



Health and Wellbeing Board

15 February 2024

Adult Mental Health- Medway

Report from: Kent and Medway ICB - Adult Mental Health

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Summary

This paper aims to provide an overview of mental health programmes across Medway; the position of transformation priorities for established and emerging services whilst reflecting on opportunities and challenges.

The paper focuses on:

- Children and Young People's Mental Health
- Mental Health Urgent Emergency Care (UEC)
- Right Care Right Person (RCRP)
- Physical Health/SMI
- Public Health and Mental Wellbeing

1. Recommendation

1.1. The Health and Wellbeing Board is asked to note the contents of the report.

2. Budget and policy framework

2.1 The Adult Mental Health priorities are aligned with NHS England's mandate to deliver the NHS Long Term Plan to transform mental health services and improve outcomes. NHSE have ringfenced financial investment/budget for delivery of the Long Term Plan via the Mental Health Investment Standards.

3. Background

3.1 The Adult Mental Health priorities are aligned to the strategic objectives of the Long-Term Plan (LTP). The Adult Mental Health Team has developed a robust system to monitor and report on progress against each priority. Each Priority has a workstream and reports monthly to the relevant governance group/board. These meetings include a monthly Quality and Outcomes Assurance Meeting to systematically bring together, review, share and triangulate the quality intelligence and outcomes of the adult mental health programmes. The quality oversight across all our services is reported to the Mental Health Learning Disability and Autism ODG and to the Improving

Outcomes and Experience Committee. Within each priority, key milestones and targets are identified to monitor progress which are reviewed in context of the system wide ambitions.

4. Overview of Mental Health Programmes in Medway

4.1 Children and Young People's Mental Health

- 4.1.1 There is a wide breadth of mental health and emotional wellbeing support for children and young people across Kent and Medway, led by the Kent and Medway Integrated Board and Medway Council. Details of which are attached at appendices 1-4 to the report.

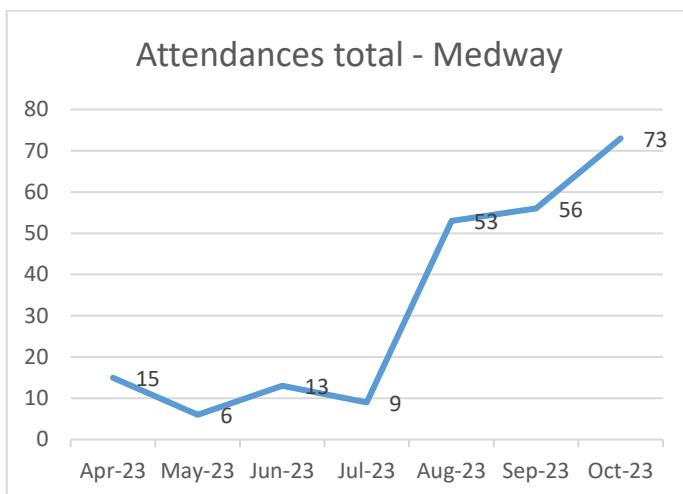
4.2 Mental Health Urgent and Emergency Care (UEC)

- 4.2.1 NHS 111 Select 2 - This provision was launched in March 2023; whereby individuals in mental health crisis who are using 111 can be quickly diverted through to the KMPT Urgent Crisis Line – a team of mental health clinicians – who in discussion with the caller will decide upon the level and immediacy of support required and will then facilitate or signpost. The Urgent Crisis Line can arrange for a 4hr face to face assessment via the Rapid Response Team, or alternatively be signpost to a Safe Haven or transfer the caller to the 24/7 Mental Health Matters mental health helpline. Since the inception of NHS 111 Select 2, there has been a reduction in number of urgent mental health calls diverted to SECAMB.

