

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

14 JUNE 2022

TRANSFORMATION OF MENTAL HEALTH AND DEMENTIA SERVICES IN KENT AND MEDWAY

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Summary

Following the presentations to the Committee in June 2021, this paper provides an update on the following areas:

- The transformation of the wider mental health services, in particular the transformation of community mental health services and urgent and emergency care mental health services.
- The transformation of dementia services, including the redesign of dementia services for people with complex needs.

1. Budget and policy framework

1.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

- 2.1 NHS Kent and Medway Clinical Commissioning Group continues to work towards fulfilling the Mental Health long term plan ambitions for the people of Medway. The work is overseen by the newly formed Provider Collaborative for Mental Health, Learning Disability and Autism Improvement Board. The Board ensures the delivery of the mental health long term priorities, and it scrutinises our performance against both national and local targets. This paper provides an update on three major areas of work which are currently taking place to improve mental health services for the people of Kent and Medway.
- 2.2 Firstly, the Community Mental Health Framework transformation which has now been established for over twelve months and has set up the governance processes and structures that will oversee the roll out of this transformation programme. It is pleasing to report that a clinical model has been agreed which will see the introduction of the Mental Health Together model being rolled out across Kent and Medway, with trailblazer sites identified in Medway. The approach that has been adopted during the development of this model will ensure that there will be 'no wrong door' for anyone who has mental health nor for anyone going through a crisis as set out below.
- 2.3 Secondly, the paper outlines the important transformational work that has begun to enhance the urgent and emergency mental health pathway. There is additional investment that has been earmarked to support this pathway. It is worth mentioning that for the Open Access Crisis programme, we are now operating a 24/7 crisis line which is a free toll number, the crisis line is there to extend support to anyone who is going through a crisis and the service will signpost you to the right place should you need further input and/ or support.
- 2.4 A clinical model has now been agreed working with our partners at KMPT, SECAMB and Sussex Partnership Trust, this model will fulfil the long-term ambition and will observe the NHSE/I recommended guidance for crisis lines – we are proud that system partners have and continue to work together to support our Kent and Medway patients. This programme, as highlighted below in the paper will enhance and transform our crisis home treatment, liaison, safe havens service and our places of safety all of which will have a direct positive impact on Medway residents - as this work evolves, we will ensure that the committee are sighted.
- 2.5 Lastly, the paper sets out the dementia transformation programme work that is being undertaken to enhance services for our loved ones who live with dementia. This work has yielded some success with the introduction of dementia coordinators, the increase in our dementia diagnosis rates against our trajectory which stands at 57% today against a trajectory of 59%, the roll out of Enhanced Memory Assessment Clinics within KMPT will assist with the ambition of ensuring that patients are referred and diagnosed within 6 weeks and the programme continues to ensure that we grow our local capacity to improve our dementia diagnosis rates.
- 2.6 To help grow the capacity we have recruited 10 GPs with an enhanced roles to undertake dementia diagnosis including working with nursing homes to increase our diagnosis rates using the nationally recognised tool DIADEM.

- 2.7 We are confident that through working with partners and with the investment that has been identified we will continue to enhance the dementia pathway. The paper also sets out the initial plan for the Frank Lloyd Unit that is being explored by both the CCG and Medway Foundation Trust.
- 2.8 In summary, the paper will outline the investment and programmes that are being undertaken to support the Medway residents and we are pleased to be able to share this work with the committee.

3. Community Mental Health Transformation

- 3.1 The Community Mental Health Framework (CMHF) outlines the requirements for delivery of a coherent local community based integrated mental health system for people with serious mental illness. It is a national programme and a key tenet of the Long-Term Plan for Mental Health.
- 3.2 The aim is to achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services to joined-up care and establishing a revitalised purpose and identity for traditional community mental health services serving those most in need with serious mental illnesses.

