

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

22 AUGUST 2023

KENT AND MEDWAY NHS & SOCIAL CARE PARTNERSHIP TRUST (KMPT) UPDATE

Report from: Dr Adrian Richardson, Director of Partnerships and Transformation

Summary

The report seeks to update the Committee on progress at Kent and Medway NHS and Social Care Partnership Trust. Prior to the Committee there was a request for more information on waiting lists associated with Complex Emotional Difficulties and Hoarding, this is included in this report.

1. Recommendation

1.1 The Committee is asked to note the report.

2. Budget and policy framework

2.1 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.

3. Background

3.1 Medway has a number of mental health and learning disability services across both statutory and Third Sector providers covering the full spectrum of mental health needs. People access mental health support at many points depending on their presentation from their general practitioner (GP) and local authority to the specialist care delivered by KMPT for people with serious mental illness (SMI), service details are attached in appendix A and B.

- 3.2 This report predominantly reports against the KMPT provision, as requested by the Committee. KMPT is commissioned to provide a range of specialist inpatient, community and specifically tailored services to the younger and older adult population of Medway and Swale. Some of these services are based in Medway; others are based outside of Medway and offer an in-reach provision to the residents of Medway.
- 3.3 There are a number of services KMPT do not provide including Children and Young People and eating disorder services, for children and adults, both of which are provided North East London NHS Foundation Trust (NELFT). Neither does the Trust provide Improving Access to Psychological Therapies (IAPT) services, front line talking therapies, these are provided by a Third Sector organisation.
- 3.4 KMPT last reported to the Committee in August 2021. Since then, a number of changes have taken place or are due to take place in terms of senior leadership within the organisation. In January 2023 the current Chief Executive, Helen Greatorex announced her retirement in November 2023:

Name	Role	Date
Andy Cruickshank	Chief Nursing Officer	Joined March 2022
Donna Hayward-Sussex	Chief Operating Officer	Joined March 2022
Adrian Richardson	Director of Partnerships and Transformation	Joined January 2023
Sheila Stenson	Chief Executive (replacing Helen Greatorex)	Appointed to take on role November 2023
Nick Brown	Chief Financial Officer (replacing Sheila Stenson)	Appointed to take on role November 2023

4. Performance

4.1 In-Patients

- 4.1.1 Out of Area placements which exceed contracted beds has seen a reduction in recent months. Across KMPT 107 bed days were used in June 2023 (17 Young Adults (YA) Acute and 90 Psychiatric Intensive Care Unit (PICU)), compared to 173 in May (62 YA Acute and 111 PICU), below the annual average and significantly lower than since the peak of 322 days in September 2022. As at July 28th there had been no Acute placements since June 26th.
- 4.1.2 In the 12 months from July 2022 patients from Medway have used 477 bed days (417 PICU and 60 YA acute), this represents nine individual patients.
- 4.1.3 Bed pressures continue within our acute bed stock with occupancy exceeding 95%. Days lost to those Clinically Ready for Discharge (previously referred to

as Delayed Transfers of Care) increased for the second successive month in June 2023 to 13.1%, the highest position since August 2022 (13.3%).

4.1.4 Days lost for Medway patients over the last 12 months were 13.5% compared to a trust average of 12% across the acute bed stock. Colleagues in the ICB are now leading a piece of work to support KMPT in helping to secure the most appropriate onward provision for those delayed.

4.1.5 Despite the pressure from demand for beds and continued delays it is positive that Younger Adult length of stay has remained stable for the last 12 months below 35 days which is below the national average. Medway patients experience a lower Length of Stay still of 32.3 days over the last 12 months.

4.2 Community Services

4.2.1 The trust continues to meet the national target for People with A First Episode Of Psychosis Beginning Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral. For the 12 months to June 2023 64% of Medway patients commenced treatment within two weeks.

4.2.2 Response time for Liaison services within Medway have exceeded 90% in the last 12 months, approximately 5% higher than the KMPT average.

4.2.3 There is recognition of continued challenges in meeting performance targets consistently across Community Mental Health Teams (CMHTs) and Community Mental Health Services for Older People (CMHSOPs) with a high degree of variability between teams. Addressing unwarranted variance will largely be addressed in the planned changes for community transformation. In some HCP areas a primary care service exists (differing models across K&M) with no provision in Medway. The new Mental Health Together model will support new ways of working and address demand with a consistent model across the system. This will support the reduction in caseloads which can only be achieved with support from all agencies providing a suitable step-down model for patients whose mental state is stable. Pressure from incoming referrals remains high.

