



# Medway Adult Mental Health Strategy 2018 to 2023

**"Mental Health is Everyone's Business"**

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## VERSION HISTORY

Date	Document Version	Document Revision History	Document Author/Reviser
07/12/2017	1	Initial draft	Sharon Dosanjh
21/12/2017	2	Clinical comments	Dr Farnaaz Sharief
31/01/2018	3	KMPT and Megan comments	Sharon Dosanjh
09/04/2018	4	Public Health and Social Care Comments	Sharon Dosanjh
21/5/2018	5	Medway Council	Justine Henderson
25/07/2018	6	Medway Council	Tracey Gagetta
6/8/2018	7	Medway Council	Justine Henderson
15/08/2018	8	Medway CCG	Tom Beaumont
15/08/2018	9	Medway Council Public Health	Clare Ebberson
15/08/2018	10	Medway Council Housing	Mark Breathwick
16/08/2018	11	Medway Council	Rathini Mills/Lorraine Foster
17/08/2018	12	Medway Council	Sharon Greasley
24/08/2018	13	Medway Council	Chris Mckenzie
11/09/2018	14	Medway Council	CADMT

## APPROVALS

Date	Document Version	Approver Name and Title	Approver Signature
03/01/2018	2	Medway CCG Commissioning Committee	

## AUTHOR

Sharon Dosanjh, Head of Mental Health Commissioning  
 Medway CCG  
 Pembroke Court, Chatham Maritime. Kent. ME4 3AB  
 Telephone: 01634 335165  
 Email address: [sharondosanjh@nhs.net](mailto:sharondosanjh@nhs.net)

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## 1. Executive Summary

This Adult Mental Health Strategy sets out our vision for improving outcomes for people with mental health problems in Medway. This strategy will be developed together with the Kent and Medway Sustainable Transformation Plan (STP) which will be transforming how health services are delivered over the next few years. This strategy is for adult mental health only and does not include children and younger people, Dementia, ASD/ADHD or Learning Disabilities, however this strategy has been aligned with the priorities and core values of the Emotional Wellbeing Strategy for Children and Young people 2016.

It demonstrates our ambition to deliver against the “Five Year Forward View for Mental Health”, “National Outcomes Framework for Mental Health” contained in “No Health without Mental Health” and the priorities detailed in “Closing the Gap: Priorities for essential change in mental health”.

It sets out how, over the next five years, NHS Medway Clinical Commissioning Group, Medway Council and other local partners will:

- Commit to achieving parity of esteem for mental health
- Promote mental health and well-being in our communities,
- Focus on early intervention and preventing Medway residents from developing significant mental health problems
- Ensure that when people do need help that they can access the appropriate intervention quickly, services are of the highest possible quality and will proactively support people to recover and remain well.
- Recognise the need for services to be integrated and work together to deliver high quality services close to home.
- Improve mental health provision in primary care, allowing specialist secondary care mental health services to focus on complex and specialist interventions.

One of the enablers for this strategy will be the local care work that is taking place in the STP to develop local care hubs that support people with their mental health needs as well as physical health needs at the same time. We will transform services to be able to deliver both mental and physical health interventions in a way that recognises the effects of poor mental health on physical wellbeing, but equally the psychological effects of long term health conditions. This will enable Medway to achieve parity of esteem in mental health and ensure that people are treated as one whole person with all their health needs looked after locally.

This is an important opportunity to genuinely transform the way that we deliver mental health support and intervention in an integrated and holistic way, this five year strategy outlines how this will be achieved for the adult population of Medway.

## 2. Our Vision

Our vision is that Medway will be a place where individuals are supported to have good mental wellbeing, where people know how to look after their own mental wellbeing, and where to go for support when they are experiencing difficulties, where the physical health of those with mental health issues is as good as the physical health of those without mental health issues. We will improve the mental health and wellbeing outcomes for the people of Medway and ensure that there is excellent quality, safe, supportive, easily accessible and cost effective care for people with a mental health condition or who are at risk of developing one.

We will focus on prevention and early intervention, whilst delivering a sustainable mental health system in Medway. We will improve the physical health of people living with serious mental illness (SMI) and increase life expectancy for this population group and reduce the rates of mortality for people with SMI.

Our vision is to ensure that people:

- Lead a meaningful life
- Experience integrated physical and mental health care closer to or at home
- Have improved access to wide range of appropriate services in a timely manner
- Continue to live in their own community when it is safe to do so
- Stay out of hospital unless admission is essential
- Are supported in their recovery through the delivery of integrated care to meet their needs

## 3. National Context

The National Context sets the Framework for our Strategy:

The NHS needs a far more proactive and preventative approach to reduce the long term impact of people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services, (NHS England. Five Year Forward View for Mental Health, 2016).

Mental health problems are widespread, at times disabling, yet often hidden. Nationally one in four adults experiences at least one diagnosable mental health problem in a given year. Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24, with 1 in 5 mothers suffering from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

People with severe mental illness are at a risk of dying 15 – 20 years younger than the general population – one of the greatest health inequalities in England. Stable employment and

housing are significant factors in ensuring that people maintain good mental health and are key factors in their recovery. For people in secondary care mental health services there is a 65% employment gap when compared to the general population.

Common mental health problems are twice as high among the homeless and psychosis is 15 times higher than in the general population. One in five older people in the community and 40% of older people living in care homes are affected by depression.

It is imperative that the health and social care system responds to this inequality and that both physical and mental health are treated with equality. It is essential that people living with mental health problems receive the right help at the right time with evidence based care.

“Leaders across the system must take decisive steps to break down the barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, drive down variations in the quality of care on offer and improve outcomes”- Five Year Forward View for Mental Health, 2016.

### **The Care Act (2014)**

The Care Act sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda.

It is critical to the vision in the Care Act that the care and support system work proactively to promote wellbeing and independence, rather than waiting until people reach crisis point.

The Care Act specifies that a Local Authority’s responsibility for prevention applies to all adults:

- who do not have any current needs for care and support
- who have needs for care and support, whether their needs are eligible and / or met by the local authority or not and carers, including those who may be about to undertake a caring role, or who do not currently have any needs for support.

The Care Act places a duty on all Local Authorities to provide, or arrange for the provision, of services, facilities or resources, or take other steps, which it considers will contribute towards preventing, delaying or reducing the development of needs for care and support for adults and/or their carers in its area. Local Authorities must consider how to identify “unmet need” i.e. those people with needs which are not currently being met.

The Mental Health Strategy outlines how both NHS Medway Clinical Commissioning group and Medway Council will meet their national and statutory requirements.

## 4. Policy Context

Mental health policy has developed over the past two decades and as a result, public attitudes towards mental health and wellbeing are changing. There is a growing commitment among communities, workplaces, schools and within government to change the way we think about it. More than ever before, there is now a shared consensus on what needs to change and there is a real desire in Medway to shift towards prevention and transform our health and social care system.

The Care Act 2014 has changed many aspects of how social care support is arranged, and is intended to give greater control and influence to those in need of support. In Medway, we are continuing to work to ensure that effective prevention is an integral part of our approach to improving mental health and wellbeing.

The NHS has established the Mental Health Taskforce that has focused on high level objectives, with some core areas of activity including: improved crisis care with the expansion of Crisis Resolution and Home Treatment Teams, improvements in physical health, and an increase in mental health liaison services (both in emergency departments and in older-age acute physical health services). The five year strategy also focuses on specific groups, including a focus on reducing suicides, increasing access to evidence-based psychological therapies, an increase in access to Individual Placement and Support (IPS) for employment, and a focus on perinatal mental health services. IPS finds people a job quickly and then provides time limited support to keep the job and manage their mental health.

