

Health and Wellbeing Board

15 February 2024

Kent and Medway NHS & Social Care Partnership Trust (KMPT) Mental Health Services Update

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Summary

This report seeks to give a broad overview of mental health services provided by KMPT across Medway and the wider county of Kent. The report will focus on KMPT's six strategic priorities as well as linking these priorities with the wider Public Health, Health & Wellbeing Strategy. At the request of the Board an update is also provided on tobacco dependency and physical health checks for those experiencing serious mental illness (SMI).

1. Recommendations

- 1.1. The Health and Wellbeing Board is asked to note the report.
- 1.2. The Health and Wellbeing Board is asked to consider how they or the organisations that they represent can help to deliver KMPT's priorities.

2. Background

- 2.1. In 2023, Kent and Medway NHS & Social Care Partnership trust (KMPT) launched it's 3-year trust strategy which consists of 73 strategic outcomes centred around three strategic ambitions:
 - *The Patients we care for* - Delivering outstanding, person centred care that is safe, high quality and easy to access
 - *The People who work for us* - we aspire to be a great place to work and to have engaged and capable staff who live our values
 - *The Partners we work with* - to lead in partnership to deliver the right care and to reduce health inequalities in our communities

2.2. The trusts operational plan to deliver this strategy focuses on three phases of delivery. The first phase sets to deliver 6 strategic priorities:

- Delivery of the **Community Mental Health Frame Work (CMHF)**
- Faster **Dementia** diagnosis for patients experiencing memory-loss
- Building an **organisational culture** of equality, diversity and inclusion
- Improving **recruitment and retention** across the trust
- Reducing incidents of **violence and aggression** in our wards
- Ensuring **patient flow** through the organisation including timely access and appropriate discharge

2.3. Below is an overview and update on all 6 priorities with a focus on those directly impacting patient care.

3. Community Mental Health Framework (CMHF)

3.1. The CMHF provides a once in a generation opportunity on revolutionise mental health services in the community. In Kent & Medway, this is the delivery of Mental Health Together and Mental Health Together+, which will provide a preventative model of care in the community.

3.2. Mental Health Together is being delivered with 5 guiding principles;

- **Service user only having to tell their story once** – this is being achieved with an integrated approach across providers in Kent & Medway. With one interoperable system for patient data and a single point of assessment which is trusted across providers
- **There is no wrong door** – patients will be able to self-refer to mental health services as well as having clinical pathway leads to ensure referrals get appropriate support and a new triage will ensure better access for marginalised communities
- **Care takes place in the community** – Mental health Together orientates around localities. There are strong links with the VCSE sector, a system wide website to enable better self-care and micro grants available to enable targeted local care
- **A needs-led approach** – Mental Health Together is designed in co-production with service users and has a trauma informed approach to care.
- **A holistic approach to care** – a greater emphasis on physical health and other social determinants of health with stronger MDT ways of working.

3.3. Mental Health Together is centered around 6 clinical pathways which are designed to be 80% structured pathways but allowing flexibility to tailor make care for individual service users. Pathways start at self-care/ self-directed

intervention through to more bespoke, therapeutic interventions. The pathways are:

- Complex Emotional Difficulties
- Broad Complex Mental health needs
- Complex Trauma
- Psychosis Needs
- Bi-Polar Needs
- Support for family/ carers

3.4. There are then 6 additional clinical pathways as part of Mental health Together+. MHT+ are 100% tailor made pathways for each individual service user. They require specialist assessment to ensure that each person receives the right intervention for them. The MHT+ pathways are:

- Complex Emotional Needs
- Recovery Pathway
- Complex Case Management
- Urgent Duty
- Frailty (Older Adults)
- Memory Assessment & Intervention Service (MAIS) (Older Adults)

3.5. As the lead mental health provider, KMPT has been allocated funds; £2.64m 2023/24 and £8.38m for 2024/25 to deliver the CMHF.

3.6. KMPT are now working through the contracting with VCSE partners across Kent and it is expected that contracts will be awarded in March 2024.

3.7. In Medway Community Mental Health Team (CMHT) specifically, a full caseload review has been completed in conjunction with VCSE partners. As a result, it is anticipated that approx. 17% of people on the current caseload will be able to access MHT when it is implemented and approx. 12% of people requiring transition back to primary care. 25% of people require medication management and support only.

3.8. The community mental health team have implemented the shared caseload model (as successfully tested in Thanet) in preparation for the CMHF.

3.9. An ARRS (primary care mental health practitioner) workshop was held on 8th January 2024 with Primary Care Network (PCN) clinical director colleagues to review the current model and agree the workforce going forward. There are currently 6 ARRS practitioners across the PCNs in Medway- with recruitment on going.

