

## **Health and Adult Social Care Overview and Scrutiny Committee**

**18 January 2024**

### **Kent and Medway NHS & Social Care Partnership Trust (KMPT) & Medway Council Patient Pathway Joint Briefing**

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#### **Summary**

The aim of this report is to describe in high-level terms our patients' in-patient journey from, admission to treatment and discharge from in-patient care to an alternative setting. This report seeks to highlight the current processes, challenges and the on-going improvement work which will deliver cohesive, patient centered mental health care to the people of Kent & Medway.

In addition, an overview of safeguarding activity at KMPT has been 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 Following an organisational update to the Committee in August 2023 and a briefing on the 2023 strategy, KMPT has been asked to continue to work with the Committee with regular updates that are themed.
- 3.2 Following an agenda setting meeting with the Chair of the Committee on Thursday 2<sup>nd</sup> November KMPT has been requested to brief the acute in-patient pathway.
- 3.3 KMPT has developed its 3-year strategy which was presented to this committee in October 2023. The strategy aims to improve the overall experience and care that our patients can expect from the trust and improve patient outcomes. It is therefore pertinent to describe our patients' pathways and some of the complexities in delivering the care that we aspire to.

### 4. Patient Admissions

- 4.1 Patients that require in-patient mental health treatment may access care from variety of routes. This could include but is not limited to, via an acute hospital such as from an emergency department (ED), custody suites, places of safety or a referral from a community setting (such a GP or Community Mental Health Team (CMHT)).
- 4.2 All admissions are supervised by mental health practitioners who are located at all points of admission, as is the national standard.
- 4.3 The Community Mental Health Framework (CMHF) is a transformational change programme which seeks to improve mental health, physical health, social care, voluntary, community and social enterprise (VCSE) organisations, primary and secondary care to deliver integrated, personalised, place-based, well-co-ordinated care. The new service, which is being led by KMPT is called Mental Health Together. Two pilots for this new model of care are due to commence in Thanet and Medway.
- 4.4 In Medway, the Community Mental Health team (CMHT) receives around 400 referrals a month, the vast majority of which are referred by their GP with the referral reason recorded as depression. In addition to this the Community Mental Health Service for Older People (CMHSOP) receive 150 referrals a month. Again, most are referred by their GP with an organic brain disorder.

4.5 The below table shows how KMPT compares to national benchmarking against some key admissions metrics.

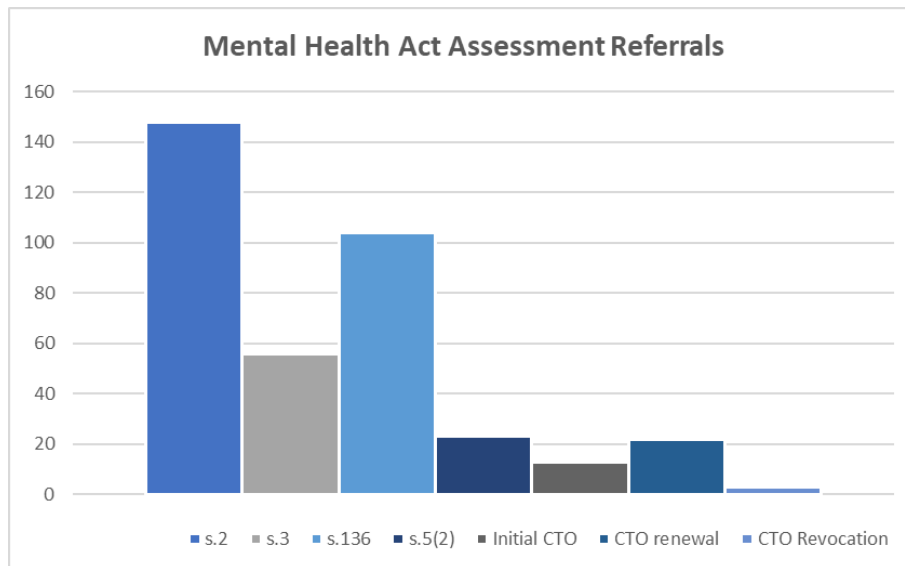
	In-patient Adult Services		Older Adult In-patient services	
	NHS (E&NI)	KMPT	NHS (E&NI)	KMPT
% of admissions not previously known to mental health services	12%	4%	15%	0%
Readmission rates within 30days of discharge	9%	6%	5%	4%