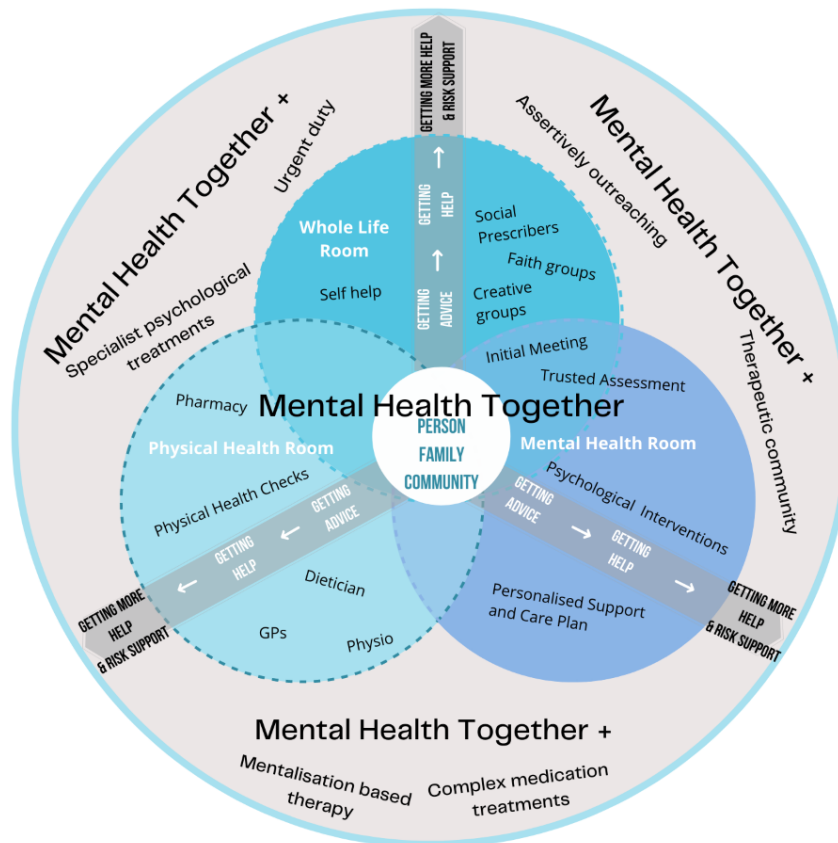
Key achievements to date

3.3 Project Management Office (PMO) / Governance

- The PMO is now set up and includes a communications lead and has a lived experience team embedded within it.
- The Community Mental Health Transformation PMO Team have been awarded a Health Watch Award, which recognises the Lived Experience involvement within the team and the Programme.
- CMHF Governance Structure has been established - Business and Governance Group, Implementation Group and Oversight Group.

3.4 Core Model

- The Clinical Model has been agreed by the Oversight Group, Implementation Group and Mental Health Learning Disability and Autism (MHLDA). All stakeholders' feedback has been incorporated.



- Network (PCN) clusters – Medway Central, Medway South & Rochester and Sittingbourne.
- Joint screening between KMPT and Live Well Kent has been successful in Medway with a fifth of referrals to the Community Mental Health Team (CMHT) being successfully picked up by Live Well Medway. Joint screening will be rolled out across all CMHTs

3.5 Lived Experience

3.5.1 The Lived Experience Team, embedded within the PMO work closely with stakeholders across Medway in the co-production for the Community Mental Health Transformation Framework, including: MEGAN CIC and their Peer-led Groups, Medway Voluntary Action, The Medway 5 Carers Group, Chatham Jobcentre, Medway Safe Haven, Medway Council's Young People Lead and Mental Health Improvement Specialist, the March Mental Health and Housing Event and Live Well Medway.

3.5.2 These stakeholders have encouraged people to speak with us and we have also been assertively outreaching. Since September 2021 they have had group or one-to-one conversations with over 120 people from Medway and around a third of their outreach with stakeholder organisations has been Medway-specific. Some of these people are working regularly with them as they have complex stories and need the space to begin trusting them as listeners.

