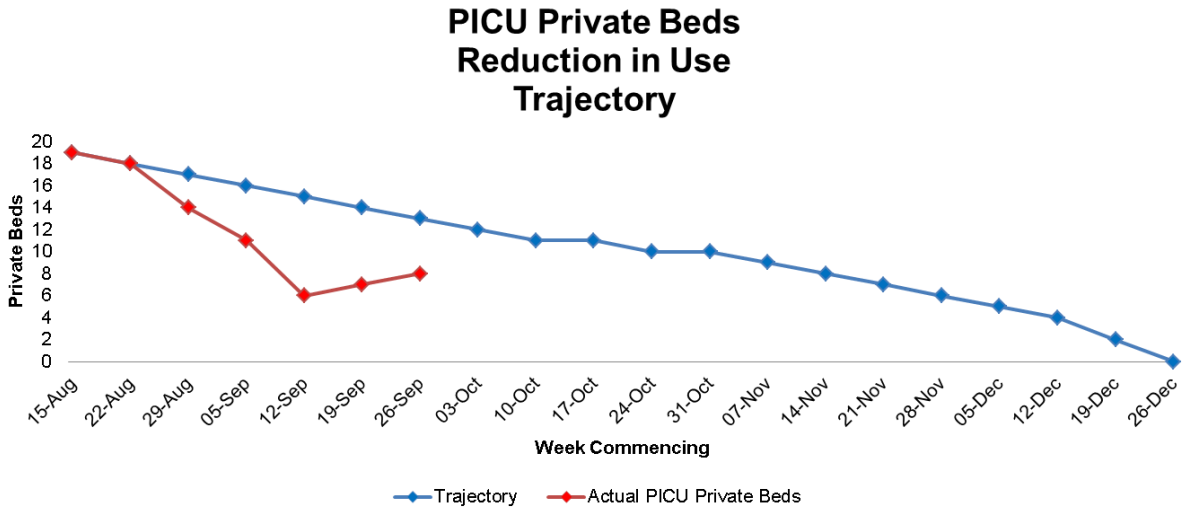
To ensure improved bed management process within the Trust through a review of current structures.

Work stream 16: Community psychological services

To ensure that repeat admission complex service users (cluster 8) are offered community psychological services as part of a focused time-limited treatment to help stabilise the individual and keep them out of hospital.

APPENDIX D : PATIENT FLOW PROGRAMME ACHIEVEMENT AGAINST TRAJECTORY (as at 26 September 2016)





APPENDIX E : PATIENT FLOW PROGRAMME ACHIEVEMENTS (as at 21 September 2016)

Work stream	Achievement
	Programme Board established and meeting weekly with cross service line representation.
	Trajectory defined with positive progress reported weekly for both acute mental health and PICU beds.
1	Implementation of gatekeeping checklist.
1	Implementation of CRHTs gatekeeping all referrals for admission.
1	Implementation of process to ensure consultants reach agreement on which patients can be discharged early in the day and not later than midday.
1	Implementation of a 'floating consultant' in East Kent to ensure no slippage in planned discharges as a result of consultant leave.
2	Implementation of daily patient flow teleconference calls with acute and community recovery representation at senior operational and clinical level.
2	Implementation of virtual discharge planning meetings utilising audio visual technologies to reduce delays in discharge planning meetings taking place.
2	Implementation of a process to ensure 'green' PICU patients are discharged to a more appropriate acute bed to meet their needs as soon as an acute bed becomes available.
3	Implementation of a robust process to ensure community care co-ordinators, community recovery pod consultants and inpatient consultants are informed about their current Trust and private bed admissions.
3	Implementation of a process to ensure all patients in private beds have a named community and inpatient consultant and that accountability of each in ensuring continuity of care is clear and agreed.
4	MDT review of long stay patients included within daily patient flow calls.
5	Implementation of a process to ensure consultant reviews take place at weekends.
6	Implementation of a personality disorder pathway and prolonged stay justification form to meet NICE guidelines.
7	Implementation of Community Recovery (improving quality and reducing variation) programme which has within its work streams dedicated focus on improving care planning and crisis planning.
10	Implementation of a robust process to ensure contracts teams is made aware of all new oversees admissions and those not eligible for recourse to public funds.
14	Rehabilitation services more responsive to referrals, responding quicker with rehabilitation teams providing in reach services to acute wards, attending bed management meetings and undertaking joint ward rounds with acute consultants.
14	Implementation of short inpatient rehabilitation programme (4 – 6 weeks) to improve patient flow.
15	Expansion of community psychological service to provide focussed intervention for complex cluster 8 service users thereby avoiding admission for these individuals.

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