4.6 As well as the CMHF, there are a number of transformation programmes underway to improve the patient pathway and to ensure that patients are able to access the right care, in the right place at the right time – avoiding any unnecessary admissions to acute in-patient settings. These improvements include:

- Front door mental health triage clinicians with ED's, who, where appropriate, will signpost patients away from ED's to alternative services. Current hours of operation are weekdays; 17:00 – 00:00 and weekends; 15:00 – 00:00.
- community safe havens (Folkstone/ Thanet/ Canterbury/ Maidstone). These are led by voluntary, community and social enterprise (VCSE) organisations and are available 7 days per week; 18:00-23:00.
- 2 x 24/7 safe havens which are co-located on Acute Trust sites and will have a phased implementation. Medway safe haven opened on 1<sup>st</sup> August 2023 and from October 2023 is open from 12:00 – 00:00. Opening hours will be extended to 24hours per day by April 2024. The Thanet safe haven will open on the QEQM site 24/7 from April 2024.
- Additional community safe havens are due to open by April 2024 in Medway, Ramsgate, Folkstone, Dartford, Maidstone, Pembury and Canterbury and will be available 18:00 – 23:00.
- 2 x crisis cafes are open 7 evenings per week in Medway and Ramsgate with additional cafes open on intermittent days in Maidstone.
- Phased provision of 13 crisis beds spread across 3 crisis houses. This is delivered by the voluntary and community sector (VCSE) and gatekept by KMPT for short term residential stay of up to 7 days as an alternative to Emergency Departments or KMPT Inpatient Admission. A 5-bed house opening in Medway October 2023. Additional 2 x 4 bed crisis houses opening Q124/25.

## 5 Medway Council Approved Mental Health Practitioners (AMHP)

- 5.1 The AMHP team undertakes the Mental Health Act assessments for Medway clients. The role of the AMHP is complex; the Mental Health Act (MHA) 1983 (as amended 2007) applies to everyone. There is no age limit in respect of people being assessed, this can include children and young people.
- 5.2 It is fundamental to the role of the AMHP that they operate as a statutory body and as such they undertake Mental Health Act Assessments (MHAA) on behalf of the local authority, however they cannot be instructed by the local authority e.g., as to outcome, decision to detain, etc.
- 5.3 The AMHP's duty is to consider the case and make their own independent decision. The AMHP is personally liable for their decisions with the concomitant legal liability of such a position.
- 5.4 An assessment under the MHA may be arranged when a person is thought to be suffering from a mental disorder and is considered to pose a risk to themselves or others.
- 5.5 Prior to requesting a MHA assessment, consideration should be given to whether there may be other ways to support the person, such as input from a Community Mental Health Team or Crisis Team, a review of social care needs, family support or help from the GP.
- 5.6 The purpose of the assessment is to consider whether it is necessary to detain a person in hospital under a section of the MHA. A person will only be detained under the MHA if their care and treatment can no longer be provided safely in the community, and they are unwilling (or unable) to agree to go into hospital (or stay in hospital) voluntarily.
- 5.7 The AMHP is central to the assessment process under the MHA. AMHPs are required to counterbalance the medical model by applying the social model of mental health to the assessment. This allows for a holistic approach to the assessment.
- 5.8 Between 1<sup>st</sup> April 2022 and 21<sup>st</sup> March 2023 Medway AMHPs received 369 referrals for Mental Health Act Assessments, including Community Treatment Orders (CTO\*).



\* A CTO is an order made by a person's responsible clinician to provide supervised treatment in the community for their mental health problem instead of going to hospital. The responsible clinician can return a person to hospital and give them immediate treatment if necessary.