3.5.3 The main issues the Lived Experience team are hearing about are:

- The lack of support for people with a Personality Disorder diagnosis, which is feeding into our co-produced Complex Emotional Difficulties workstream
- Neuro Diverse (ND) people not being given the right information/support and missing out on mental health interventions due to their ND diagnosis (also parents of young people have fed back the delays in diagnosis for their children)
- Disparities around what services are available in different geographical areas, or barriers like age/economic deprivation affecting what people can access
- There has also been a significant amount of feedback that is more health-centric than just Severe Mental Illness from colleagues who work with sensory deprivation and particularly the d/Deaf community. We are working with colleagues from Healthwatch Medway on this.

3.5.4 The team is co-located at Chatham Jobcentre to speak directly to people claiming benefits and listen to their feedback, they are embedded in Britton House to speak with the team there and they would welcome any more links to organisations so that they can develop their visibility and reach in Medway.

4. Improving Mental Health Urgent and Emergency Care

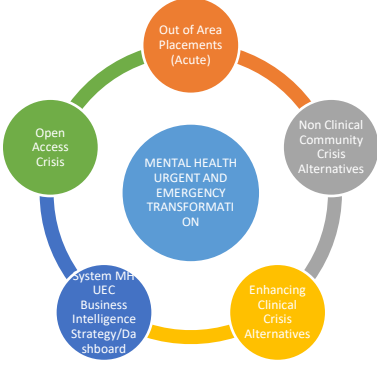
4.1 The mental health urgent and emergency care system is dynamic and complex.

4.2 The Mental Health Urgent and Emergency Care (MHUEC) Programme is the Kent and Medway system's programme of work addressing both the NHS Long Term Plan and locally agreed system wide mental health urgent and emergency care priorities. Projects are all age whenever possible and multi-agency; input is required from all parties involved. The focus remains on improving access and outcomes.

4.3 Of particular importance is the work with Acute Trusts, Police and NHS 111 colleagues to ensure mental health presentations at emergency departments are only made when necessary.

4.4 There is also significant investment attached to these projects. The current MHUEC programmes/projects and associated NHSEI Service Development Funding investment is shown below.

Programme/Project	Plan
Mental Health Urgent and Emergency Care Transformation Programme	To review current programme and projects with the Mental Health Urgent and Emergency Care portfolio. To create an overarching Mental Health Urgent and Emergency Care Transformation Programme incorporating the following programmes of work:

	
<p>Open Access Crisis (NHS 111 and 24/7 Mental Health Triage)</p>	<p>For NHS111 to be the first point of contact for anyone in a mental health crisis.</p> <p>The national directive to implement a Single Virtual Contact Centre for calls to 111 and 999 and a mandated Interactive Voice Response Option for mental health has impacted on local implementation plans and timelines.</p> <p>The first NHS 111 ‘select MH option’ Regional Network on 31 March 2022 was attended by representatives from Kent and Medway. Discussions included a single point of access (SPA) for urgent mental health support and how this can be delivered via NHS 111 plus identifying barriers to implementation of the updated Long-Term Plan (LTP) ambition and how systems can continue to progress local delivery.</p> <p>Local priorities include:</p> <ul style="list-style-type: none"> • Review of 111 Mental Health Directory of Services. • Updated demand and capacity modelling. • Review of arrangements with Sussex ICS and SECamb re 111 mental health pathways incorporating NHSEI mandate.
<p>Crisis Resolution Home Treatment (CRHT)</p>	<p>To enhance the community-based crisis alternative to admission to hospital that meets the nationally defined fidelity standard.</p> <p>A review is underway that considers the efficacy of having the two distinctly different functions of (i) crisis assessment, and (ii) home treatment, within the same team; and whether separating out the functions and reviewing the skill mix could improve upon Crisis Assessment response times for Medway residents and in parallel enhance the home treatment offer as an alternative to inpatient admission.</p> <p>Building on this has been an increase in the Medway CRHT to nursing and psychological resource which has enhanced the interventions on offer to individuals at home.</p> <p>Use of the Medway Safe Haven is not at full capacity and the System continue to promote this as a Crisis Alternative. We are reviewing with users what could make this a more</p>