4.2.4 The pilot of the initial phase of the Community Mental Health Framework commenced in the Medway locality from April 2023 and whilst this will not demonstrate a sudden impact is an important step. The second phase of Community Mental Health Framework will commence implementation in East Kent from July 2023. Again, this will not demonstrate a sudden impact but the implementation of Mental Health Together will help transition to a system wide target in line with previously highlighted national waiting time metrics for this patient group. There are plans in place to commence stage 2 of the pilot in Medway in October 2023. This requires additional investment which has been identified for standing up the Mental Health Together service.

4.2.5 The valuable learning from both pilot sites will underpin planned improvements across Kent and Medway.

4.2.6 Challenges remain in compliance with care planning measures due to high caseloads and new demand. Medway CMHT faces particular challenge with current compliance for Non-CPA care plans and personal support plans at 43.4%. Case reviews continue in Medway to ensure patients are on correct pathway with a clear plan for further care, this represents a sizeable piece of work as Medway CMHT currently has over 1,200 referrals open. This caseload review will be completed by October 2023 when phase two of the CMHF will be implemented in this area following the pilot in East Kent. This should see a reduction in caseload sizes as people receive treatment in the new Mental Health Together services.

4.3 Community Older People Services

4.3.1 CMHSOPs are addressing three waiting lists: 4 weeks wait for functional presentations; 6 weeks wait to assessment for organic (dementia) presentations and 18 weeks to treatment for all referrals. The vast majority of the activity sits within organic presentations with the new Enhanced Memory Assessment and Intervention Service (EMAIS) combining the assessment and commencement of treatment into a single activity, which is more user-friendly and increases clinical capacity.

4.3.2 A focussed piece of work has reduced a backlog for Organic presentations that was accrued due to the impact of the pandemic with a plan for reduction to zero by the end of September.

4.3.3 Immediate actions are being taken to ensure the new model is implemented consistently. These include the teams continuing to review caseloads to ensure accuracy of waiting lists and understanding capacity available to deliver each aspect of the pathway. Additionally, there is focus on increasing the data completeness of diagnosis recording to allow a transition to a measure of time to diagnosis for this patient group.

5. Workforce

5.1 Workforce is a key area of focus for KMPT and Medway has similar challenges to the rest of the catchment areas. For June the vacancy rate for Medway teams was 20.98%.

5.2 Medway specific workforce data for June is presented in the table below, with Trust wide workforce data included in Appendix C:

Indicator	Jun-23
Vacancy Gap	20.98%
Staff Stability	71.35%
Staff Turnover	18.23%
Staff Voluntary Turnover	15.98%
Establishment	189.36

- 5.3 The vacancy rate reported in paragraph 5.2 is higher than the Trust (13.7%) because the Trust rate is offset by Support Services where rates are lower. In terms of range Medway lies close to the mean across KMPT in terms of vacancy gap and turnover.
- 5.4 A number of recruitment initiatives to reduce vacancies are underway across the organisation and all of these are being utilised to address vacancy rates within Medway.
- 5.5 The Trust is undertaking a programme of work on reducing the time to hire and improving recruitment processes so each candidate has a single point of contact now, and time to hire is decreasing.
- 5.6 The Trust is increasing its use of social media (predominantly through the Recruitment Team's use of LinkedIn). and we're doing some work at the moment to establish our employer value proposition, our brand and our profile.
- 5.7 The Trust has also held open days with good success in a number of areas including within Medway, and for longer term benefit, we're refreshing our approach to work experience and careers engagement.
- 5.8 63.4% of staff responded to the annual National Staff Survey for 2022. The survey results in general have remained stable over the past 5 years (Appendix D).
- 5.9 Particular areas of improvement within the Medway teams (Appendix E) include themes on recognition for good work, involvement in change affecting work, capacity/demand and burnout. Strengths within Medway teams were reflected in fairness around career progression, attachment to teams and kindness within teams, not working additional hours and receiving feedback. It is noted that a number of areas of improvement form part of the people ambitions within the new Trust strategy with work underway to address these in the next three years.

6. Finance

- 6.1 For the financial year 2022/23 the Trust reported a breakeven position.
- 6.2 The Trust has a balanced financial plan for 2023/24. This includes £4.76m of efficiency savings in year. At Month 3 the Trust is forecasting to deliver against its plan.
- 6.3 The main challenges to the Trust are the delivery of its efficiency plan; and the vacancy position referenced in 4.1, which is leading to high agency usage in year.