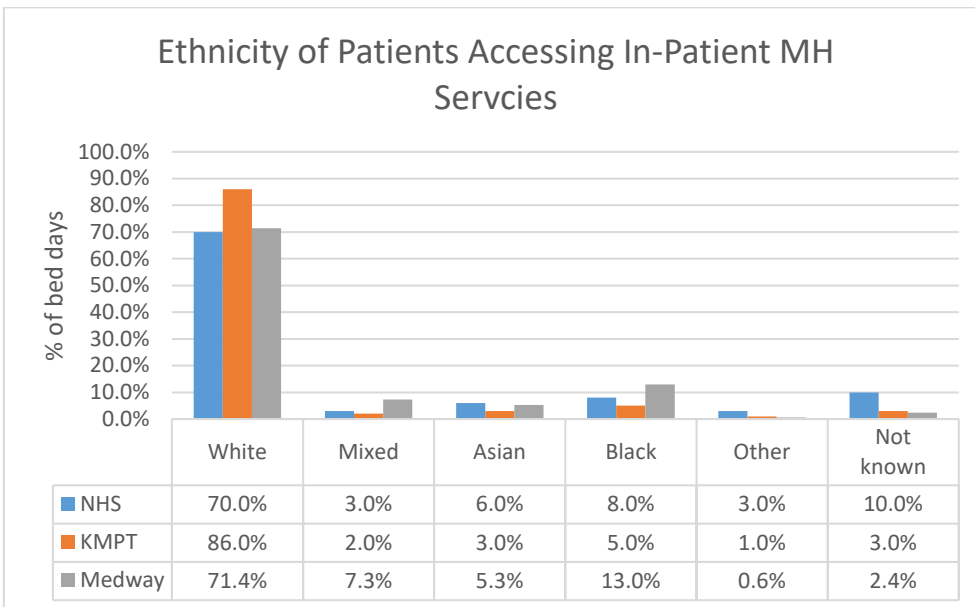
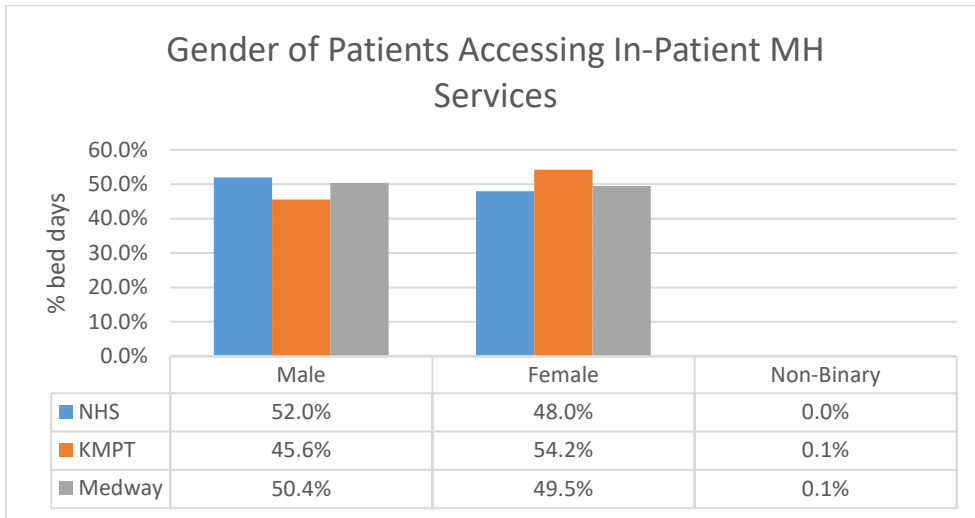
## 6. Inpatient Care and Treatment

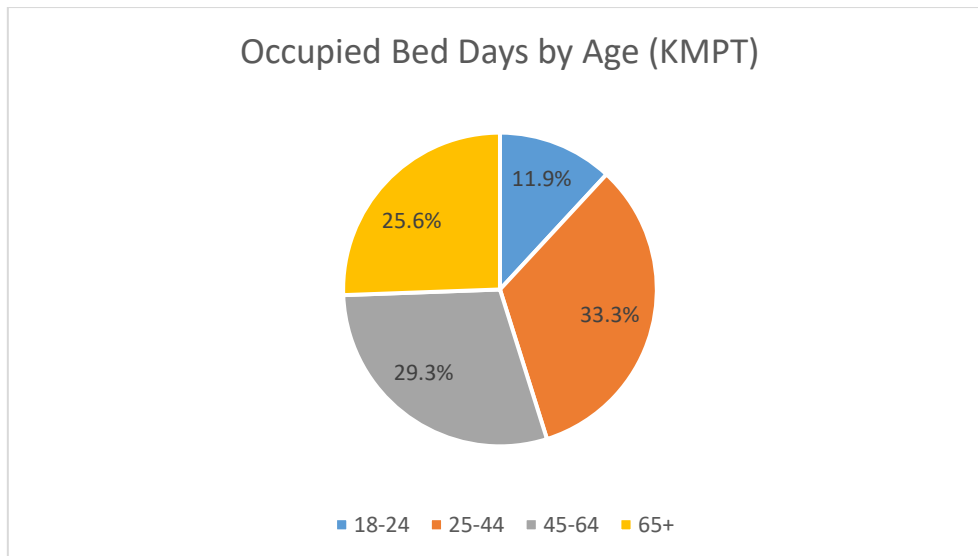
6.1 As part of the admission process there are many considerations which are addressed including but not limited to:

- Care is personalised to individual needs and there is shared decision making about care and treatment with the patient.
- Admissions are timely and purposeful, ensuring that in-patient treatment is only provided when it is absolutely necessary and cannot be delivered in the community. Our aim is that patients are admitted to the best environment for their needs, as close to home as possible and with the purpose of admission being clear to them. As a snapshot, on 17/11/23, KMPT had 6 patients in out of area Psychiatric Intensive Care Unit (PICU) beds, but no patient in out of area beds for Acute Mental Health Services.
- Hospital stays are therapeutic, ensuring patients receive timely access to assessments, interventions and treatments.
- Treatment is trauma informed so that previous traumas are understood, supported and treatment is delivered in a way that does not retraumatise.
- Discharge is timely and effective so that patients are discharged as soon as they are clinically ready and, therefore, discharge planning starts at the time of admission.

- Care is joined up across the health & care system throughout the patient's pathway to ensure that they are supported to stay well once they are discharged from in-patient care.
- We ensure that any health inequalities are identified and addressed at admission so that all patients have equal access to care regardless of any protected characteristic.

6.2 KMPT patient profile – the below data gives and overview of KMPT's patient profile from Nov 2022 – Oct 2023.





- 6.3 In summary, the gender of people accessing acute in-patient services is marginally higher in females at KMPT compared to males whereas nationally the split is marginally higher for males. Non-binary patients make up 0.1% of all bed days in KMPT. Over the last year the majority of patients have been aged 25-44 years old although there is a fairly even split between all adult age groups, with younger adults (18-25) making up just 11.9% of all bed days. In terms of ethnicity, whilst KMPT as a whole has less diversity in its in-patient with 86% of in-patient being white compared to 70% nationally. Medway has a similar profile to that of the national picture although there is a much higher of black people (13%) accessing in-patient services there compared to 5% for wider KMPT and 8% nationally.
- 6.4 In line with the national picture around staffing, recruitment and retention remain a constant pressure for KMPT.
- Nationally, vacancy rates for adult and older adults in-patient services are 16% and 14% respectively.
  - For KMPT, this is 14% and 19% respectively.
- 6.5 Reducing the vacancy rate is one of KMPT's strategic objectives and we have achieved our ambition to keep our overall vacancy rate below 14% for the last 5 months. Our ongoing focus is reducing medic vacancies where staffing remains challenging and increased use of agency staff is higher than we would like.
- 6.6 Over the last 12 months KMPT patients have, on average, an in-patient stay of 34 days. This is slightly higher for Medway patients at 35.8 bed days. The national average is 38 days. For older adults' services, the KMPT average length of stay is 101 bed days, for Medway patients this is lower at 81.2 bed days compared to a national average of 86 days.
- 6.7 At any given time, there are patients in acute beds who are clinically ready for discharge but transfer of care is delayed due to ongoing pressure within the wider health and social care system. As a snapshot, on 10<sup>th</sup> November, KMPT

had 47 patients in acute beds who were clinically ready for discharge. Two were Medway patients, one required supported accommodation whilst the other was awaiting a residential home placement. We track these numbers daily and work with partners actively to support patients into appropriate care. Whilst these number change daily, it gives context to the challenges faced by providers to maintain a purposeful admission pathway. The below table shows the percentage of bed days lost by delayed transfers of care.