3.10. The full MHT model is expected to be rolled out in Medway in Q1 2024/25. Medway has limited primary care mental health services currently, so in order to roll out MHT further recruitment needs to take place in order to support the new model. For any KMPT posts, recruitment is underway but with contracts

starting in March 2024. For any VCSE posts, recruitment will not take place until service contracts are awarded in March.

- 3.11. There is a Lived Experience lead in the Medway system who has been pivotal in developing the Complex Emotional Difficulties (CED) pathway with James Osborne, Clinical Director. The Lived Experience lead works across Medway for voluntary sector organisations and has also led on the delivery of training for all partners in the CMHF.
- 3.12. Martyn Cheeseman from EK360 is the Lived Experience lead across county and supports the engagement at local level. Sue Alder the EK360 Managing Director is on the CMHF Programme Board. Donna Rowell, Director of Transformation for Medway/ Swale HCP is also on the CMHF Programme Board and the local implementation group.

4. Dementia

- 4.1. In KMPT, our strategic ambition is to have 95% of our patients who are referred to the memory assessment service receiving a diagnosis within 6 weeks. Ensuring the best quality of care for our patients and their loved ones whilst also improving the experience of both patients and staff.
- 4.2. Since the pandemic, referrals to the memory assessment service have soared and continue to do so. Capacity and demand modelling have taken place and the trust continues to focus on diagnosing those who have been waiting the longest.
- 4.3. Large scale improvement of the dementia service is underway with focuses on re-engineering triage, assessment & diagnosis processes, revising our clinical workforce model and ensuring the appropriateness of referrals.
- 4.4. Medway has the fastest rising dementia diagnosis rate at 58.1% in November 2023 compared to 54.7% in the previous January.
- 4.5. In our North Kent Directorate, 44.7% of patients referred to memory assessment received a diagnosis within 6 weeks compared to 21.4% in January '23. Whilst there is still improvement to be made, this does show a significant increase in faster diagnosis.
- 4.6. In Medway, KMPT is currently supporting the GP's with Enhanced Roles (GPwER) in dementia to deliver a community-based memory assessment service in the community that is being positively received by patients. From November 3 GPwER will trial the approach for 3 months.
- 4.7. Two Medway GP practices are currently piloting a national care home pilot to enable faster dementia diagnosis for patients.

5. Organisational Culture

- 5.1. Our strategic aim is to improve our organisational culture, ensuring that KMPT is a safe and equal environment where people can thrive. A large focus of this work is improving how staff & service users from different cultures and backgrounds work together with a focus also being on their health & wellbeing.
- 5.2. Whilst this work is in it's early, 'define' phase. We are learning and researching about what staff, service users, partners and communities think about our organisation and how we could better serve them to tackle challenging mental health issues.

6. Recruitment & Retention

- 6.1. Our strategic aim is to reduce our overall vacancy rate to 14% and to reduce our agency spend to 3.7% of our total pay bill. This ensures that we have enough staff but that we also have consistent staffing to ensure that we can maintain our service provisions and provide the best quality care for our service users.
- 6.2. Our overall vacancy rate has been reduced and for the last 6 months has been stable at around 11.8% However, further work is on-going to reduce the medical workforce gap, particularly in East Kent.

7. Violence & Aggression

- 7.1. KMPT's strategic aim is to reduce incidences of violence and aggression on our wards by 15%. Current data shows that there are c40 incidents of violence & aggression on wards per week across all wards.
- 7.2. A number of listening events have been undertaken to understand staff experiences. Operation Cavell is also being reinstated as one of the workstreams being undertaken.

8. Patient Flow

- 8.1. KMPT's Board ratified the Bed Strategy 2023-2026 in July 2023. The underpins the development and delivery plan for the Purposeful Admission pathway (PAP).
- 8.2. Bed occupancy across the organisation is at 93.4% against a target of 95.7% by the end year end.
- 8.3. The out of area bed usage has reduced from 200 days in Q1 to zero days in Q3 2023/24.
- 8.4. Recruitment to all in-patient consultant posts was achieved in December 2023, which will support the delivery of this programme and provide robust clinical leadership.