	<p>attractive crisis alternative. Scoping of crisis alternative service models in other parts of the country is underway which will in turn inform further and additional commissioning of alternative Crisis models for Medway.</p>
Liaison Mental Health Service (LMHS)	<p>All acute hospitals now have 24/7 Liaison Mental Health Services in place. Within the Medway Foundation Trust, the Liaison Psychiatry Team have established a close and collaborative working relationship with the Acute Trust. The Team are able to respond swiftly and timely to referrals from the Emergency Department and the inpatient wards within the commissioned time frames.</p>
Out of Area (Acute) Placements	<p>The national target to achieve 0 out of area bed days for acute placements has been reviewed by NHSEI with a new target date set for 31/03/2023. When benchmarked nationally, Kent and Medway are in the lowest quartile for using out of area acute beds; this notwithstanding Patient Flow is particularly challenging due to the high number of Delayed Transfers of care.</p> <p>A number of workstreams and initiatives have been put in place by KMPT to drive down the use of out of area (acute) beds. These include:</p> <ul style="list-style-type: none"> • Alternatives to Admission • Bed stock review • Delayed Transfer of Care Project • Multi Agency Discharge Event (MADE)
Community Crisis Alternatives:	<p>To expand community Crisis Alternative services.</p> <p>In addition to the community crisis alternative services operating across Kent and Medway during 2021/22, £1,202,659 investment for 2022/23 has been secured from NHSEI to sustain and develop:</p> <ul style="list-style-type: none"> • Staying Alive App • SHOUT Text Service • 24/7 Mental Health Matters Helpline (additional 10,000 calls) • Participation Workers (18-25 year olds) • Peer Support Service for people with Autistic Spectrum Conditions in mental health crisis • Peer support service for people recently in crisis. <p>Contracts for safe havens and crisis cafes end on 31/03/2023; a review of current service delivery models has been conducted. In addition, national scoping of nonclinical community crisis alternative services (including crisis and well-being cafes) and their role in supporting access to</p>

	<p>crisis assessment away from A&E is underway to identify best practice and inform future commissioning.</p>
<p>Ambulance Mental Health Response</p>	<p>Following notification from NHSEI that funding is going to be delayed for ambulance mental health response vehicles, the Urgent and Emergency Care partners involved are looking at alternative ways to provide mental health response.</p> <p>The delay of this important intervention is owing to the need to prioritise the removal of dormitory wards.</p>
<p>Therapeutic Acute Mental Health Inpatient Care</p>	<p>KMPT have submitted a Business Case to their executive to include older adults inpatients in the scope of improving the service user experience and length of stay in an acute setting. KMPT have started to recruit to specific roles to expand the range of therapeutic activities available.</p>
<p>Section 136/135 (local priority)</p>	<p>What is a Section 136 (S136)</p> <p>S136 is a police holding power under the Mental Health Act (MHA), that enables the police to detain someone for up to 24hrs (can be extended to 36hrs if there is a physical health need that requires treatment) if they believe them to be in a mental health crisis and a risk to themselves or others and move them to a place of safety. The individual will then undergo a mental health assessment, which will determine the outcome of the s136 being either discharged from s136, admitted informally or admitted under another section of the MHA. A s136 can take place in any community setting outside of the individual's home.</p> <p>What is a Section 135 (S135)</p> <p>S135 warrant allows the police to enter into an individual's home and take them to a place of safety for a MHA assessment to be done (as above)</p> <p>The S136 Improvement project group has worked on the deep dive recommendations over the last 2 years to reduce the number of s136 patients across both Kent & Medway. There has been an emphasis on collaborative partnership working, which has helped to improve communications between all parties involved in S136 and work continues to improve the pathway and experience for users.</p> <p>Medway has seen a 45% reduction in S136 numbers from 20/21 (309) to 21/22 (165), and numbers continue to decline across Kent & Medway each month. Section 135 numbers at pre Covid Pandemic rates. There was an increase of approximately 20 S135's between Jul – Dec in</p>