As part of the work being undertaken to transform mental health services locally, one of the key aims is to ensure greater integration and strengthen the links between primary care and mental health.

The Medway adult mental health strategy continues to build on the six objectives identified within the National 'No Health without Mental Health Strategy':

- More people have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

## 5. Local Policy

The STP sets the local context within which we will be required to deliver our strategic vision for mental health services.

### ***STP aims:***

#### **Deliver better health and wellbeing:**

- Services which meet the needs of our changing population
- Reductions in health inequalities
- More services to prevent and manage long term conditions

#### ***Better standards of care:***

- People cared for in the right place and able to access high quality social care
- Fewer attendances at accident and emergency and fewer emergency admissions
- Consistent delivery of high quality local services nationally recognised for achievements

#### ***Better use of staff and funds:***

- Ability to attract, retain and grow a talented workforce and use staff to best effect
- Deliver a balanced budget

The strategy also has links to other local strategies and policies, including 'The Joint Health and Wellbeing Strategy for Medway' and 'Getting Better Together Strategy'.

Medway Council's 'Getting Better Together' Adult Social Care strategy articulates a vision to support people live full and active lives, to live independently for as long as possible and to play a full part in their local communities.

The strategic commissioning vision is to support the integration between Health and Social Care. This will ensure resources are consolidated and directed to promote health, wellbeing and independence via preventive methods and sustainable measures; thus reducing the likelihood of the escalation of need, whilst ensuring we can always provide compassionate care for those with the highest levels of need.

## 6. Case for Change

The demographic data, gaps in service provision and stakeholder feedback arising from the Mental Health needs assessment and gap analysis, is summarised in section 6.1. This information aims to outline the reasons why change is needed and inform where action is needed to enable us to achieve our vision and intended outcomes. The demographic data evidences the increasing numbers of people living in Medway with mental health problems as well as the increasing severity of need.

Mental Health problems account for our largest burden of ill health. Change is needed so to prevent mental health and prevent the severity of need increasing. The gap analysis highlights gaps in community service provision that prevents mental illness and where there are bottlenecks in accessing secondary and crisis support services. The analysis outlines why some services are struggling to cope, due to the increasing demands being placed on service provision.

Feedback from stakeholders and people of Medway with mental health illnesses, outline what they value most from existing services, which include opportunities for strengthening provision, improvement of services and current gaps in service – i.e. GP's need to know where to signpost people to access support in their communities. There is also the need to acknowledge the importance of having informal peer support networks to prevent relapse.

Our case for change is informed by the feedback received and the analysis undertaken which directs our ambition to build on the strengths of having a whole system approach and commitment to placing greater focus and emphasis on early intervention and prevention. This ensures a holistic approach that is also local, timely, person-centered and is recovery focused and self-managed.

### 6.1 Medway Demographics and Needs assessment

Medway has a population of circa 278,542 residents and this is expected to grow by 10% to 307,300 by 2026. The Mental Health needs assessments, outlines not only the population predicted to grow, but the age of that population is increasing as people live longer.

Mental health problems account for our largest burden of ill health. It is estimated that up to 1 in 4 adults will suffer from a mental health problem at some point in their life, which would equate to circa 69,635 people in Medway.

We know there are a number of population groups more at risk of mental ill- health, as seen in Diagram 1.

**Diagram 1**

In 2017, 28,000 18-64-year olds in Medway had a common mental health disorder (CMD) such as depression, anxiety and obsessive-compulsive disorder. This increased to 31,053 in 2018, representing 15.8% of Medway's population. Out of this population, 19.1% of women experienced CMD as opposed to 12.2% of men. The numbers of people recorded with depression is 20,424 (8.9%). This is slightly higher than the national position of 8.3%. In 2017, 25,046 people in Medway had been prescribed anti-depressants in the last 12 months.

Levels of mental health distress are higher among those living alone as well as those who claim Employment Support Allowance (ESA) and Housing Benefit (HB). We estimate 6,480 of people with CMD were claiming ESA and 6,700 were claiming HB.

It is estimated that one in twenty UK adults are affected by some form of personality disorder, and that symptoms can be mild or severe (severe symptoms are thought to affect fewer than 2% of people). Personality Disorders (PD) are described by the NHS as "conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others". This can manifest itself as feelings of distress, anxiety, anger, or worthlessness and is often compounded by difficulties in managing these negative emotions, which in some cases lead to self-harm, substance misuse, and risk-taking behaviours. PD often develops during adolescences which continue to affect the individual throughout their life, it not treated.

There are ten different types of PD recognised by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), of which Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD) are the most prominent.

In 2014 circa 5,740 Medway residents screened positive for ASPD within adults aged 18-64 and circa 4,340 people screened positive for BPD. Severe Mental Illness (SMI) includes schizophrenia, psychosis and bi-polar disorder. The numbers of people on the GP SMI register in 2015/16 (all ages) for Medway is 1,984 (0.67%) which is less than the national position of 0.90%.

Suicide is seen as an indication of underlying rates of mental ill-health. The 2014-16 rate of suicide in Medway was 11.1 per 100,000 individuals, the England rate was 9.9. There were 79 suicides in this period over 2014-16 with 63 of 79 suicides in Medway being males. The national suicide strategy identifies the following groups of people as being at high risk of suicide:

- young and middle-aged men
- people in the care of mental health services (including inpatients)
- people in contact with the criminal justice system
- specific occupational groups
  - doctors, nurses, veterinary workers, farmers and agricultural workers
- and people with a history of self-harm

The Medway's mental health needs assessment and gap analysis, highlights that the levels of mental illness continues to increase, however evidence that 1:3 people in 2014 with CMD were receiving treatment compared to 1:4 in 2007; an improvement to overall recognition of need and availability of services.

## 6.2 Recovery focused services

The gap analysis clearly demonstrates a need for change in culture of services to reflect the strategic direction of services in Medway. Adopting a person-centred, asset-based approach to service development, will result in better outcomes for people with lived experience of mental illness. A cultural shift needs to take place so that services focus increasingly on what matters to the person and working with the person to find resources and assets to achieve their outcomes.

An integrated whole system approach is needed including Voluntary and Community Sector (VCS) services and Adult Social Care. The majority of people in Medway with mental health needs are supported through primary care services such as their GP's, NHS talking therapies and through accessing a range of VCS across Medway. The analysis highlights the need for existing VCS services to be more accessible providing support to people with mental health needs and the need for increased professional awareness. Informal support networks, often established through community support services, play a vital role in assisting people with mental health conditions and preventing relapse.

## 6.3 Primary vs Secondary service gaps

There are gaps in provision between primary and secondary services, with long waiting times. In 2017, 1847 referrals were made to Community Mental Health teams with 20% of referrals being seen, with 80% of referrals being managed elsewhere within primary care, the voluntary and community sector or some people did not obtain a service at all. There is the

need for intermediate care to address this gap. It was reported that once a referral has been made to secondary services, one cannot access continued support through talking therapies whilst on the waitlist. This outlines a serious risk to Medway's most vulnerable people with mental health needs.

A graded response or stepped care approach for responding to distress would ensure the appropriate level of support is provided at the right time. The adoption of a stepped care model, with expertise at the door to assess and determine the right level of support, would be beneficial.