- 4.2.2 **Safe Havens** - The Medway Safe Haven (based at Age Concern in Woodlands Road Gillingham) had to be closed to face-to-face attendance due to repeated security incidents. Since July 2023 it has operated out of a modular building in the MFT Hospital Grounds and has extended its opening hours to midday to midnight. Much work has been done with partners, including Ambulance and Police to encourage conveyance of individuals in mental health distress to the Safe Haven as opposed to Emergency Department (ED). The Safe Haven provides a bespoke, non-clinical, person centred and ward environment to support individuals in managing their crisis and building resilience. If, however it is decided that additional clinical intervention is required then the Safe Haven can call upon KMPT to provide a 1hr response via their Rapid Response Team who will attend the Safe Haven and conduct an assessment. Following recent procurement and going forward there will soon be 2 Safe Havens in Medway (reflecting the need of the population) the one based 24/7 within MFT hospital grounds, the second in the wider community (venue to be determined) operating 1800-midnight – with interoperability between the two thus ensuring a 24/7 community crisis alternative for individuals experience mental health crisis. Patients should not be going to ED in the absence of a physical health need, they should go to Safe Havens, as the environments are more therapeutic, conducive, and supervised, and further there will be freeing up Liaison Psychiatry resource based at MFT to be able to focus on those individuals with primary medical need and secondary mental health need. Safe Havens in Medway have

released resource within the liaison psychiatry team to focus on acute hospital in patients who have a dual physical and mental health need. Additionally, a further 6 community and 1 other 24/7 Safe Haven are to be commissioned across Kent and Medway with interoperability between all 9.

Increase in use of Medway Safe haven with the move to a co-located site in July 2023.



4.2.3 Crisis Houses – A short-term residential mental health crisis intervention and support for a duration of up to 7 days, for individuals who are experiencing mental health crisis. Crisis Houses can prevent possible hospital admission and ensure only those who are acutely unwell or at very high risk of suicide are admitted to hospital. Hestia are due to open a Medway Crisis house in mid-February at Rainham Road Chatham. 5 beds for individuals in crisis who do not require a KMPT inpatient bed but do need a safe and supervised space for up to 7 days to be supported in reducing mental health crisis and building resilience. An additional 5 bedded Crisis House is opening in the East of the County later this year.

4.2.4 Mental Health Conveyance Service - The commissioned mental health conveyance service will support individuals accessing Safe Havens or Crisis Houses. A team of clinical mental health support workers will be deployed to take over from Kent Police where individuals have been taken to ED on S136 to receive medical treatment. This therefore releases police time to respond to emergencies in the wider Medway community.

4.2.5 Section 136 and Centralised HBPOS- It is important to note the continued improvement to Section 136 incidence, with a continued reduction in detentions over the last 24 months. Medway accounts for 21% of overall Kent and Medway incidence of Section 136, averaging 10 136 detentions per month. The Decision-Making Business Case for the Centralised HBPOS was taken to Medway HASC in October last where HASC approved. Capital works are now in progress for the design and build of the Centralised HBPOS with KMPT on target for the opening of the HBPOS in Q1 25/26. For Medway residents this will mean that they will not have to be conveyed to a HBPOS in Thanet, but rather Maidstone, where this will be a fit for purpose high quality

environment. The centralised HBPoS will be a key enabler for other positive service developments. The ICB are leading on a revision to the Section 136 pathway of care with partners across health and social care to review the current Kent and Medway Crisis Standards for Section 136 HBPOS outcomes of which will be a reduction in MHA Assessment waiting times, reduction in duration of detention and improved partnership working between agencies. It is anticipated for Medway that with the introduction of a 24/7 Safe Haven and an additional community Safe Haven that there will be further reductions in incidence of Section 136.

4.2.6 Mental Health Urgent Response - The ICB and SECAMB are working closely with KMPT to provide an urgent 'Blue Light' mental health response (Formerly described as the Mental Health Response Vehicle) by April 2024. The aim is to develop an Urgent Response and Assessment service via a 'clinical hear and treat' and/or 'clinical see and treat' model, to SECAMB and Kent Police with the aim of reducing incidence of mental health conveyance to ED's and to reduce the number of Section 136 incidence. Consequences of this are improved patient experience, and decreased demand upon Police and Ambulance emergency services.

4.2.7 Right Care Right Person – The ICB and Kent Police have been working closely with commissioned Health Providers in their preparation for Kent Police's implementation of Right Care Right Person. This work is overseen via the Kent Police/ICB RCRP Programme Board. There are four components to RCRP detailed below, which focus on ensuring individuals have timely access to health care professionals and receive the right care from the right person, reducing unwarranted and at times counter-therapeutic police involvement. The Police will continue to respond to health-care requests when there is an immediate risk to life. Healthcare providers are required to address current policy, procedure, and practice for ensuring the welfare of people and patients rather than defer to the Police.