	2020 across the County, expected due to lockdown procedures for Covid at that time. Following this spike in s135 numbers figures for 20/21 reduced and dropped back to 26. In comparison S136 has seen its biggest decrease in figures during 20/21 & 21/22.	
	Section 135	Year
		Figures
		2018/19
		26
		2019/20
		45
		2020/21
		26
		2021/22
		8

5. Community Mental Health Services in Medway

- 5.1 As we reported back in June 2021 when we last presented to this committee, we continue to enhance and improve our community services in Medway as highlighted earlier with some of the new investment and service redesign work that is being undertaken.
- 5.2 At the same time, we want the committee to be reassured that we still retain services that offer support to the people of Medway in the community and details of these services can found in Appendix A.

6. Transforming Dementia Services

- 6.1 The progress to transform dementia services across Kent and Medway falls into four categories:
- The development of a system wide Dementia Strategy
 - Improving Diagnosis
 - Support before and after Diagnosis
 - Care at Home, in Hospital, and in Care Homes
- 6.2 Dementia Strategy
- 6.2.1 A strategy has been drafted following significant engagement with a range of stakeholders, including engagement with the Medway Health and Wellbeing Board and workshops with specific communities, i.e. care homes, BAME and learning disability, to hear from them about any specific challenges or issues in obtaining a diagnosis or post diagnostic support and how these processes may need to be tailored to their specific needs. The intention is that it will be a joint strategy between the Kent and Medway Integrated Care System (ICS), Medway Council and Kent County Council (KCC). The composition of the final document is being reviewed and will progress through partners' governance in Summer of 2022.

6.3 Improving Diagnosis

6.3.1 Progress continues to be made in the standards that relate to dementia diagnosis and the national dementia diagnosis rate (DDR) target (67% of people with dementia should have a diagnosis). Between February 2021 and February 2022, the number of people on the dementia registers in Kent and Medway has increased by 9%. This represents a 2.12% increase on the DDR. Whilst there is still a significant opportunity to diagnose people living with dementia in Kent and Medway, it should be noted that this improvement is at a greater pace than both England 0.14% and the South region 0.68%.

6.3.2 There are a number of initiatives in place to increase the diagnosis rate:

- Transformation of memory assessment pathway to enable people to receive a diagnosis within six weeks of referral where appropriate and wanted by the person living with dementia. This will be work across primary care and KMPT.
- From May 2022, KMPT Enhanced Memory Assessment and Intervention Service (EMAIS) will see assessment and diagnosis being made at the same appointment for as many people as possible where appropriate and wanted by the patient. This EMAIS? will be available in Medway.
- GPs with an Enhanced Role (GPwER) with a special interest in dementia. 10 GPs were recruited last year across Kent and Medway; 3 GPs are based in Medway practices. In May 2022, they will be able to diagnose less complex dementias which will reduce the system wide memory assessment waiting list and support the system to reach the nationally prescribed dementia diagnosis rates.
- The Enhanced Health in Care Home (EHCH) framework was developed at a national level and had the aim of strengthening the support to people who live and work in care homes. Additional funding has been provided to Primary Care Networks (PCNs) providing the EHCH service. It is estimated that 70-80% of people in care homes have dementia and the Kent and Medway service specification encourages the use of Diagnosing Advanced Dementia Mandate (DiADeM), a tool to support GPs in diagnosing dementia for people living with advanced dementia in a care home setting.
- Data Harmonisation - In a number of cases individuals have received a diagnosis, but this does not appear on a GP practice's dementia register because the diagnosis has not been coded correctly. A data harmonisation tool which identifies uncoded diagnosis has been developed and has been shared with primary care to ensure their data is as up to date as possible.
- Neuro-Imaging - An MRI scan is usually used to support a diagnosis of dementia, but the pandemic has created a backlog of people waiting for this investigation at the various acute trusts across Kent and Medway. A Memory Assessment Diagnostic Imaging Protocol has been developed to

ensure consistency in ordering and reporting imaging. Engagement with the Diagnostics Imaging Network, the Imaging Recovery Programme and Medway Foundation Trust Radiology Departments is underway.