#### **6.4 Prevention of Crisis**

There is a need to improve crisis support to reduce distress and limit the use of acute services. Increased access to support before a crisis point is reached by improving response to distress in the community. It also recommends ensuring adequate provision of urgent and emergency access to Crisis Resolution Home Treatment Service and expanding the use of Community Crisis Centres to ensure that the right quality of treatment and care can be provided instead of inpatient care.

#### **6.5 Workforce development and Employment**

There is no local workforce development strategy across the system inclusive of the voluntary sector that is aimed at improving the capacity and skills of the mental health workforce. Support opportunities for people with lived experience of SMI to access employment are limited.

#### **6.6 Co-production**

Opportunities for people with lived experience of mental illness, carers and practitioners to co-produce mental health service provision is limited by a lack of a whole system approach.

#### **6.7 Access to support for specialist services**

There is inadequate provision for Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder and comorbid mental health and substance misuse.

#### **6.8 Stakeholder feedback**

A range of workshops were held to capture the feedback from stakeholders including people with mental health needs. Strengths, Weaknesses, Opportunities and Threat (SWOT) analysis was compiled using the feedback from the workshop telling us what local people think about mental health services in Medway. Strengths were found in:

- The transition work carried out by Kent and Medway NHS Partnership Trust (KMPT)/ Sussex Partnership Foundation Trust (SPFT)

- Medway as a unitary, CCG co-terminus authority has opportunities for joint working across the system
- Current teams including Crisis Support, Primary Care Nursing, Medway Foundation Trust (MFT) 24/7 psychiatric liaison unit
- Passion and good work of staff in supporting Service User's (SU) and having a willingness to improve services following service reviews and stakeholder feedback
- Whole system pulling together
- Strong leadership across the services
- Projects planned for the future including 3 extra care facilities
- Joint work with partners including the police

### ***Areas needing development***

- Commissioned services
  - arbitrary referral criteria and cut-off age (18)
  - ASD/ADHD ongoing therapeutic treatment and emotional wellbeing support for young people/adults
  - too long to receive assessment or MH bed if required
  - lack of drink/drug support
  - not enough crisis intervention and this being delivered 7 days a week
  - current contracting arrangements restricts flexible joint working
  - not enough nursing & residential placements to meet the demand for SU's with complex mental health needs
  - no 7 day services
- Acute environment
  - MFT perceived to have a poor patient environment and poor family support for mental health
  - no Clinical Decision Unit (CDU) type facility
- Section 136 (S136)
  - suite not always required but used as no substitute S136 facilities available to de-escalate presentation
- Whole System Model
  - Too many access points
  - implementation of thresholds
  - lack of focus on a recovery model
  - duplication to patients
  - lack of ability to build relationship

- poor carers support
  - developing into an exclusion model not inclusive – too much focus on own specialism not a holistic view
  - lack of information sharing across partner agencies
- Lack of resources for dementia

***Opportunities were present in:***

- New facilities
  - A mental health ED away from MFT
  - substitute S136 facilities
  - easier access i.e. street triage
  - more than one resource centre across Medway
- Whole system working
  - More use of the voluntary sector to increase capacity to support children and younger people through transition
  - new skills mix required across workforce
  - build on working with police already started
  - to be joined up in a more coordinated way
  - early intervention to avoid acute stays
- System structure
  - Single Point of Access (children and young people and adults) could be more holistic and equipped to support and signpost people presenting with emotional wellbeing needs
  - develop crisis presentation model
  - to have physical (Registered General Nurse) nurses in team
  - remodel primary care to ensure appropriate services
  - strengthen improving access to IAPT services
- Building more resilience and early help for young people to support them in dealing with life's adversities
  - Strengthen skills for families and carers
- Expanding current commissioned arrangements
  - Extending age range for Children and younger people to increase flexibility for transition service provision
  - matching commissioning with demand on the ground

- Improve communication and include other agencies i.e. Department of Work and Pensions
  - sharing information/systems
  - open dialogue
  - co-production support

***Threats were around:***

- Consistency across Kent and Medway under separate contracts
- Reduction in public funding of voluntary organisations who provide additional capacity and support
- Management of patient/public expectations around diagnosis, prognosis and ongoing support
- Mental Health population will increase and positive outcomes will decrease
- Shortage of Mental Health professionals
- Lack of integration – clarity of roles
- Appropriate skill mix needed
- Health and social care economy near London and wide Kent
- Stigma of working in mental health

What we've been told by people with a lived experience of mental health, their carers and service providers from statutory and non-statutory services:

- There is not enough support in the community that is known to people living with a mental illness to address life issues that cause stress and contribute to mental illness such as housing, debt and relationship issues
- There is limited opportunity to access early intervention and support in primary care to prevent escalation
- A person-centred, asset-based approach aimed at improving outcomes does not exist across the whole system
- Physical health and wellbeing are not given the same level of importance in managing mental illness
- There is a lack of emphasis in the use of self-directed support and personalised budgets which have been shown to improve access to support services
- Crisis support is not responsive enough and leads to an overuse of acute services
- There are not enough alternatives to inpatient admissions like community crisis centres.
- Promoting self-management through the adoption of evidenced-based approaches like recovery colleges as a means to staying well and preventing future crisis is limited.

## 7. Medway Mental Health: Priorities

Our ambition is to ensure that mental health and wellbeing is integral to everything we do in Medway. The overall approach we will take is preventative (to avoid people getting ill in the first place) but we recognise that we also need high quality responsive services to support people when they are unwell.

This strategy brings together Health and Social care that are committed to achieving following five priorities:

1. Mental Health promotion, early help and prevention of mental illness
2. Supporting people with mental health illness to live fulfilling lives
3. Improving targeted and responsive crisis support
4. Supporting people with Severe Mental Illness (SMI) including 'parity of esteem
5. Developing and implementing a Workforce Development Strategy

In addition to the above five priorities, there are seven cross cutting themes that will underpin all activity in implementing the Mental Health Strategy. They are:

- To improve the physical health of those with mental health problems
- Achieve parity of esteem for mental health
- Obtaining the commitment of Social care, Health and other partners such as housing and the VCS to work together to promote mental and well-being in our communities
- Co- produce services and support in conjunction with service users and carers
- Adopt integrated mental health support service that removes traditional tiered approaches and ensures emotional, physical and mental health and well-being are addressed as one
- Mental health services and support are to be accessed in a timely, responsive and equitable way
- Transition between children and adult's mental health services takes place in a timely and co-ordinated way ensuring continuity of care

