

Health and Adult Social Care Overview and Scrutiny Committee

15 October 2024

Kent and Medway NHS and Social Care Partnership Trust (KMPT) Update

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Summary

The report provides an update on specific topics requested by the Committee and aims to provide some assurance of the on-going work and progress on dementia diagnosis, the provisions for the new Ruby ward and the plans for Kent and Medway NHS and Social Care Partnerships Trust (KMPT) to develop a new identity and branding.

1. Recommendations

1.1 The Committee is requested 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's Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Branding and identity

3.1 Culture, identity and staff experience is one of our six organisational priorities. We have undertaken extensive listening, research and engagement with our patients, people and partners as part of this work, which the board has seen and discussed in full, along with our plans. This feedback has led to:

- A new identity, vision, and set of cultural values to unite staff and connect with our stakeholders
- A clear position on who we are and our impact
- A recommendation to change our name to accurately reflect our services and better connect with the public

- 3.2 While we did not start this programme of engagement with the intention to change our name, we heard consistently from all stakeholders that our name presents a confused and unclear picture of what we do, who we are and who we serve. One staff member said 'Whenever you have to say where you work, there's absolutely no point saying KMPT or Kent and Medway NHS and Social Care Partnership Trust because no one knows what that is' and one of our patients said 'I don't even know what KMPT means, it's so confusing'. We have not been a social care partnership trust since 2019.
- 3.3 Our name is a big part of our identity and is something we should all be proud of, it is important we name ourselves based on the core service we provide – mental health.
- 3.4 When constructing our new names, we are limited by NHS naming conventions and guidelines. We must include:
- 3.4.1 Who we serve: the people of **Kent and Medway**
- 3.4.2 What we provide: specialist **mental health** services
- 3.4.3 Our legal status: an **NHS Trust**
- 3.5 Our new name will therefore be: Kent and Medway Mental Health NHS Trust (KMMH)
- 3.6 On 26 September 2024, the Board formally approved our intention to change the name of the organisation. The process will now begin to formally seek approval to change our name from central government. The ambition is to begin using our new name from 1 April 2025.
- 3.7 We will minimise any associated costs in changing our name and deliver value for money by being pragmatic about how we roll it out, and by capitalising on improvements we need to do regardless. For instance, a lot of our trust signs, and indoor patient areas are out of date and in poor condition, and our public facing website and patient literature needs modernising to make them more effective and accessible for patients and the public.
- 3.8 We have sought feedback and lessons learned from a number of trusts and NHS colleagues who have gone through changing a trust name. All have shared a phased roll out is the most cost and resource effective way of doing this.
- 3.9 A name changes working group, consisting of key trust departments, has been established. It has mapped out the required changes and estimated

costs of circa £400,000 over two years. However, this is taking into consideration the changes and modernisations that already need to be completed. We therefore estimate the costs in relation to change the name would be closer to £250,000.

4. Ruby Ward

- 4.1 In the public consultation document in Aug/Sept 2021, the impact on travel for staff, patients and visitors was assessed due to the, then proposed, moving of Ruby ward from Medway Maritime Hospital to Maidstone. It was determined that the impact to patients would be minimal, in terms of travel arrangements since patients are almost always transported by ambulance or patient transport and so focus was given to those who may visit loved ones in the new Ruby ward.
- 4.2 As part of the consultation document, KMPT committed to providing designated parking spaces for Ruby ward away from the main hospital car park and benches to allow visitors to rest whilst walking from the car park if necessary. This has been realised with a number of designated car parking spaces directly outside the new Ruby ward.
- 4.3 Also, in the public consultation, KMPT outlined a number of ambitions:
 - 4.3.1 Provide, clear, easy to understand information, using a range of methods, about transport options for staff and visitors, on travelling to the new location
 - 4.3.2 Make sure this information is available in an accessible way for people with disabilities and people who do not speak English as their first language
 - 4.3.3 Continue to support the use of technology and 'virtual visiting' (in addition to, rather than instead of, face to face visits) as has become common during the Covid pandemic.
- 4.4 In relation, to staff travel, all staff have had their travel expenses fixed for a period of time to support travel and when they were temporarily relocated to Dartford, taxis were provided. For patient's loved ones, information is shared upon admission on the travel arrangements available, including free parking and volunteer driver information. This can be given in large print and interpreters are available if required.
- 4.5 In relation to virtual visiting, this is available upon request via video calls on the ward.
- 4.6 In addition, KMPT committed to making sure we identified visitors who may need support to get to Ruby ward to see a loved one and would make best use of our volunteer's transport service to provide free or subsidised transport where needed. To date, there have been very few requests from visitors to use our transport services but we are currently supporting a relative from Ashford to attend weekly visits with their loved one using our volunteer driver

service. There have been no requests for this service from Medway based relatives specifically.

- 4.7 KMPT also stated that we would 'look at how we can help increase capacity in existing community transport services (e.g. Dial-A-Ride services), and how we can support the development and ease of use of new community transport services.
- 4.8 In the last 12 months, there has been 1 admission to the previous Ruby ward at Medway Maritime from the Medway population and a further 1 admission since the opening of the new Ruby ward at Maidstone.
- 4.9 Given the small number of admissions from the Medway area, KMPT is currently monitoring demand from visitors to establish long term requirements for transport from Medway to Ruby ward.
- 4.10 In addition to the above, Ruby ward has recently increased its visiting hours to 10am - 8pm, to allow loved ones to visit relatives more easily, particularly for those who may be working themselves etc. This has been received positively by patients and loved ones. One patient said, 'the new visiting times are appreciated as they allow greater flexibility and means visitors who have travelled further can stay longer on the ward'. Another patient stated that the earlier visiting times motivated them to get up and showered earlier as family were coming to see them and others said their mood lifted as there was something to look forward to earlier in the day.
- 4.11 On the new visiting hours, relatives/ carers said, 'it is easier to catch public transport at these times rather than relying on taxis'. Another said 'It has been lovely to be able to come to the ward at an earlier time and blow dry my daughter's hair' and finally, 'it was lovely to come to the ward and see the groups and activities going on around the ward.'

