



**West KENT - KMPT adult in-patient services**

Commissioners: Tony Goss / Paul Absolon

		Adult	PICU	Rehab
1	What we commission:	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers
	Service specification available: Yes / No	Yes	Yes - within Adult specification	Yes
2	For each of the service listed above please give the following:			
	1. Name and location	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers
	2. Provider	KMPT	KMPT	KMPT
	3. Number of beds, including occupancy rates, and average number of bed days per patient.	66 beds, across Little Brook, Dartford, and Priory House, Maidstone. 89% occupancy ALOS 23 days	12 beds at Little Brook, Dartford 86% occupancy ALOS 42 days	21 beds, Maidstone and Dartford units 84% occupancy ALOS 369 days

	<p>4. Staffing</p> <p>5. Route of referral</p>	<p>See Appendix 1</p> <p>Referrals accepted from secondary services, community services, under section of the Mental Health Act</p>	<p>See Appendix 1</p> <p>Referrals accepted from secondary services, community services, under section of the Mental Health Act</p>	<p>See Appendix 1</p> <p>Referrals accepted from secondary services, community services, under section of the Mental Health Act</p>
<p>3</p>	<p>Are any changes to these inpatient services being carried out or being planned?</p>	<p>No</p>	<p>No</p>	<p>No</p>
<p>4</p>	<p>How much do you spend on adult mental health services each year, and how much is spent specifically on inpatient services?</p>	<p>Mental health spend is mapped in two ways, by LIT data and by programme budgets. LIT figures are the sum of both NHS and Local Authority spend on MH services. The programme budget MH spend is the sum of all costs attributed to MH expenditure by all NHS providers (excluding primary care contractors) aggregated back to the commissioning PCT. Total spend of West Kent PCT on MH programme budget was 10.73%. Total investment in adult MH services in 2009-10 (including indirect costs, overheads, capital charges) was £59,788k (LIT data). 63.1% of the direct spend (excluding indirect costs, overheads, capital charges) was spent with NHS providers.</p>		
<p>5</p>	<p>How much is this as a proportion of your overall spend and how does this compare to the other Primary Care Trusts across the SEC SHA area</p>	<p>The overall contract value with KMPT for Adult Inpatient Service including PICU for <u>all</u> of Kent and Medway for 2010-11 is £34,319k. It is <u>not</u> broken down by locality.</p>	<p>The overall contract value with KMPT for Community and Inpatient Rehabilitation Services for <u>all</u> of Kent and Medway for 2010-11 is £32,366k. It is <u>not</u> broken split between community and inpatient rehab <u>nor</u> split down by locality.</p>	
		<p>The LIT Results of Financial mapping 2009-10 (Appendix 2) report compares the total adult investment within this LIT, with the total adult investment of SEC Strategic Health Authority, the ONS cluster of the LIT and the English national average.</p>		
<p>6</p>	<p>What are your expectations for both of these amounts in coming years?</p>	<p>The projected change in the total MH programme budget spend for Eastern and Coastal Kent is from £97.3m in 2008-09 to £91m in 2014-15. We do not have projections for change in spend by KCC.</p>		

7	How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?	Increase in talking therapies; increase in dual diagnosis support; currently developing with KMPT the roll out of the First Response and Intervention Service (FRIS) aimed at providing quicker access to services and a liaison function with primary care. We are also developing a recovery model approach in CMHTs which will lead to more people who are stable being returned to primary care for their future care, with easy access back into services should they require this.
8	What actions are you taking to reduce mental health inpatient admissions?	Creation of Liaison Psychiatry service based in acute hospitals. Work with ambulance service to prevent people attending A&E where appropriate. Wider advertising of Mental Health Helpline. Focus on efficiency and effectiveness of Crisis Response Home Treatment Team.
9	Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?	See secure sheet
10	How is commissioning of adult mental health services integrated with that of other Primary Care Trusts in Kent and Medway and Kent Adult Social Services?	All 3 PCTs and both LAs in Kent have a single MH commissioning service for adult mental health (functional / 18+) and wellbeing. Medway PCT is the lead commissioner. The MH Directorate has 4 lead health commissioners, 3 for adult services (including OP functional illness) engaged on a locality basis, and a lead commissioner across Kent and Medway for specialist and secure services. KCC (KASS) has 2 mental health commissioners for adult social care, one for East Kent and one for West Kent. In addition, Eastern and Coastal Kent PCT has a commissioner for OPMH services (not joint with KCC), and Medway PCT and West Kent PCT each have a joint commissioners with the respective councils for dementia services.
11	Can you please provide any relevant PALs data relating to adult mental health inpatient services?	See Appendix 3

12

More broadly, has there been any increase in mental health referrals that are thought to result from the effects of the economic downturn? And if so, is there sufficient capacity to deal with them?