- Transporting a person detained under s136 to a health-based place of safety and undertaking a timely handover to a healthcare professional.
- When a person has walked out from a healthcare setting, has abandoned medical care / treatment (eg Emergency Departments) or is absent without leave (AWOL) from mental health services.
- When a member of the public requests medical support Incidents in which police are already present when medical support is requested or required
- When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual.

The ICB has held a series of multi-stakeholder RCRP briefings and webinars, including two in-person workshops which were extended to local authority and VCSE partners. Additionally, a Quality Impact Assessment and Key Lines of Enquiry (KLOE) have been sent to Providers to support them in identifying

gaps in current provision, and mitigations. Urgent Mental Health Response Teams, Mental Health conveyance, Safe Havens and Crisis Houses will go in some way to support the implementation of RCRP. This notwithstanding, some stakeholders have raised concerns about their ability/capacity to prevent individuals leaving care setting and conducting welfare checks/searches of individuals who walk out of a care or hospital setting and the ICB are working through this with them.

- 4.3 **PH/SMI - In September** 2023 there were 3550 people listed on the SMI (Serious Mental Illness) register in Medway and Swale. This is up 30% from two years ago bringing it more in line with expected SMI population prevalence. During the last 12 months 1635 people on the register are recorded as having had the six core tests of:

- Weight measurement
- Blood pressure and pulse
- Blood lipid
- Blood glucose
- Alcohol consumption assessment
- Smoking status assessment

Guidance states that most checks (90%) should be completed in primary care. People who are on the caseload of KMPT for up to twelve months and not yet stable should receive their health checks in secondary care. (10%).

Medway Council and the ICB are working with providers to address the obstacles that are resulting in premature mortality for people with SMI.

- SMI/Physical health is a specific action in the Inequalities, Prevention and Population Health action plan.
- Target setting for Medway as part of IPPH long term action plan development and any refresh of People's strategy.
- Undertake workshop event with Medway & Swale social prescribing network to scope what additional training and resource is required to enable them to support this cohort.
- Consider drawing together a steering group within the LA of relevant officers/commissioners.
- Review how stop smoking, weight management, alcohol and physical activity programmes can meet the needs of people with SMI.

4.4 Public Mental Health and Mental Wellbeing

- 4.4.1 Medway Public Health team actively supports our partners across the mental health system on all the workstreams referenced within this report. In addition to this work, we continue to commission services which target high risk groups, such as middle -aged men through projects such as Men in Sheds. Public Health also contribute to the funding of the Release the Pressure helpline. A prevention action plan for mental health is included in the Kent & Medway Inequalities Prevention Population Health plan, which draws together

key long and short term actions from the Prevention Concordat, Suicide Prevention Programme and Reducing Social Isolation strategy.

- 4.4.2 The Medway Joint Strategic Needs Assessment (JSNA) for adult mental health and wellbeing produced by public health is in the final stages of development and sign off from the relevant boards prior to publishing. The report highlights that recent Office of National Statistics data indicate that self-reported wellbeing and life satisfaction in Medway has fallen, comparable to the national trend. The Office of Health Improvement and Disparities (OHID) public mental health dashboard shows that rates for depression in Medway are higher than both the regional and national average, this is a trend which has been increasing for several years. Gaps in provision and unmet need are highlighted in the JSNA chapter, with commissioning and service development recommendations aiming to help address these factors.
- 4.4.3 In 2023, several Medway projects received grant funding either via the K&M Better Mental Health & Wellbeing Community fund or the Suicide Prevention Innovation grants. An example being the Mental Harmony visual arts and poetry project delivered by Medway Diversity Forum which is being showcased in Medway during Feb 2024

5. Risk management

- 5.1 The risk management of each programme is undertaken by the programme lead.

6. Financial implications

- 6.1 There are no legal implications to the Council arising directly from the programmes focussed on in the report.

7. Legal implications

- 7.1 There are no financial implications to the Council arising directly from the programmes focussed on in this report.

Lead officer contact

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Appendices

Appendix 1 - Children and Young People's Mental Health and Emotional Wellbeing

Appendix 2- Child Health Flow Chart

Appendix 3 - Support and Resources for Self-Harm

Appendix 4 – Children and Young People Mental Health Procurement

Background papers

None