	In-patient Adult Services		Older Adult In-patient services	
	NHS (E&NI)	KMPT	NHS (E&NI)	KMPT
% of bed days lost due to delayed transfer of care	7%	13%	13%	27%

6.8 The trust has a number of improvement initiatives in place to address this, as part of its 3-year strategy, which seek to improve the flow of patients through the organisation, ensuring a smoother admission and a safe discharge from inpatient care. These include but are not limited to:

6.8.1 Acute Day Unit (ADU) in one directorate initially to expand to one per HCP. Initial pilot developed to evaluate the provision. The acute unit (CRHT staff) will offer a range of interventions including close monitoring and medication management. This will provide crisis focused and a time limited non-residential service.

6.8.2 Red to Green is a process and set of principles to support patient flow within mental health inpatient settings by focusing on resolving issues which prevent patients progressing on the discharge pathway.

6.8.3 Dedicated team for Clinically Ready for Discharge (CRFD) patients to achieve hospital discharge by working proactively with and supporting providers with placements of patients with complex mental health needs. Workforce model achieved by remodelling of patient flow team.

## 7 Discharge from in-patient services

7.1 KMPT aims to secure a safe and effective discharge for every patient in its in-patient services. Readmission rates within KMPT overall and in Medway specifically are lower than national benchmarking.

- For adult in-patient services, 6% of KMPT patients are readmitted within 30 days of discharge compared to 9% nationally.
- For older adults it is 4% at KMPT compared to 5% nationally
- For Medway, it is 5.3% of adults and 4.2% of older adults.

7.2 The Care Programme Approach (CPA) is a package of care for people with mental health problems. Discharged patients should have a care plan and someone to co-ordinate their care upon discharge from secondary care services. Every patient should receive a follow up within 72hours of discharge.



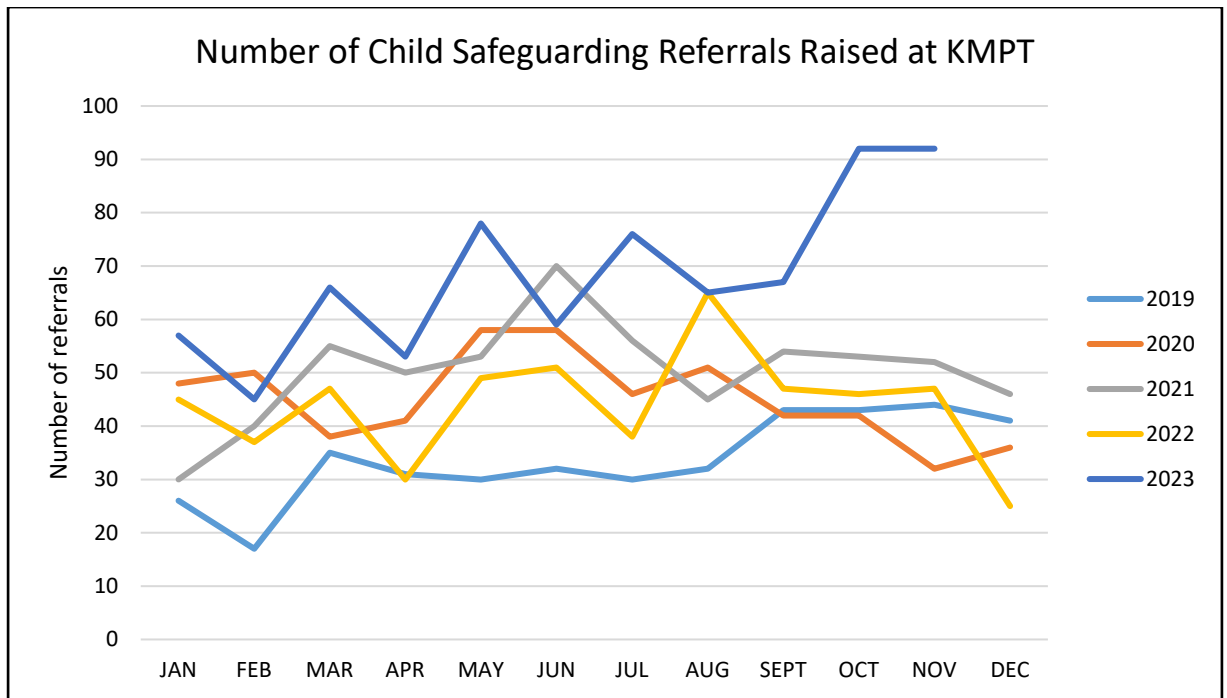
In KMPT, 80.1% of CPA patients receive a follow up with 72hours, this is slightly lower in Medway at 77%. This metric is not nationally benchmarked.