7. Strategy

- 7.1 In April 2023 KMPT launched the new 3-year strategy (appendix F), outlining the direction for the organisation. There are 3 key strategic ambitions, 3 strategic enablers and outcomes associated with these to ensure progress can be tracked and measured.
- 7.2 The 3 Strategic ambitions are based on the people we care for, the people who work for us and our partners. Under these ambitions are 42 outcomes that will be tracked monthly to ensure progress is made and where necessary corrective action can be established
- 7.3 There are also 3 strategic enablers that will ensure conditions to achieve the strategic ambitions are as favourable as possible. These are ensuring our digital infrastructure is fit for purpose and meets the needs of our patients and workforce, ensuring we are financially and environmentally sustainable, and ensuring our estate works for our patients and workforce.
- 7.4 A new accountability and review framework has been established and progress against our outcomes will be monitored monthly and reported to our Committees and Board.

8. Improvements for Patients and Other Updates

8.1 Ruby Ward

- 8.1.1 Last year we started work on a new, state of the art, mental health ward on our Hermitage Lane site in Maidstone – known as Ruby ward. The purpose-built, inpatient facility for older adults with functional mental health needs is part of a national drive to eradicate ‘dormitory’ style wards in inpatient mental health facilities.
- 8.1.2 The project is due to be completed later this year. Over the last six months great progress has been made. The main steel structure is in place, the roof has been finished and the majority of the external brickwork has been completed. Solar roof panels are now being installed to generate renewable electricity from solar power – helping to deliver on the trust’s Green Plan.

8.2 Fit for The Future

In April 2023 KMPT implemented a new directorate structure whereupon our services are aligned to Health Care Partners. The five directorates consist of Forensic and Specialist and Acute Services (trust wide specialist and inpatient services) and 3 community directorates (North, East and West). In Medway the North Directorate host community services including rehabilitation, Early Intervention, Community Mental Health, Liaison Psychiatry and Crisis Resolution Home Treatment. There are significant benefits for groups of services being managed at ‘place’ including the creation of seamless pathways for patients and improved engagement with local developments.

8.3 Community Mental Health Framework (CMHF)

8.3.1 Community Transformation (Community Mental Health Framework) in Medway. It is recognised that the absence of a primary care mental health service in Medway results in large volumes of referrals being received into a secondary care mental health service (high intensity service) which means that people are not receiving the right care at the right time. The transformation seeks to address this with the introduction of Mental Health Together a service that brings together statutory and voluntary sector partners together in a new model of care for community mental health. Early findings from the pilot suggest that 74% of referrals received in KMPT would benefit from this new model with 26% requiring a high intensive such as CMHT. KMPT are working with partners to establish the new service in October 2023.

8.4 Dementia

8.4.1 Planning is underway to increase diagnostic capacity to meet the increasing demand which the service is facing, this includes adding clinicians with different professional backgrounds to the pool of staff who can conduct diagnostic assessments and increasing the numbers of people seen in primary care and care home settings.

8.5 Waiting Lists for Complex Emotional Difficulties (CED)

8.5.1 The Committee has requested an update on waiting lists for patients with complex emotional difficulties. Waiting lists for psychology are not broken down by cluster (there are 21 clusters covering a range of diagnosis and needs, Complex Emotional Difficulties constitutes part of one cluster) and therefore it is not possible to provide this specific detail. Generally, the waiting time for an assessment in Medway is 1 to 2 months, and for treatment at the moment, at least 9 to 12 months.

8.5.2 Patients with a CED diagnosis are typically offered NICE recommended treatments such as MBT (mentalisation based therapy). The Trust currently has a number of staff engaged in the Health Education England funded training to deliver this treatment.

8.5.3 Other treatments are available specifically for CED including CED Change and STEPPs, however due to ongoing workforce constraints, these interventions have not been available in Medway.

8.5.4 Phase I of the CMHF Transformation was commenced in Medway in April however, and this has introduced The Complex Trauma Workshop (half a day, in person workshop), and Understanding Complex Emotional Difficulties Workshop (half a day, on-line).

8.5.5 Medway in particular has been subject to severe staffing shortages recently, which impacts the availability of the wider CMHT based psychologically informed interventions (i.e. Initial Interventions, CED Change Programme, STEPPs Programme and Life Skills Group). This has meant a greater

demand on the more specialist psychological therapies team and thus longer waits.