- 8.5. A revised safe haven model will be implemented across the county in 2024. In Medway, the safe haven at Medway Foundation Trust opened in August 2023, operating with extended hours from 12:00- 24:00 in October 2023. There is a further safe haven at Queen Elizabeth, the Queen Mother Hospital which opened in November 2023.
- 8.6. The safe havens are supporting the diversion away from emergency departments, for patients attending these emergency departments, by offering a welcoming, safe, comfortable, non-judgmental and non-clinical environments and by providing information and emotional support if an individual is in crisis or feels they may be heading towards a crisis situation. This, coupled with the diversion nurse at the front door of the emergency department has led to a reduction in emergency department presentations.
- 8.7. From January 2023- July 2023 there were consistently between 60- 95 people with a mental health presentation accessing the Medway Foundation Trust emergency department each week. From July 2023 this figure has dropped to less than 55 people per week, with an average of 37 people per week. Table 1 below outlines the Medway safe haven performance:

Measure	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023
Total Attendance	15	6	13	9	53	56	73
New Attendances	8	6	5	1	28	19	42
Repeat Attendees	7	4	8	8	25	35	31
Police	0	0	0	0	0	0	0
Ambulance	0	0	0	4	1	5	4
Car/ Self/ Friend/ Family	0	0	13	0	0	0	65

9. Physical Health Checks for People with SMI

- 9.1. It is well documented that people with severe mental illness (SMI), such as schizophrenia, bipolar disorder and other psychoses, face health inequalities and often have poorer physical health than the general population. On average, their lives are 15 to 20 years shorter than the general population, mostly because of preventable physical illnesses. People with SMI also have double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia (imbalance of lipids in the bloodstream) than the general population.
- 9.2. KMPT continue to provide annual physical health checks (PHCs) based on the parameters set out via the Lester Tool to monitor for heart attack risk factors for people who use our services with a serious mental health diagnosis. The PHCs are completed on all inpatients. We also provide additional PHCs based on their clinical need and medication monitoring requirements. If any physical health anomalies are found during the PHCs

they are either actioned, highlighted to their GP or referred on to the respective specialist teams.

- 9.3. We have also recently introduced Consultant Connect to the Community Mental Health Teams (CMHTs) which provides an app-based communication platform that connects clinicians with national experts, directly and in real time so that we can access specialist advice and guidance for our patients. There is also a messaging service on the app to allow our prescribers to take a picture i.e. ECG and send it over to them to review to avoid delay. The app will also enable our clinicians to access 14 other specialties, such as cardiology, gastroenterology, gynaecology etc. This will ensure timely advice and support for our prescribers and treatment for our patients.
- 9.4. We have improved our data capture to ensure that clinical teams are able to access current PHC information in real time. Therefore, each team can access their patient group to establish whether there are any outstanding PHCs which need to be addressed. The data has also enhanced our ability to evidence completion, including the additional checks relating to NICE guidance for prescribed medication for people with a SMI.
- 9.5. We have introduced Directorate physical health forums where good practice is shared, but also highlighting any barriers to effective physical health monitoring. This is also discussed within the Trust Wide Physical Health Group meeting and shared in the Trust Wide Patient Safety and Mortality Group meeting when required.
- 9.6. There are currently 24 RGN Physical Health Nurses working within KMPT.
- 9.7. We continue to provide a Physical Health in Mental Health course for our clinical staff and have increased training frequency from bi-monthly to monthly due to the demand. The course includes cardio metabolic risks and how to address them in line with NICE guidance (Smoking/smoking cessation, sedentary lifestyle/exercise, alcohol/alcohol support, BMI/nutrition, BP, illicit drugs, diabetes/blood glucose and blood lipids), identifying and the management of a deteriorating patient, hydration, pain assessment for non-verbal patients, constipation and risks and psychiatric medication and physical health side effects and monitoring.

10. Tobacco Dependency

- 10.1. Current smoking statistics in England identifies that 12.7% of adults smoke. People with mental health conditions have on average 50% higher smoking rates which are responsible for reduced life expectancy and quality of life. 25.2% of adults with a long-term mental health condition are smokers and 40.5% of adults with serious mental health issues are smokers. The Office for Health Improvement and Disparities (OHHD) identified the percentage of smokers with a SMI in Medway was 30% with Kent at 23.7%.
- 10.2. Smoking is the leading cause of premature death and preventable disease costing public finances in England £21 bn in 2023. The wider cost to society in

the UK was estimated to be £89.3 billion, equivalent to around 3.9% of the UK's GDP.

- 10.3. The NHS Long Term Plan set out clear commitments for NHS action to improve prevention by tackling avoidable illness as the demand for NHS services continues to grow. To support the NHS Long Term Plan relating to tobacco dependency, KMPT had completed the OHHD's Mental Health Inpatient pathway operational readiness checklist to establish progress and areas requiring improvement.
- 10.4. As per NICE guideline NG209 which recommends that health and social care professionals identify people who smoke through assessment and offer advice on nicotine containing products, including e-cigarettes, people who access our services are asked tobacco related questions and are offered support to quit smoking. Within inpatient services, patients will be offered the use of nicotine replacement therapies (NRTs -using more than one NRT has a better success rate).
- 10.5. To ensure that our staff are able to support our patients, a training programme is available for inpatient and community staff built around evidence-based behaviour change techniques that provide an understanding of the factors involved in smoking and smoking cessation. Upon completion, they are a NCSCT Certified Stop Smoking Practitioner/Tobacco Dependency Advisors (TDAs).
- 10.6. Completion of a review of referral pathways from KMPT to Stop Smoking Services across Kent and Medway had been undertaken to ensure that our wards are able to refer our patients to these services just prior to discharge. Continued stop smoking provision following discharge in their local area is vitally important to continue with behavioural support and stop smoking medicines. KMPT provide two weeks' worth of NRT on discharge to ensure that they have sufficient provision during the referral process period.
- 10.7. KMPT continue to attend the regular Kent and Medway Tobacco Control Steering Group meetings to ensure that providers work as a whole system to address the tobacco dependency and harm to health.