The contract for Primary Care Psychological Therapy services (PCPTS) was awarded to KMPT from October 1 2009. At the same time funding from the national IAPT programme allowed the expansion of psychological therapy in primary care across the whole PCT area. There had previously been only partial coverage. This situation coupled with the introduction of a new data collection system, means that current data cannot be reliably compared with previous data. An increase related to the economic downturn is currently unknown. It is worth noting that employment support (either to retain jobs or support to gain one) is integral to the IAPT programme but the posts described in DH documents have not been funded. Ongoing DH funds have been ring fenced for clinical posts only.

The PCT has recently commissioned a review of employment support services to ascertain whether they have the capacity and capability to work with primary care as to date they have been secondary care focused. Based on modelling carried out prior to the economic downturn, PCPTS requires 106.5 CBT staff. Currently there are shortfalls though staff numbers are increasing. There are currently 48 staff in post (including 18 trainees due to complete in September 2010). A further 15 trainees are being recruited to start in October 2010. A planned workforce mapping exercise will help to determine whether there is any shortfall in the other key therapies.

**West KENT - KMPT older people in-patient services**

Commissioners: Emma Hansen

		Acute	Continuing Care	Rehab
1	What we commission:	40 assessment and treatment OPMHN acute beds. 20 at the Jasmine Centre in Dartford and 20 at The Orchard Ward Priory House Maidstone.	11 CHC beds at Littlestone Lodge in Dartford and 9 category 'x' old long stay preserved rights patients who moved from Stone House when it closed.	None though rehab if appropriate is undertaken in both Acute and NHS CHC beds.
	Service specification available: Yes / No	Yes	No	Rehab specification is same for adults and older people.
2	For each of the service listed above please give the following:			

1. Name and location	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers	See attached schedule of Wards and bed numbers
	KMPT	KMPT	KMPT
	40 beds, across Jasmine Centre, Dartford, and Priory House, Maidstone. 85% occupancy ALOS 62 days	20 beds, Greenacres, Dartford 88% occupancy ALOS 920 days	Not separated
	See Appendix 1	See Appendix 1	See Appendix 1
	Referrals accepted from secondary services, community services, under section of the Mental Health Act	Referrals accepted from secondary services, community services, under section of the Mental Health Act	Referrals accepted from secondary services, community services, under section of the Mental Health Act

3	Are any changes to these inpatient services being carried out or being planned?	Recently closed 13 Acute beds at Leedham Ward, Highlands House in Tunbridge Wells. Remaining beds at Jasmine Centre and Priority House are mixed organic(Dementia) and functional. Need to review model of care and ensure best practice model of care and most efficient use of resources.	Full review of model of care and current patients at Littlestone Lodge is being completed to understand need for high end placements for people with challenging behaviour and complex care needs.	Considering model of care utilising resource at Gravesham Place to provide OPMHN step up step down to avoid admission to acute beds and provide slow stream rehab.
---	---	---	--	--

4	How much do you spend on adult mental health services each year, and how much is spent specifically on inpatient services?	Mental health spend is mapped in two ways, by LIT data and by programme budgets. LIT figures are the sum of both NHS and Local Authority spend on MH services. The programme budget MH spend is the sum of all costs attributed to MH expenditure by all NHS providers (excluding primary care contractors) aggregated back to the commissioning PCT. Total spend of WK PCT on MH programme budget in 2008-09 was 10.73%. Total OPMHS investment in 2009-10 (including indirect costs, overheads, capital charges) was £38,240 (LIT data). 34% of the direct spend (excluding indirect costs, overheads, capital charges) was spent with NHS providers.		
---	--	---	--	--

5	How much is this as a proportion of your overall spend and how does this compare to the other Primary Care Trusts across the SEC SHA area	The LIT Results of Financial mapping 2009-10 (Appendix 2) report compares the total OPMH investment within this LIT, with the total OPMH investment of SEC Strategic Health Authority, the ONS cluster of the LIT and the English national average.
6	What are your expectations for both of these amounts in coming years?	As Adult worksheet
7	How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?	West Kent Dementia Strategy aims to provide more proactive and joined up support. Previous model of service delivery for people with dementia not joined up or designed to be proactive enough to identify people early provide personalised support and prevent people reaching crisis point. Consequently too many resources tied up in expensive acute in patient care. The Strategy describes a redesigned community pathway, with resources invested earlier, to raise awareness of dementia, ensure people with suspected dementia are identified earlier, encouraged to seek diagnosis and receive proactive support, which enables them to maintain their independence and 'live well' with dementia. We have numerous projects running looking at doing things differently. There is a pilot in Maidstone area with Admiral Nurse working in Primary Care encouraging GPs to support people to seek early diagnosis and support. Kent successfully bid to become a DH Demonstrator site to develop better support for people with dementia and their carers by establishing models of peer support to this end. There are now two peer support groups for people post diagnosis and three planned dementia cafes.
8	What actions are you taking to reduce mental health inpatient admissions?	Developing an Inter-related Intermediate care strategy to deliver the expectations contained in Halfway Home the 2009 refresh of the 2001 Intermediate Care Guidance. Recently commissioned a Dementia Crisis Support Service which is designed to avoid admission, looking at post discharge bridging services to get people home and give them a chance to return to their own home and not have to enter permanent care setting straight from an acute bed. DementiaWeb and the 24 hour helpline ensure ease of access to information and availability of emotional support. Many admissions to acute beds have been proven to be for non medical reasons and often linked to the carers inability to continue to provide care. Reviewing all respite provision to ensure that we have the right mix of services that are flexible and what people want.
9	Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?	See secure worksheet