- 8.5.6 In line with the National 5 Year Plan we are seeking to increase the psychological workforce by 60% & this will target long waits and improve access to psychological therapies, as will the Community Mental Health Framework Transformation as it's rolled out.
- 8.5.7 Already, the Trust has employed cohorts of both CAP (Clinical Associate Psychologist) trainees and MHWP (Mental health Wellbeing Practitioner) trainees, both cohorts coming to the end of their training, with the likelihood of more trainee cohorts next year.
- 8.5.8 Medway psychological therapies have more recently improved their assessment pathway by reducing the number of sessions needed to complete an assessment and reducing the number of clinicians required to assess (unless it's clinically deemed otherwise). Also, adhering to recommended treatment lengths (i.e. 24 sessions for all clusters, expect Clusters 7 & 8 = up to 42 sessions+).
- 8.6 Hoarding
- 8.6.1 The Committee has requested an update on how people who self-neglect and hoard are supported by KMPT. Self-neglect can be a feature of the illness itself, or of other chronic mental illness. When patients are encountered with elements of self-neglect or hoarding KMPT uses the Multi Agency Self Neglect and Hoarding Policy (Appendix G).
- 8.6.2 It is challenging to capture the data on this quantitatively as in the vast majority of patients, hoarding is a co-morbid presentation. Generally, the number of patients presenting with this condition in isolation is very small. – Demographic studies tell us that the condition itself is less prevalent, and also we know that patients with this condition sadly rarely present for help. Currently the estimate is around 2 patients in the North of Kent.
- 8.6.3 Typically, patients are referred in the first instance to social services as the immediate concern is more often one of a health and safety perspective (patients with this condition rarely present for help, are often difficult to engage and mostly it's the ultimate issue of H&S that eventually necessitates services to intervene, which then highlights any underlying mental health concerns).
- 8.6.4 CMHTs tend to refer to social services and possibly a KERs worker, who might intervene in the first instance. This intervention can contribute significantly towards helping the patient begin to think about the issue as problematic and therefore engage with mental health services. From a psychological perspective, if we are successful in engaging the patient we would offer a CBT based first intervention, followed by any other NICE recommended treatment if required, as identified by any further assessment of additional psychological need.

9. Care Quality Commission (CQC)

9.1 Acute Inpatient Wards

- 9.1.1 In May the CQC visited all three acute inpatient sites. In all three hospitals we found that physical health checks following the administration of oral and intramuscular 'as required' medicines for rapid tranquilisation were not always happening and/or recorded.
- 9.1.2 They also found that on the Priority House site 'as required' medication was frequently used but did not always find reasons documented.
- 9.1.3 In all three hospitals they found issues with restrictive practices. There were inconsistencies in how staff recorded and reviewed blanket restrictions.
- 9.1.4 We acted swiftly in response to the CQC's warning notice on rapid tranquilisation to immediately address their concerns. One of many measures we put in place was the introduction of new bespoke training, which over 93% of staff have already completed.
- 9.1.5 In April KMPT introduced a new incident reporting system to enhance learning from incidents and help improve the care provided at KMPT. It is acknowledged that there were staff yet to complete training on how to use the new system when the CQC visited in May. Measures were put in place to address this and ensure there are suitably trained staff working in every KMPT service and setting. Arrangements were also put in place to capture all incidents that took place where staff were not able to update the new system straight away, and ensure they are recorded on the new system going forwards.
- 9.1.6 Many of the systemic areas identified for improvement were issues we were already working to resolve, and we will continue this work at pace. However, it is encouraging the CQC found our staff are caring and hard-working and service users told the CQC they felt safe, staff treated them with kindness and respect, and their family members provided positive feedback.

9.2 Brookfield and Tarentfort Centres

- 9.2.1 Brookfield and Tarentfort Centres are services that provide specialist services to men with a learning disability whose offending behaviour and complex mental health needs require care in either a locked or low secure setting.
- 9.2.2 The CQC inspected Brookfield and Tarentfort Centres in Spring 2023. Tarentfort was not rated due to commission changes. Brookfield was reduced to Requires Improvement, having previously been Outstanding.
- 9.2.3 Since the CQC inspected KMPT have already addressed most of their recommendations. Some of their broader findings around processes and systems align with what have already been committed to improving through the new three-year strategy.

10. Risk Management

10.1 There are no risks arising from this report.

11. Financial implications

11.1 There are no financial implications to Medway Council arising directly from the recommendations of this report.

12. Legal implications

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

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Appendices:

Appendix A –KMPT Services within Medway

Appendix B –KMPT Services outside of Medway that offer an in-reach provision to the residents of Medway

Appendix C - KMPT Board Integrated Quality and Performance Review June 2023

Appendix D - Staff experience culture and the National Staff Survey 2022

Appendix E - Staff Survey Results Medway 2022

Appendix F - KMPT 2023 - 26 Trust Strategy

Appendix G - Multi Agency Self Neglect and Hoarding Policy and Procedures

Background papers:

None