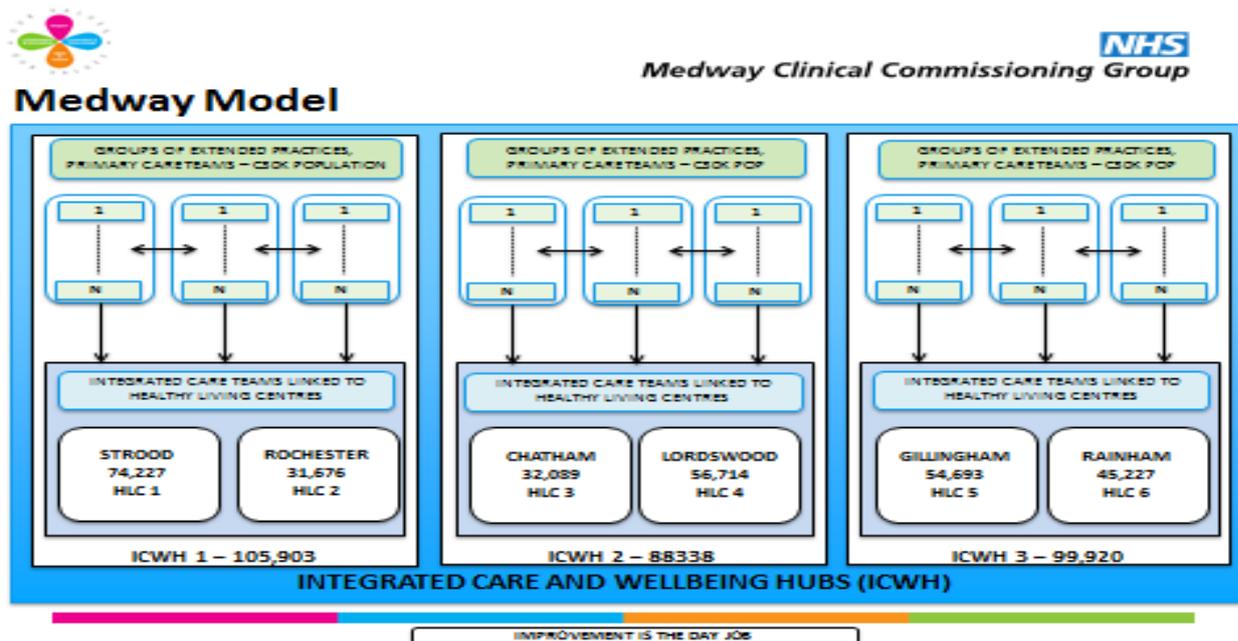
A detailed workplan reflecting the priorities and cross cutting themes will be developed and be annexed to the strategy.

## 8. Model for delivery

### 8.1 The Medway Model

The Medway Model is a new way of transforming local health and care services so that, where appropriate and possible, they can be delivered closer to people's homes and delivered in an integrated way across all partner agencies across six locations in Medway (see Diagram 2 below).

Diagram 2



We will position mental health staff in all care settings to support and direct care for patients with mental health issues and prevent mental health issues developing, especially among those with long-term physical health conditions.

The integrated health and well-being hubs will offer access to both health and social care mental health services close to home. The individual will receive a seamless service that supports and directs care for their mental health, prevents mental health issues from developing into long-term illness. Practically this will mean there will be more capacity to address mental health issues in primary care and for those who need specialist care a clear pathway to step up. For those who do not require such specialist services there will be redirection to access support from community and voluntary sector. The system will work as one to the individuals benefit and services will not operate in silo. The new model detailed will ensure that the patients experience is one of support that is tailored to their need at the time and in the manner that they need it.

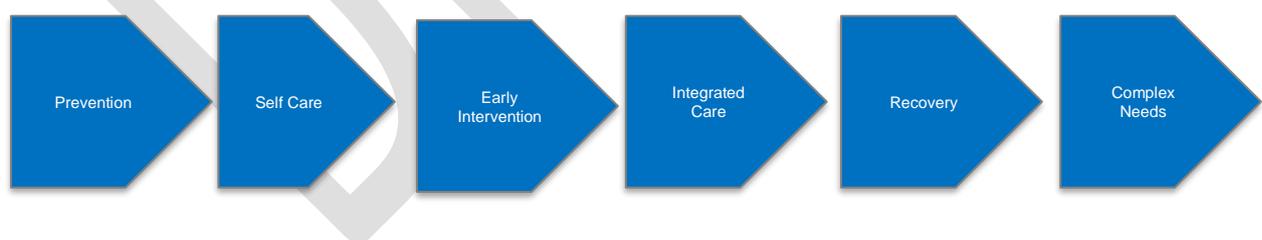
This approach also recognises that patients have better outcomes if they are involved in decisions around the care they receive and are supported to make healthy choices about their lifestyle as seen in Diagram 3 below.

Support to prevent people developing mental health problems can be split into the following three areas:

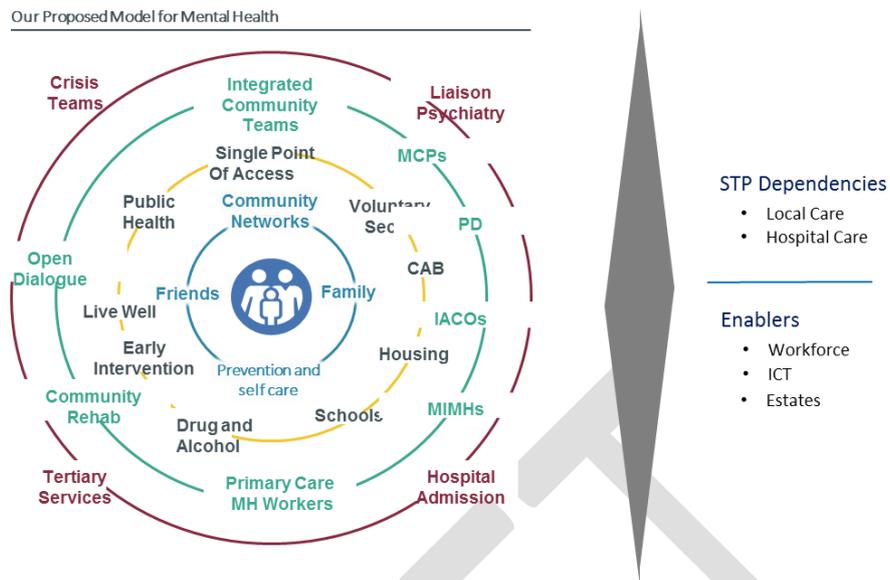
- **Primary prevention** - preventing mental health problems before they occur, including promoting positive mental health and wellbeing in the general population.
- **Secondary prevention** - reducing the impact and progression of mental health problems through detection of early symptoms and rapid intervention.
- **Tertiary prevention** - supporting people experiencing ongoing mental health problems to live well, prevent crisis and deterioration in health and wellbeing.

This strategy will outline under the each of the above headings, the key areas of focus required to achieve our vision and priorities. We will create a model of care which promotes prevention, self-care, and early intervention that integrates physical and mental health services to treat the whole person as displayed in diagrams 4 and 5.

**Diagram 4**

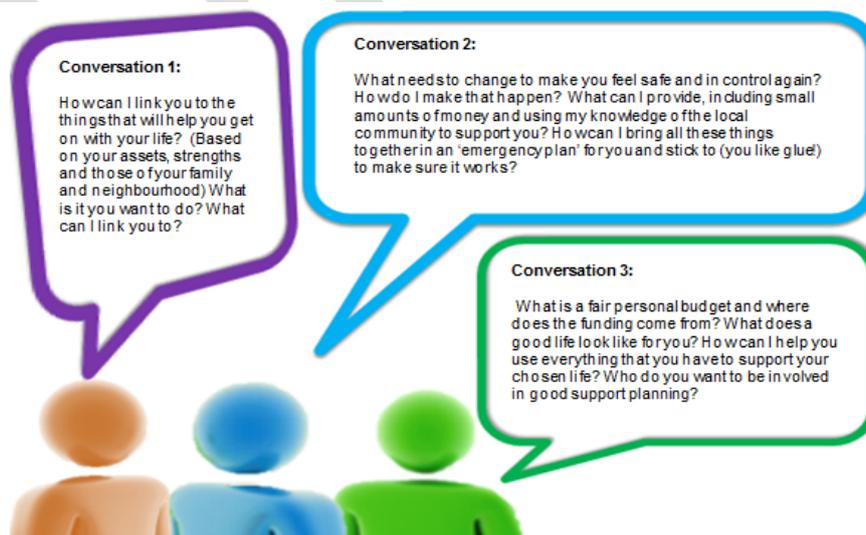


**Diagram 5**



The Three Conversation Model (diagram 6) will be adopted to move away from traditional approaches to assessment that often lead to long waiting lists for service users and excess paperwork for staff, and instead starts with a simple conversation in which practitioners ask the person to identify what it is that they need or would like to happen. The team spends more time getting to know the person along with identifying solutions that will enable them to engage with their community and live a successful life. The model is tiered with each of the three conversations, representing a different level of intervention. This assessment and care planning model, mirror’s the three stages of primary, secondary and tertiary prevention as outlined above.