6.4 Support Before and After Diagnosis

Dementia Co-ordination

Engagement with people living with dementia and their carers highlighted that once a diagnosis has been received, it is often very difficult to access the right services at the right time, partly due to lack of knowledge of local services. In response to this, a dementia co-ordinator service aligned to PCNs (one Dementia Coordinator role per PCN) has been commissioned that provides a consistent point of access from the point of referral to end of life for the person with dementia and their carer. The co-ordinator's knowledge of local services will ensure that the right service can be accessed at the right time. The dementia co-ordinator service went live on 1st April 2022 and will be delivered by Alzheimer's & Dementia Support Services. The Dementia Coordinator Service will work alongside the Medway Wellbeing Navigation Service.

- Carers Support

The service specification for Admiral Nursing is being reviewed to ensure consistency in practice across Kent and Medway. It recognises that since the service specification was put in place, new services such as the Dementia Coordinator service have been commissioned. The review will also seek to ensure equitable provision across Kent and Medway.

6.5 Care at Home, in Hospital and in Care Homes

- Engagement with members of the public identified that the scope of the enhanced care model for people with dementia and complex needs should contain support for people in their own homes, in care homes, for those transitioning from a hospital setting and set up/step down beds. Engagement is currently underway with Medway and Swale HCP? to better understand existing services and emerging services that are being developed in response to the requirements of the Ageing Well programme as outlined in the NHS Long Term Plan 2019.

6.6 Our Plan for the Frank Lloyd Unit (FLU)

6.6.1 As we have already indicated there is significant investment going in to support people living with dementia in the community.

6.6.2 Medway Foundation Trust (MFT) are actively exploring several options on how they could utilise the Frank Lloyd Unit (FLU) to enhance their frailty pathway.

- 6.6.3 They are currently mobilising the Minster site beds to become fully operational which should inform their approach for the FLU. It is hoped that the Minster site will serve as a proof of concept to support any future models that might be implemented at the Frank Lloyd Unit subject to assessing the need and any new requirements. Should this plan be agreed, this will add capacity to the Medway locality. As soon, as our partners at MFT develop the proposal with set timescales we will share this with the committee.
- 6.6.4 This plan further demonstrates how the health system at a place level in Medway is delivering for the residents of Medway.
- 6.6.5 Whilst this dementia services transformation programme as set out above continues, the Frank Lloyd Unit in Sittingbourne remains closed. We recognise that this is a valuable community asset. As agreed, we will continue to update the Committee on progress and detail how our changing model of care supports dementia patients with complex care needs in the community.

7 Risk management

- 7.1 There are no risks to the Council directly arising from this report.

8 Consultation

- 8.1 There are no matters raised in this paper that warrant consultation nor is there any new consultation update to provide to the committee.

9. Financial implications

- 9.1 The LTP money is held within the CCG and is accountable to NHS England. Medway's Partnership Commissioning across the CCG and Council oversee Medway contributions. There are no financial implications arising directly from the recommendations within this report.

10. Legal implications

- 10.1 There are no legal implications to Medway Council arising directly from the recommendations of this report

11. Recommendation

- 11.1 Members are asked to:

- a) note the progress update in this report.
- b) agree that regular updates on Kent and Medway's mental health and dementia improvement programme to continue to be brought for information and discussion to this Committee.

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Appendices

Appendix A – Community Mental Health Services in Medway

Background papers

None