5. Dementia

- 5.1 Since 2023, KMPT has set the strategic ambition to achieve 95% of dementia patients receiving a diagnosis within 6 weeks.
- 5.2 The challenges around dementia diagnosis are felt nationally with increases in demand through aging populations and a decrease in capacity due to staffing shortages.
- 5.3 In 2021, a national dementia audit carried out by the Royal College of Psychiatry stated that patients in England and Wales wait on average 124 days from referral, in 2023 this has increased to 151 days with 10% of patients receiving a diagnosis within 6 weeks. The 2023 audit showed that there was wide variation across England and Wales with average wait times between services varying from 44 to 347 days. The Covid-19 pandemic will have impacted these waiting times, however, the backlog of patients, along with high demand, continues to be a challenge.

- 5.4 To tackle these issues in KMPT, we have been working on a 3-phase plan to improve dementia services across Kent & Medway. The first phase, aimed to create a standalone memory assessment service (MAS) model. This new model will ensure that patients are seen, assessed and diagnosed in one appointment. The exception to this is complex cases or those where there is clinical need to review the patient over time. This new way of working has now been rolled out across the county with Medway MAS service going live on 12 August 2024.
- 5.5 The introduction of the MAS model has started to show improvement in the number of patients diagnosed within 6 weeks at KMPT. In May 2024, 8.8% of KMPT patients were diagnosed within 6 weeks, this has increased to 20.4% in September 2024.
- 5.6 Below is an early indication of the data for the Medway & Swale MAS. However, this early data should be treated with caution as teams transfer from the old Medway Community Mental Health for Older People (CMHSOP) and Swale CMHSOP to the combined MAS service. It is difficult to show trends in the data as there is no like for like comparison. We will need to continue to monitor the data over the coming months to really evaluate the effectiveness of MAS.
- 5.7 These two tables show the dementia diagnosis rate for patients in the previous Medway CMHSOP and the new Medway and Swale MAS. Although initial percentages look very positive, it's important to note that in these early stages of the memory assessment service we are seeing a smaller number of patients and so it will take time to see the effectiveness of the service as it grows.

Table 1: The percentage of patients in Medway who receive a dementia diagnosis within 6 weeks

	April 2024	May 2024	June 2024	July 2024	August 2024
M&S MAS					71.4%
Medway CMHSOP	13%	21.2%	62.5%	12.8%	35.6%
Total	13%	21.2%	62.5%	12.8%	40.4%

Table 2: The number of patients in Medway who receive a dementia diagnosis with 6 weeks

	April 2024	May 2024	June 2024	July 2024	August 2024
M&S MAS					7
Medway CMHSOP	23	33	104	133	45
Total	23	33	104	133	52

- 5.8 The average wait in days for KMPT patients to be diagnosed has gone from 189.9 days in June 2024 to 155.2 days in September. For the Medway & Swale MAS the average wait is 41.9 days with the longest wait being 153 days and the shortest being 4 days. Again, whilst this is a positive early

indication, the data does not yet include all patients who were previously under the old CMHSOP so we will need to continue to evaluate this over time.

- 5.9 One of the challenges with this initial phase has been our data capture. Although some patients have in fact been diagnosed within the memory assessment clinical this isn't recorded correctly on our systems to enable us to report accurate figures. Work is on-going to address this issue to ensure accurate reporting.
- 5.10 The second phase of the dementia improvement programme seeks to address the challenges in staffing. A staffing model has been developed for each MAS service that has a multi-disciplinary approach to the triage, assessment and diagnosis of dementia. This model will enable clinical psychologists, advanced clinical practitioners, speciality doctors as well as consultant psychiatrists to diagnose dementia. This will create greater capacity within MAS clinics to diagnose patients quickly. Financial modelling for this new approach is in progress with timelines to recruit to this new model still to be agreed. It is anticipated that this model will begin testing in quarter 3 of this year and be refined before a rapid role out dependent on resources.
- 5.11 Phase one and two of the dementia improvement programme, will be subject to local process improvements in each of the MAS services. Supported by the Improvement team, each MAS service will evaluate their triage, assessment and diagnosis processes to look for ways to make processes more efficient, saving valuable time for patients in their dementia diagnosis journey and also for staff ensuring maximum use of clinic time. Each of the localities will use improvement methodology to drive these improvements and the improvement team will ensure that there is consistency across the county. Work is currently underway to scope these improvements with rollout plans in place for November '24 to February '25. Work is due to start in Medway in November 2024.
- 5.12 The third phase of the improvement is to work with system partners to draft and implement the community model and how KMPT and system partners can support each other in refining the model and implementing this. A task and finish group as part of the Ageing Well Board has been established to create the model and begin implementation during the second half of 2024/25. A separate paper regarding dementia and the Ageing Well Dementia Transformation Plan is elsewhere on the agenda and is to be discussed alongside this report.

6. Risk management

- 6.1 There are no risks for the Council arising from this report.

7. Financial implications

- 7.1 There are no direct financial implications for the Council arising from this report. However, there may be some indirect impact as an increase in the rate of diagnosis could lead to an increase in demand for commissioned services.

8. Legal implications

8.1 There are no legal implications for the Council arising from this report.

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Appendices

None

Background papers

None