**Diagram 6**



## 9. Prevention of mental illness & promoting mental health well-being (Primary Prevention/Intervention)

### 9.1 Promoting mental health well-being

There is a wide range of evidence about what works in promoting mental wellbeing and supporting people when they do develop mental health problems. For example, the National Institute for Care and Excellence (NICE)<sup>1</sup> has a range of guidance and pathways covering different elements of mental health.

A wide range of partners across Medway have a role in promoting good mental wellbeing. Medway Public Health team support population mental wellbeing in Medway by:

- Delivering Connect 5<sup>2</sup> and mental health first aid training to a range of stakeholders in Medway. This training helps support individuals to identify signs of mental illness in themselves or others and signpost to support or provide brief mental wellbeing interventions.
- Supporting workplaces in Medway to achieve a healthy workplace accreditation, which includes a mental wellbeing element.
- Continuing to develop a network of 'A Better Medway' champions, many of whom have received training in mental wellbeing or social isolation.
- Working with partners to pilot mental wellbeing support for those seeking support from public health services with behaviour change (e.g. smoking cessation).
- 'The Men in Sheds' service supports men who are older or unemployed to improve their mental wellbeing and reduce social isolation through a wide range of activities.

### Five Ways to Wellbeing

Diagram 7 outlines a set of evidence based actions which promote people's wellbeing called, 'The Five Ways to Wellbeing'.

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<sup>1</sup> National Institute for Care and Excellence (2018). Retrieved from <https://www.nice.org.uk/>

<sup>2</sup> Connect for mental wellbeing (2018). Retrieved from <https://www.nhs.uk/conditions/stress-anxiety-depression/connect-for-mental-wellbeing/>

Diagram 7



These activities are simple things individuals can do in their everyday lives. These actions were developed by NEF (the new economics foundation) as the result of a commission by Foresight, the UK government's futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing. The five actions include the following:

- Connect – with the people around you. With family, friends, colleagues and neighbours. At home, work, school and in your local community.
- Be Active – Go for a walk or run. Step outside. Play a game. Garden. Dance. Exercising makes you feel good. Discover a physical activity that you enjoy.
- Take Notice – Be curious. Catch sight of the beautiful. Remark on the unusual. Savour the moment. Be aware of the world around you and what you are feeling.
- Keep Learning – Try something new. Rediscover an old interest. Sign up for a course. Learning new things will make you more confident, as well as being fun.
- Give – Do something nice for a friend or stranger. Smile. Volunteer your time. See yourself, and your happiness, linked to the wider community it's rewarding.

Being mentally healthy is not just the absence of mental illness but is a state of wellbeing where an individual can cope with normal stresses of life, be productive, reach their potential and make a contribution to their community (World Health Organisation, 2014)<sup>3</sup>.

A wide range of factors (wider determinants) can affect people's mental wellbeing both positively and negatively throughout their lives. For example, poverty or financial difficulties, poor housing or homelessness, unemployment and adverse childhood experiences are just a few examples that may contribute to poor mental wellbeing. Other factors can support good mental wellbeing however, for example having a good quality, safe place to live and having education and employment opportunities.

<sup>3</sup> World Health Organisation. (2014). Mental health: a state of well-being. Retrieved from [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

## 9.2 Preventing Mental Health Illness

### 9.2.1 Housing and Mental Health

Having a safe and secure home is fundamental to our wellbeing. Homelessness or inadequate housing increases vulnerability to mental illness. Homeless Link, a national charity in 2010 reported that 7 out of 10 homeless people have a mental illness, with 35% had been to ED and 26% had been admitted to hospital over the past six months. Local mental health crisis services also reported having difficulty in providing adequate support to those who were homeless with mental illness.

Statutory homelessness is where the local authority accepts a household is homeless within the terms of the homelessness legislation. Where the household is found to be priority need and not intentionally homeless, the local authority has a duty to offer accommodation. Those in priority need include households with dependent children, pregnant women and adults who are assessed as vulnerable. The legal provisions are contained in the Housing Act 1996, the Homelessness Act 2002 and the Homelessness reduction Act 2017.

Rough sleeping is the most visible form of homelessness. Rough sleepers may be seen in doorways, car parks, or in tents. Rough sleepers are often out of sight and move from place to place. People who sofa surf with friends and relatives may not meet the criteria of statutory homelessness. The official rough sleeper estimate in November 2017 found 44 sleeping rough in Medway.

The homelessness legislation places a general duty on housing authorities to ensure that advice and information about homelessness, and preventing homelessness, is available to everyone in their area free of charge.

Medway Council's Housing department are implementing a Homelessness Prevention Strategy (2017 – 2019) that will:

- Make use of early interventions to prevent homelessness before crisis point is reached
- Provide timely housing information enabling people to make informed housing decisions and plan ahead
- Ensure fair access to a supply of housing to meet housing needs
- Ensure access to services to help people with housing support needs to sustain independent living

Rough sleeper Initiative is a newly funded time limited project to provide outreach and additional support to those with higher needs to settle into accommodation. This project works collaboratively with existing service and provides additional resources support those who require it. Recruiting an outreach worker for mental health is aimed to improve access to support to this cohort of people.

### **9.2.2 Employment and Mental Health**

Stress, anxiety and depression are the biggest cause of sickness absence in our society. Mental ill health is responsible for 91 million working days lost every year. Simple steps to improve the management of mental health in the workplace will allow employers to save 30% or more of these costs. That equates to a saving of approximately £10 billion a year.

It is our aim to develop and implement a comprehensive workforce development strategy to ensure that the right staff, with the right skills are supported deliver high quality care. Focused effort will be made on improving the capability of staff working in the frontline to promote good mental wellbeing, identify mental illness early and provide better initial support. We will also seek to sustain workplace health initiatives to improve mental well-being and promotion of good mental health.

### **9.2.3 Debt and Mental Health**

Compared with the general population, people with mental health illness are three times as likely to be in problem debt. Experiencing a mental health issue does not automatically mean that you are unable to manage your money or deal with your debts, but it can make it more difficult. Research shows that 50% of adults, who are struggling with debt, also have a mental health issue. There is Primary care guidance produced by RCGP and RCPSYCH. There is evidence to support providing training for MH practitioners to improve understanding and increase provision of specialist psychological support for 'crisis spending/gambling' has positive impact. It is also important to consider financial difficulties in needs assessments and improve data collection.

We aim to improve access to independent financial benefit and debit advice and work with National Trading standard in their campaign to stop the Loan Shark. We will also deliver training to increase awareness of the impact of debt on mental health.

### **9.2.4 Suicide Prevention**

There is a partnership Kent and Medway suicide prevention steering group which has developed a multi-agency suicide prevention plan to help reach the 2020/21 ambition for a 10% reduction in suicide rates. Through the STP, Kent and Medway will be

developing and implementing a suicide prevention transformation programme in 2018/19, which will build on existing suicide prevention plans.

