



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 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

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1. Introduction

- 1.1 This report has been prepared at the invitation¹ 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 style². 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 beds⁶.
- 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 assessment⁷.

³Based 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.

⁴Based 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.

⁵Based 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.

⁶For 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.

⁷A 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 intervention⁹.
- 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 Programme¹¹, which will achieve, with the opening of Pinewood¹², 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 beds¹³.
- 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

⁸DToCs 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.

⁹c30% 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.

¹¹This forms one of three work streams 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.

¹²An 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.

¹³Older 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.

¹⁴The 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 position. 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 vision¹⁶. 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 want¹⁷. Work has already commenced in Medway and Kent to participate in the largest worldwide randomised controlled trial [RCT]¹⁸ of the POD model within an NHS setting. Having successfully secured Health Foundation Innovating to Improvement Programme grant monies¹⁹ 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 POD²⁰ 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 category²¹.
- 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

¹⁵Medway CCG 27.2 acute bed days per day and 1.6 PICU bed days per day.

¹⁶KMPT'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.

¹⁷Developed 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%.

¹⁸The £2.4m RCT is being led by University College London [UCL].

¹⁹The Trust secured £72,000 as part of a Health Foundation Innovating for Improvement grant award – runs for 15 months.

²⁰The Trust secured £65,000 from Health Education Kent Surrey Sussex [HEKSS] for training clinicians.

²¹Award 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 champions²² 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 Wellbeing²⁵ 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 2016²⁶. 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

²²The 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.

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

²⁴NHS 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/>

²⁶The 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 Concordat²⁷ 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.

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

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 [MHLDD]	Based at Canada House, the Medway and Swale MHLDD 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.

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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 service²⁸ 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.

²⁸The 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-county 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.

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APPENDIX 3

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 (rehabilitation) forensic	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.

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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.

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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.

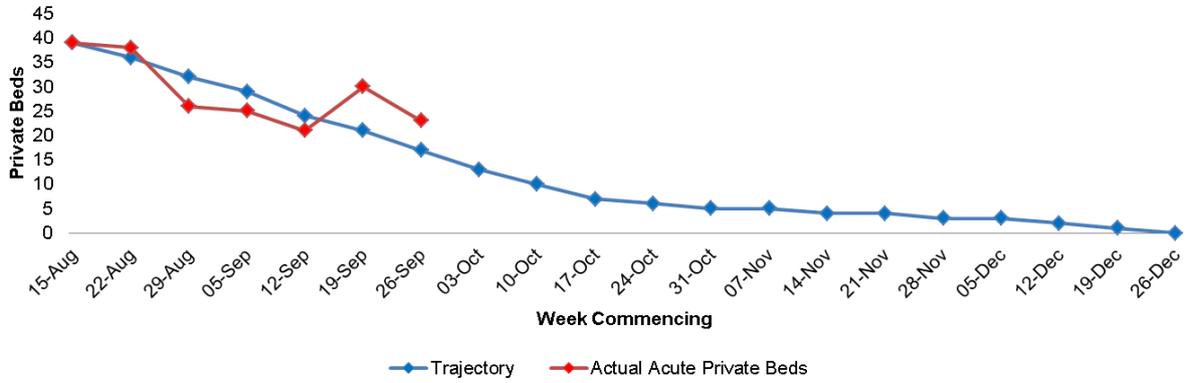
Work stream 16: Community psychological services

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.

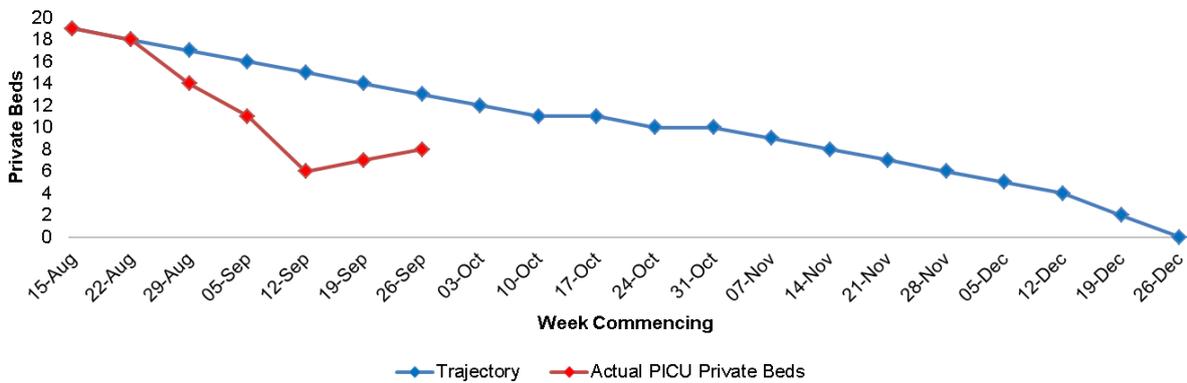
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APPENDIX D : PATIENT FLOW PROGRAMME ACHIEVEMENT AGAINST TRAJECTORY (as at 26 September 2016)

Younger Adult Acute Private Beds Reduction In Use Trajectory



PICU Private Beds Reduction in Use Trajectory



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APPENDIX E : PATIENT FLOW PROGRAMME ACHIEVEMENTS (as at 23 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 overseas 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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