## 8. Medway Council Adult Social Care – Supporting Hospital Discharge

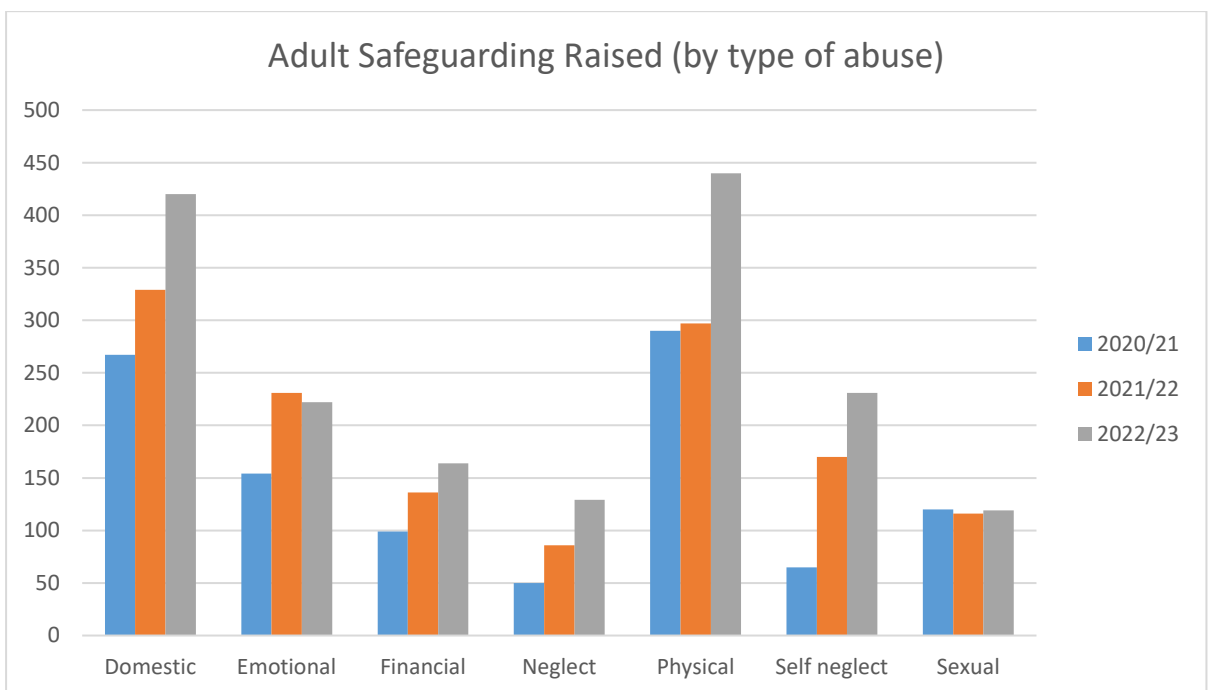
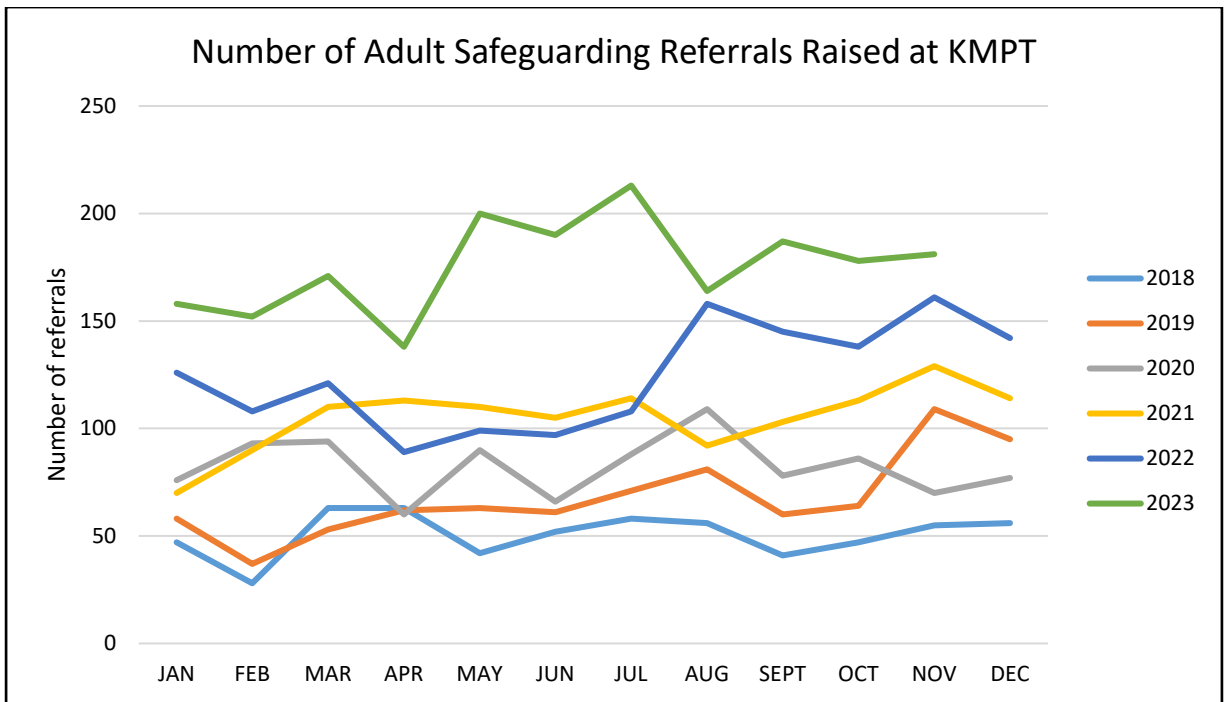
- 8.1 Residential and Nursing Care homes are registered with the CQC to provide care and support for an agreed number of people. People living in Care Homes have their own room - it is their home, and, in this respect, care homes cannot increase capacity to accept more people if they are full.
- 8.2 Currently, there is a lack of beds available in care homes across Medway and Kent and this is having an impact on Adult Social Care's ability to support people's discharge from hospital when they are ready to leave.
- 8.3 These delayed transfers of care result in hospital beds not being freed up to enable other patients to move into them.
- 8.4 Medway Council and KMPT work closely to support people's discharge from hospitals, and issues are escalated to the Assistant Director, if necessary.