Over the next five years, Medway CCG will continue to work closely with Public Health and GPs so we can help more GPs identify and manage patients who may be at risk of suicide.

### **9.2.5 Engagement**

SU involvement will be an expected part of service planning and delivery. SU's are 'experts by experience' who must be involved in the development, planning, delivery and review of local services to ensure that they are relevant and effective.

Medway will develop a joint commissioning approach that is underpinned by our absolute commitment to ensuring that SU's are centrally involved in planning mental health services for the future.

We will continue to work with MEGAN, Red Zebra and other community groups, such as The Medway Ethnic Minority Forum to ensure there is continued engagement with SU's, carers and families. We will ensure that BME groups are included in all engagement activities and all feedback is valued.

## **10. Mental Health Services in the Community (Secondary Intervention)**

### **10.1 Primary care mental health workers**

Medway CCG currently commissions a primary care mental health service. This service is made up of three mental health nurses and two support workers. This service is based within KMPT and provides support to patients with complex mental health problems that are being managed by their GPs or Community Mental Health Teams.

Over the next five years the CCG will look to increase the provision of mental health services in primary care, by providing more primary care mental health nurses within local care hubs so the community service is well supported.

### **10.2 Increase Access to Psychological Therapies (IAPT)**

The IAPT national programme was launched in 2008. The aim of the IAPT service is to provide universal primary care psychological therapy for people suffering from mild to moderate mental health disorders, such as depression and anxiety. IAPT aims to relieve distress and transform lives by offering NICE approved interventions such as counselling and cognitive behavioural therapy (CBT).

It is estimated nationally that around 17.7% of adults aged 18 and older meet the diagnostic criteria for at least one common mental health disorder and at least 15% of those will enter Primary Care Psychological Therapy Services (PCPTS).

Across Medway the adult population of 18-64 year old is 198,816. Of these, 29,601 (15%) (Mental Health Needs Assessment, 2014), may have common mental health disorders and 4,441 (15%) may enter PCPTS.

Following GP and patient feedback, Medway CCG developed a lead provider service for IAPT. In February 2017 the contract was awarded to Insight Healthcare and the service was named Medway Talking Therapies. We will continue to work with Insight to ensure that our IAPT service meets the needs of our local population, has low waiting times and is available locally throughout Medway. The ambition for the IAPT service in Medway is to have a high quality and inclusive IAPT service with a single point of access that is available early on for people in Medway before they reach crisis point. This will support patients early and reduce the need for patients to access secondary mental health services.

Medway CCG is developing plans over the next five years to increase access rates into the service. We will align our services to ensure IAPT is included in pathways for long term physical conditions.

### **10.3 Voluntary and third sector services**

The voluntary sector is a major resource that can be applied to supporting mental health patients at every stage of their journey, including when they are in crisis. We know what is available and need to understand where and how it can be better integrated into the developing pathways of care.

We recognise that people need support early on and will look for ways that we can commission services in different ways to make the best use of resources and utilise the skills we have in the community.

We will continue to work with Medway Council and the voluntary sector in Medway to improve and offer more support locally. Example services that Medway CCG currently commission include, the Wellbeing Café run by the Sunlight Centre, MEGAN CIC who runs various peer support groups for those with SMI, care navigators and support workers within the primary care mental health team.

We will work with the care navigators that are in place in Medway to offer social prescribing for mental health so people receive the support they need early on before they go into crisis.

A Recovery College aims to enable people who have had mental health issues to become experts in their own self-care and develop the skills and confidence to manage their own

recovery journey. The focus is on using learning activity to complement traditional treatment approaches. It would provide a range of educational courses/workshops and resources for people who use or have used services, their supporters (family, friends and carers) and staff. The emphasis is upon co-production: the delivery and development of all aspects of the College through collaboration between peer trainers and mental health practitioners, hence emphasising that people are more than passive recipients of services and have assets and expertise which can help improve services and promote self-management. This helps people recognise and make use of their talents and resources; explore their possibilities, developing their skills; and support people to achieve their goals and ambitions. We will explore the possibility of establishing a recovery college in Medway.

#### **10.4 Medway Community Mental Health Team (CMHT)**

We recognise that the CMHT in Medway is under pressure, has long waiting lists, staff have high caseloads and GP and patient experience of the service needs to be improved.

We will continue work with the current provider to improve the service the CMHT offer. KMPT will implement the choice and partnership approach (CAPA) model during 2018 to improve patient flow through the system. We will conduct a joint commissioner and provider review of the community mental health services for adults and older people to ensure proactive support and intervention is being provided, efficiencies are achieved and to explore opportunities for improved integration with primary care at pace with emerging new models of delivery. We will seek to ensure that referral to treatment will be within 28 days.

#### **10.5 Adult Social Care**

The Care Act 2014 governs the direction and actions of Adult Social Care (ASC). The Care Act is about keeping people safe and promoting wellbeing, however ASC also need to follow other legislation such as Mental Health Act. ASC have a statutory duty to carryout mental health assessments and provide Section117 aftercare.

The main elements of social care:

- Assessing the needs of people who require care and support which arise from or related to physical or mental impairment or illness in the community or hospital
- Safeguard adults who have care and support needs who are unable to protect themselves from risk of harm or abuse
- Prevention and early intervention including early access to information and advice
- A reablement provision that promotes recovery in order to reduce the need for care and support
- Long term community support which provides ongoing support and funded packages and placements as and when required

### 10.5.1 Safeguarding

Safeguarding of adults in Medway is overseen by the Kent and Medway Safeguarding Adults Board (KMSAB) and the local Medway Safeguarding Adults Executive Group (MSAEG), which reports in to the KMSAB. During 2017-18, 1044 safeguarding adult concerns were reported to Medway Council of which 86 were about people whose main support need related to their mental health (8.2%). This was an increase from 63 during 2016-17.

Concerns were also raised in relation to 22 people with memory and cognition issues and 85 people with learning disabilities, many of whom also have a mental health diagnosis.

During 2017-18, 74% of all people who were the subject of a safeguarding enquiry were asked what outcomes they wished the process to be. In 60% of cases the safeguarding enquiry was completed within the target 90 days. This represents a significant improvement on the previous year but the Council aims to make further improvements during 2018-19.

During 2017-18, 16 of the concerns raised about people with primary mental health needs were progressed to a full enquiry (investigation). This was an increase from 14 the previous year.

Following a peer review of adult safeguarding in Medway, in November 2016, arrangements have been strengthened to ensure that the safeguarding process is led by senior staff and that there governance arrangements including elected Council Members and strong strategic partnerships. The Council's Assistant Director for Adult Social Care is the Vice Chair of the KMSAB and the Director for Children and Adults chairs the local MSAEG and there is now a Safeguarding Strategic Lead and a Principal Social Worker who reports to a Head of Service with lead responsibility for safeguarding.

As is the case across the country, the Council is responsible for overseeing safeguarding. There is, however, an NHS safeguarding team at Medway Hospital which often undertakes safeguarding enquiries for people who are inpatients. There are also staff working at the CCG with safeguarding responsibility.

People whose circumstances represent a potentially high risk to themselves and other people are discussed each week at the Multi Agency Risk Assessment Conference, coordinated by Medway Police.

Adult Social Care will continue to focus on preventative work to support mental health by embedding 3 conversations approach across the service and ensuring that we continue to

effectively utilises our well established and effective community reablement services (CSOT and Community Mental Health service).