11. Service User Engagement/ Co-Production

- 11.1. The Trust launched the Participation and Involvement Strategy 2020-2025 in April 2020. This delivered new structures and ways of involving service users and carers in trust initiatives that have been co-produced together with meaningful interaction with staff. This has ensured that people involved in engagement projects bring the right experience and understanding of the trust to support improvement. The Engagement Council is now entering its third year and is supporting an engagement pool of over 160 people.
- 11.2. The work that has been supported by the engagement pool includes the delivery of co-production training to new & existing engagement pool members as well as staff.

- 11.3. The development and presentation of Keeping Connected Events which enables engagement pool members to come together to network with each other, share their experiences and raise suggestions/ ideas for how they would like to support change within the trust.
- 11.4. The engagement pool also supports the delivery of a number of projects including: the procurement of the catering contract, support for the KMPT Charity, Supporting the Time for Autism, the NICE guidance project and many more.
- 11.5. In January 2024, the Engagement Pool and Engagement Council were aligned with the Patient strategic theme within the Transformation and Partnership Directorate to ensure that improvement is driven by our users and the people who care for them. Our priorities include: improving patient experience, diversification and activation of the Engagement Pool, and optimising the impact of the Engagement Council.
- 11.6. Over the course of the next three months, KMPT will be reaching out to service users and the people who care for them to further develop the Participation and Involvement strategy to identify next steps to build upon the work to date.

12. Health Care Partnerships

- 12.1. KMPT's directorate structure has changed to align to Kent & Medway's Health Care Partnerships (HCP's).
- 12.2. KMPT ensure that the trust is represented in the vast majority of the Health care Partnerships meetings and sub-meeting. This is to ensure that KMPT strategic priorities remain in line with the ambitions of the wider healthcare system and inline with the Joint Health & Wellbeing Strategy.
- 12.3. Work is underway to develop a structure method of reporting from KMPT to the HCP's to ensure an open dialogue about collaborative working to achieving our joint strategic ambitions.

13. Health Inequalities

- 13.1. Work is underway within Kent & Medway to address Health inequalities and KMPT remains committed to supporting this work.
- 13.2. Together with Health Innovation Kent, Surrey & Sussex, KMPT is in the early stages of exploring health equity fellowships across the organisation that will assist in our embedding of health equity across Kent & Medway.

14. Kent & Medway ICS Enhanced Care Project

- 14.1. The Kent and Medway ICS Enhanced Care Project commenced in January 2023 funded by £400k allocated from workforce transformation and is due to close by the end of March 2024.

- 14.2. Enhanced care is the delivery of care to patients who require additional support due to mental health, dementia, delirium and/or risk of falls within non-mental health settings across Kent and Medway. The main project stakeholders are the four acute trusts and KCHFT. Enhanced care has been identified as an area in which the quality of care and patient and staff experience could be improved as well as the need to reduce the use of temporary staffing and associated cost. There are three project priority areas of focus which are education to improve skills and knowledge of the non-mental health workforce in partnership with KMPT and the University of Kent; data and digital to improve recording, reporting and systems to enable organisations and the system to understand the enhanced care need, usage and monitor performance; and quality to improve patient experience and safety through hearing the patient, carer and staff voice in a partnership project with EK360.
- 14.3. Funding has been allocated to the existing enhanced care team within Medway NHS Foundation Trust to improve the therapeutic provision of care by increasing the existing enhanced care workforce and procuring resources to improve patient experience. Associated work is also underway in line with the three project priorities.
- 14.4. Sustainability is being explored via the potential introduction of a Mind and Body approach to join physical and mental health partners together to improve parity of esteem for the population of Kent and Medway. A celebration and next steps event is being held in March with key stakeholders to ensure ongoing engagement and commitment.

15. Risk management

- 15.1. There are no direct risks to the Council arising from this report.

16. Financial implications

- 16.1 There are no financial implications arising directly from this report.

17. Legal implications

- 17.1 There are no legal implications arising directly from this report.

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Appendices

None

Background documents

None