## 9. Safeguarding activity at KMPT

- 9.1 KMPT are committed to working collaboratively to prevent and safeguard adults and children from abuse. KMPT are active participants in all of the Kent and Medway Safeguarding Adults Board Sub-Groups and are active members for the KMSAB Board. KMPT are a core Channel Panel, Joint Exploitation Group and Domestic Homicide Steering Group Member to ensure a shared response to safeguarding. This engagement enables the discussion and identification of themes in the system to develop activity to reduce risks and promote safeguarding. Membership of these groups supports the Kent and Medway Safeguarding Adults Board to capture safeguarding activity and compliance with the Care Act (2014) with the monitoring of actions and contribution.
- 9.2 With regards to child safeguarding, KMPT staff have continued to identify, consider and respond to safeguarding children responsibilities and deliver a think family multi agency approach. The referral data into Social Services and Early Help as evidenced below demonstrates the commitment and work being undertaken by KMPT staff to safeguard children and support families.

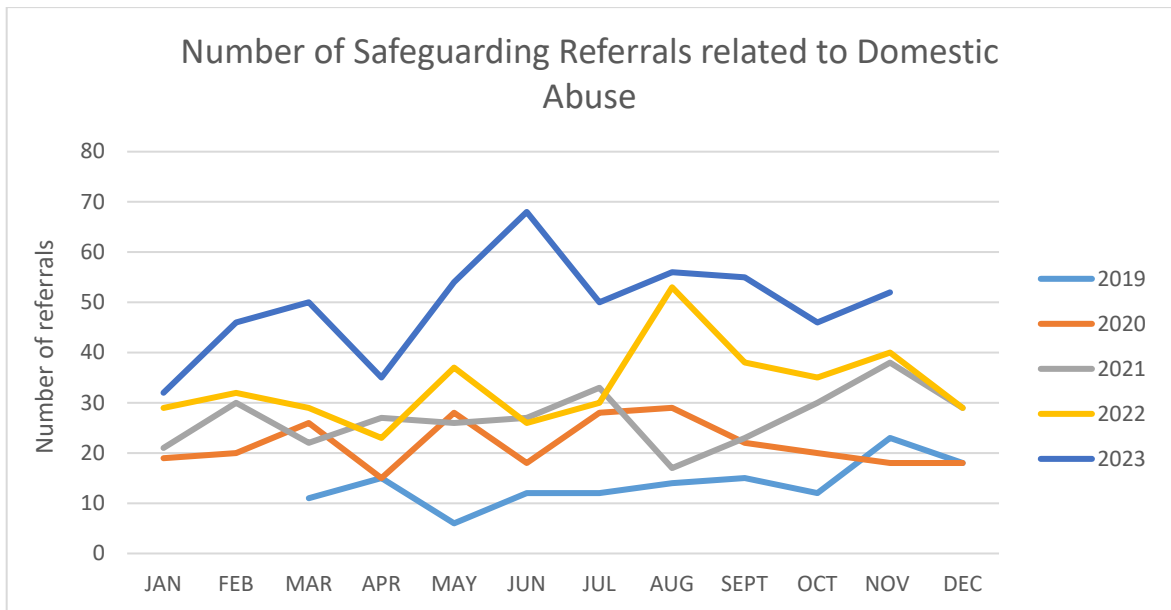


- 9.3 The KMPT safeguarding team continue to strongly advocate the ‘Think Family’ approach. Think Family is within both safeguarding adults and children training sessions, and safeguarding policy. Think family and risk to children when parents have deteriorating mental ill health has been shared Trust Wide via Communications and discussions with Champions to embed this approach in daily practice. This approach is especially important in recognition of the stresses and strains families are under when a parent is experiencing mental ill-health.
- 9.4 The Care Act (2014), and Adult Safeguarding: Roles and Competencies for Health Care Staff Statutory guidance (2018) provides the statutory frameworks that make provision to care and support adults at risk, including safeguarding adults from abuse or neglect are in place within health organisations. KMPT has a Lead Professional for Safeguarding Adults, a Professional Lead for Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS), a Domestic Abuse Mental Health MARAC Lead, and three Generic Safeguarding Specialist Advisors. These roles are statutory and necessary to ensure that safeguarding adults and the Mental Capacity Act (2005) are embedded into practice and that staff have access to support and mechanisms to respond to safeguarding concerns safely and confidently.



9.5 Over the last year, 100 victims of domestic violence and abuse have received additional emotional support thanks to a new initiative being driven by Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Kent’s Police and Crime Commissioner (PCC) with the introduction of the Health Independent Domestic Abuse Advocate in December 2021. Following the success of this role KMPT have received further funding for this role until March 2025. Matthew Scott, Kent Police and Crime Commissioner, commented: “I’m really impressed with the work going on in the Trust. The team is protecting really vulnerable people from two of the most serious crimes, domestic abuse and sexual violence. It’s clear the staff have a really strong focus on safeguarding and

helping people in their time of need. “They’re really delivering some impressive results, proving they’re making a real difference to people’s lives. They’re also building people’s confidence, so they feel able to report and disclose. I would like to congratulate the Trust in its safeguarding provision.”



9.6 KMPT also ensures that mandatory training compliance related to both adult and child safeguarding is updated annual for all staff. Training is completed at a level which is relevant to the staff member’s role in the organisation.

Course	Overall Trust
Mental Capacity Act/DoLS	93%
Mental Capacity Assessment Recording: Consent to Treatment	97%
Safeguarding Adults Level One	98%
Safeguarding Adults Level Two	98%
Safeguarding Adults Level Three	94%
Safeguarding Children Level One	97%
Safeguarding Children Level Two	98%
Safeguarding Children Level Three	95%
PREVENT	98%

## 10. Risk management

10.1. There are no risks arising from this report.

## 11. Financial and Legal implications

11.1 There are no direct legal or financial implications for the Council arising from this report.

### Lead officer contact

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### Appendices

None

### Background papers

None