### **10.5.2 Approved Mental Health Professional (AMHP)**

The role of the AMHP is to undertake Mental Health Act assessments on behalf of Medway Council under the Mental Health Act 1983 (as amended 2007). The AMHP is central to the assessment process as they ensure that the social perspective is applied to an otherwise very medical process. The AMHP's role is also inherent in ensuring the rights of the individual being assessed are balanced with the rights of others and they ensure the least restrictive alternative to admission is sought prior to a full assessment (if appropriate). These assessments can range from community assessments within someone's own home, to a ward based assessment at one of the three psychiatric hospitals within the Kent area. The team also undertakes assessments out of area at many of the private hospitals where our clients are admitted.

The AMHP Team currently consists of a mixture of locum and permanent staffing, taking on varying roles. Some AMHP's are mixed roles and also take on casework alongside their AMHP duties while others only undertake dedicated AMHP work.

Our current operating hours are between 9am and 5pm. If an assessment is started before 5pm, the AMHP is expected to continue with this assessment until completion. Medway's Out of Hours AMHP referrals have been taken on our behalf by the Kent AMHP services.

The AMHP team face varying challenges throughout the working week. These can at times consist of bed delays (mainly for children and young people and those over 65) and difficulties securing independent S.12 approved doctors, as the assessment and transport issues include waiting over a 1-hour time frame for a SECAMB ambulance. These challenges are not unique to Medway as they are countywide concerns.

We plan to strengthen the AMPH service through recruitment of an established team to ensure less reliance on locum staff.

### **10.5.3 Reablement and relearning life skills**

Reablement helps people learn or relearn the skills necessary for daily living that have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability is central, as is active reassessment. Reablement has the potential to be effective by reducing on-going support needs through sustaining independent living skills and preventing unnecessary admissions to acute settings.

#### **10.5.4 The Community Support Outreach Team (CSOT)**

CSOT offers needs led, flexible and a responsive provision to SU's who reside in the catchment area of Medway. CSOT support and work alongside individuals who have been assessed to have care and support needs. The Outreach Team work with people who have first time presentation of mental health to severe and ongoing mental health problems which impact on their social and daily functioning. The symptoms that an individual may experience may have various challenging behaviours which can include self-harming and self-neglect. SU's may be subject to a Community Treatment Order (CTO) or have a social supervision order due to forensic history. In short, the overall aim is to enable service promote and maximise their independence.

#### **10.5.5 Medway Mental Health Community Resources Team**

The Community Resources Team undertakes assessments of needs and delivers support to adults 18 years old plus who have social care needs in relation to their mental health. The team provide a structured programme of meaningful activities within the day unit by way of small groups and 1-1 support, as well as working with individuals in the community. The team aims to support the recovery of mental health SU's through engaging them in opportunities to develop resilience and life skills in line with the individual's preferences and resources in their local community, encouraging SU's to live as independently as possible. Those SU's who access our main programme are those who are assessed as having more substantial needs ( 50% of these service users are subject to section 117 after care). Subsequently we are responsible for their overall welfare whilst attending the community resources hub.

### **10.6 Accommodation and Commissioning Strategy for Adult Social Care 2018-22**

This strategy proposes that resources are better targeted towards people with care and support needs including carers that would benefit most from interventions which help them live well and independently for as long as possible. This also includes empowering and supporting them to self-care and improving their wellbeing to prevent, reduce or delay the need for high cost care services.

Currently there are various levels of sheltered accommodation provision within Medway. Sheltered accommodation in Medway caters to varying levels of need including those who have been discharged from long term in-patient provision. It is well recognised that during the process of recovery, these needs may change and as such, having different levels of support is essential to prevent escalation of need and overdependence.

## 10.7 Advocacy including self-advocacy or peer advocacy

Advocacy is about supporting, enabling, and empowering people to express their views and concerns and access information and services where needed. Independent advocacy is about giving the person as much control as possible over their life.

Anyone sectioned under the non-temporary sections of the Mental Health Act 2007 on a mental health ward, or out in the community subject to Guardianship, Conditional Discharge or a Care and Treatment Order, has a statutory right to an Independent Mental Health Advocate (IMHA). Advocates can support eligible individuals to understand and participate in health and social care processes relating to the Care Act.

Self-advocacy refers to an individual's ability to effectively communicate their interests, desires, needs and rights. It recognises that people are experts by experience and involves them in speaking out for themselves about the things that are important to them. It means that people are able to ask for what they want and need and to tell others about their thoughts and feelings.

## 10.8 Personal Health Budgets

'National NHS Planning Guidance' sets out the aim of enabling 50-100,000 people to have a personal health budget or integrated personal budget (up from current estimate of 4,000), by 2020.

Enabling more patients to benefit from personal health budgets is a major change process for Medway CCG, so we will be undertaking a phased approach to this locally. Full needs analysis will be conducted to identify who could benefit from personal health budgets between now and 2019/2020. This process will involve: people with lived experience of health services, their families, as well as other people such as NHS staff, social services, and other local organisations.

We will then develop more plans to enable people with learning disabilities and mental health needs and/or autism to access personal health budgets, as part of the wider Transforming Care programme in which we support people in this group whilst working closely with Medway Council social services and other partners.

# 11. Specialist/Complex Services (Tertiary services)

## 11.1 Early Intervention to Psychosis (EIP)

Medway CCG's aspiration is to achieve parity of esteem for people with mental health problems and put their care on an equal footing as those with physical health problems. The EIP service will provide a full range of psychological, psychosocial, pharmacological and other

interventions shown to be effective in NICE guidelines and quality standards, including support for carers and families. Our vision is to put in place effective and integrated services to address the social and wider needs of people with psychosis to help them live full, meaningful and productive lives.

We will continue to develop the EIP service in Medway to ensure that the service sees any patient from age 14 and upwards who experience a first episode of psychosis quickly with NICE treatment commencing within two weeks.

### **11.2 All Age Eating Disorder Service**

Medway CCG worked with CCG partners across the STP footprint to procure a new specialist service for Eating Disorders. The contract was awarded to North East London Foundation Trust (NELFT) from 1st September 2017. The service provides a full range of NICE-concordant treatments, multidisciplinary treatment and care by qualified staff for service users aged 8 and above, to people who have a suspected or diagnosed eating disorder.

The service will work in close collaboration with primary care, GPs, mental health services, general hospitals, specialist eating disorder inpatient services, schools, voluntary sector, and local community based services. This is to ensure good communication across all services involved in the individual's care, to reduce dependence upon the health and social care systems by encouraging improvements in social networks and use of community systems, and to facilitate self-care, personal empowerment and responsibility.

### **11.3 Perinatal mental health**

The Kent and Medway STP area was successful in securing funds to expand local perinatal mental health services. This has enabled the expansion of the existing Mother and Infant Mental Health Service (MIMHS) in Kent and Medway to meet required national standards in relation to staffing levels, skill mix, and equitable early access to the service.

Expansion of the team will enable an additional 598 women each year across Kent and Medway to access specialist perinatal mental health services close to home and will provide all service users with more integrated, comprehensive and seamless care in accordance with NICE guidance.

Through the expansion of MIMHS, direct referrals from other specialists in the community are now accepted. Previously, referrals were only accepted through the KMPT and/or CMHT which made access challenging and resulted in lengthy waiting times.

Kent and Medway have been successful in securing funding for a new 8 bedded mental health mother and baby unit which will be located in Dartford to support Kent, Surrey, and Sussex.

This is a real opportunity to support people closer to home as previously the nearest unit was located in London.

#### 11.4 Personality Disorder

Medway will continue to work with our providers to develop the pathway for people affected by a personality disorder. We will review, redesign and implement the provision of care and outcomes for people with a diagnosis of personality disorder ensuring an integrated approach to care arrangements across primary and secondary care.

We believe that people with personality disorders can find new ways to improve their health and wellbeing and fulfil their potential as active and equal citizens. Our focus is on recovery and empowering people to live meaningful lives.

#### 11.5 Severe Mental Illness (SMI)

Many people who experience severe mental health problems have a significantly reduced life expectancy and a higher prevalence of physical health disorders than the general population. The monitoring of indicators and risk factors for cardiovascular and metabolic disease in people with psychosis and schizophrenia should be routinely conducted, as recommended by NICE.

People with SMI also face difficulties in gaining and maintaining employment. They often face stigma and discrimination that sometimes results in losing their job or presents challenges in getting a job. People who experience severe and enduring mental health problems have one of the lowest employment rates. Only one in five people using specialist mental health services either has paid work or is in full-time education.

Helping people to maintain or gain employment is therefore an important part of recovery and building independence. Medway CCG is committed to working with Medway Council to develop new forms of support to help people find and keep work.

#### 11.6 Substance Misuse

In 2017 Medway Council redesigned and commenced procurement of a substance misuse treatment and recovery system. A robust and thorough needs assessment and review was completed to inform and support final treatment system design which resulted in 2 Lots being defined.

**Lot 1** - Engagement, Assessment, Stabilisation and Treatment Service to deliver a range of interventions including: substitute prescribing for opiate users, community detoxification for dependent alcohol users, access to residential rehabilitation and in patient detoxification services, group-work and individual sessions to support and enable recovery from dependent drug and alcohol misuse, access to community based projects that enable recovery and access to Education, Training and Education programmes and needle and syringe exchange programmes. The service is being delivered by Turning Point

**Lot 2** – Wellbeing and Recovery Service to provide peer mentor training, supervision and mobilisation of volunteers alongside a range of activities to reduce the likelihood of lapse. The service is being delivered by Open Road

The new service went live on 1st April 2018 and is for 3+1+1 years. While there is no specific service for dual diagnosis individuals, there are national and local processes in place that can be implemented as part of a multi-agency approach. Medway CCG and Public Health are keen to ensure that those facing mental ill-health alongside substance misuse issues, are given adequate assessments and support. We will be working with the providers of the new contracts during mobilisation and year one to implement suitable procedures.

The 'Blue Light Project' is operational in Medway; it consists of a multi-agency operational group to ensure joint management and a persistent targeted focus on the highest impact clients within Medway. Several of those on the list require support from mental health services.

## 11.7 Crisis and Inpatient services

### 11.7.1 All Age liaison Psychiatry 'core 24/7'

Since 2013, a 24-hour liaison psychiatry service has been provided by KMPT at Medway Hospital. The service is open to anyone aged 18 or over and sees patients who present at ED for their physical needs but also have mental health needs. The service also provides an in-reach service to wards and training for staff in the acute hospital, to increase their knowledge of mental health.

On 10<sup>th</sup> October 2017, Medway became the first hospital in Kent to move to a 24-hour 'core' all-age liaison service with consultant support. This service is fully integrated within the acute hospital, providing access to patients on wards and allowing more proactive discharge where appropriate. The service provides support and training to staff and facilitates joint working. Our ambition is that all patients who attend ED for their physical health needs that are referred to the liaison service are seen within 1 hour. Referrals from the wards are seen within 24 hours.

### 11.7.2 Mental Health Urgent Care

Mental health patients who attend Medway Hospital in crisis can often be waiting for hours in ED. This is clearly not a safe environment for these patients and may make their condition worse. We want to enhance the facilities available at MFT for patients who experience physical or psychological symptoms who may require assessment by the out of hours GP service (MedOCC), ED and/or access to Mental Health services.

The plan is to build mental health urgent care rooms at Medway Hospital to provide a safe, calming place for patients to wait for an assessment by the liaison service or wait

for an acute bed. The rooms will be appropriately staffed and be a calming and safe environment. The final design and function of these rooms needs to be agreed with both KMPT and MFT.

### **11.7.3 24/7 Crisis Resolution Home Treatment Teams (CRHT)**

There is a 24/7 home treatment service in place at Medway. The function of the CRHT is to support patients in their homes and provide home treatment therefore preventing an admission and allowing patients to remain well in their own homes.

During 2018 the CCG will follow national guidelines and conduct an evaluation of the core function and focus of CRHT against best practice and national standards. This will also include a review of caseload management and quality of crisis plans and home treatment interventions.

We also have in place a local Commissioning for Quality and Innovation (CQUIN) standard for CRHT which includes gaining feedback from patients and GPs on the service.

### **11.8 Eliminate out of area placements for non-specialist acute care**

The government has set a national ambition to eliminate inappropriate out of area placements in mental health services for adults in acute inpatient care by 2020. This happens when a person with acute mental health needs, who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. These out of area inpatient units are at times difficult to access by family members, care co-ordinators. This in turn, impacts on the individual as well as their continuity of care and can often delay discharge planning.

People should be treated as close to home as possible and in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

The CCG is working closely with the mental health trust to reduce out of area usage for patients. In the last year the number of Medway patients who have been placed out of area for an acute psychiatric bed has reduced dramatically and it is now the exception rather than the norm.

### **11.9 Section 136s**

Medway CCG recognises that a significant amount of Police time is taken up supporting patients with mental health needs. The numbers of Section 136s across Kent and Medway are amongst the highest in the UK.

We have set up a 'North Kent Crisis Care Concordat' and developed an action plan which is linked to the overarching Kent and Medway wide strategy. We will continue to work together with the Police, acute trusts, South East Ambulance service (SECamb), Health watch, KMPT, as well as other stakeholders to improve the pathway for those experiencing a mental health crisis.

The CCG has invested in a County wide street triage service which supports the ambulance trust and the Police with mental health calls by placing staff in the SECamb and Police control centres three evenings a week. Medway CCG is also piloting a community street triage service for Medway at peak times in which the police and mental health nurse work together to support patients with mental health issues in the community to avoid a S136. As the street triage services are not 24/7, we will review and evaluate the current schemes with the aim of increasing support that is the most effective. We will work with stakeholders to develop an alternative place of safety in Medway.

People in crisis often prefer not to be admitted in hospital. Therefore having safe therapeutic environments in the community will ensure that inpatient bed usage is effectively managed and patient outcomes are improved.

#### **11.10 Complex care needs of people who are rough sleeping with co-occurring mental illness and substance misuse**

We recognise that poor mental health can play a part in a household becoming homeless and affect their ability to take actions to prevent homelessness. Any household that visits Kingsley Housing to seek support regarding homelessness will have a personalised plan that identifies actions to be taken by the individual and Council. This plan may include recommendations to seek support from a wide range of services including mental health services.

The Blue Light Project is a multi-agency partnership that identifies vulnerable drinkers and /or rough sleepers and aims to create a support plan for them. The plan may include elements of mental health support.

## **12. Summary**

This strategy has set out our vision for the mental health and wellbeing of our population in Medway. We will achieve this vision by working together across the CCG, Council KMPT and in partnership with a range of other organisations, including colleagues in public health, primary care, Kent police, ambulance services, acute hospitals and the voluntary and community sector.

Mental health services in Medway will reflect and respond to the needs of the local population through developing innovative and transformative approaches to commissioning

whilst ensuring best use of the resources available in Medway.

Implementation of the strategy will be led by Medway CCG and Medway Council. It will involve on going engagement and co-production with service users, carers and stakeholders.

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