10	How is commissioning of adult mental health services integrated with that of other Primary Care Trusts in Kent and Medway and Kent Adult Social Services?	All 3 PCTs and both LAs in Kent have a single MH commissioning service for adult mental health (functional / 18+) and wellbeing. Medway PCT is the lead commissioner. The MH Directorate has 4 lead health commissioners, 3 for adult services (including OP functional illness) engaged on a locality basis, and a lead commissioner across Kent and Medway for specialist and secure services. KCC (KASS) has 2 mental health commissioners for adult social care, one for East Kent and one for West Kent. In addition, Eastern and Coastal Kent PCT has a commissioner for OPMH services (not joint with KCC), and Medway PCT and West Kent PCT each have a joint commissioners with the respective councils for dementia services.
11	Can you please provide any relevant PALs data relating to adult mental health inpatient services?	See Appendix 3
12	More broadly, has there been any increase in mental health referrals that are thought to result from the effects of the economic downturn? And if so, is there sufficient capacity to deal with them?	As Adult worksheet

### West KENT - Specialist and Secure in-patient services (all ages)

Commissioners: Vanessa Fowler

	KMPT		Other providers	
	Specialist services	Secure services	Specialist services	Secure services
What we commission:	Eating Disorder Services	Medium Secure Inpatient Service	Inpatient personality disorder, eating disorder, mother & infant, complex care and rehabilitation, autistic spectrum conditions	Medium secure and low secure specialist service provision
Service specification available: Yes / No	Yes	Yes	Yes	Yes

For each of the service listed above please give the following:				
1. Name and location	Red House, Maidstone	Trevor Gibbens Unit, Maidstone (for all of Kent and Medway)	Various out of area locations i.e. Ticehurst, Heathfield	Various out of area locations i.e. Milton Keynes, Northampton
2. Provider	KMPT	KMPT	Various out of area providers i.e. Cygnet Healthcare Ltd, Priory Group	Various out of area providers i.e. Priory Group, St Andrews Healthcare
3. Number of beds, including occupancy rates, and average number of bed days per patient.	10 beds (for all of Kent and Medway), occupancy ranges 75%-95%	62 beds 95% occupancy ALOS 815 days	N/A as provision is for service users from various PCTs	N/A as provision is for service users from various PCTs
4. Staffing	See Appendix 1	See Appendix 1	N/A as provision is for service users from various PCTs	N/A as provision is for service users from various PCTs
5. Route of referral	Normally a secondary care consultant referral	Prison transfers, local acute and PICU services, MoJ, recalls, CMHT, repatriation of service users from out of area independent sector secure services	Tertiary panel and out of area treatment panel approval, step down from secure services provision.	Tertiary panel and out of area treatment panel approval, local medium secure unit gate keeping, prison transfers, step down from high secure service provision
Are any changes to these inpatient services being carried out or being planned?	Yes, service review planned	No	No, services reflect and meet current clinical needs of Kent and Medway service users.	No, services reflect and meet current clinical needs of Kent and Medway service users.



<p>How much do you spend on adult mental health services each year, and how much is spent specifically on inpatient services?</p>	<p>KMPT Contract value for Community and Inpatient services combined is £1,377k</p>	<p>£3,679k</p>	<p>£7,081k (this amount is for all specialist inpatient hospital based treatments)</p>	<p>£4,573k (this amount is for all secure independent sector inpatient hospital based treatments)</p>
<p>How much is this as a proportion of your overall spend and how does this compare to the other Primary Care Trusts across the SEC SHA area</p>	<p>&lt;1% of total contract value</p>	<p>7.1% from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.</p>	<p>13.8% from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.</p>	<p>8.9% from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.</p>
<p>* %s above relate to the Direct spend figure for in adult MH LIT for 2009/10</p>				
<p>What are your expectations for both of these amounts in coming years?</p>	<p>As Adult worksheet</p>	<p>NHS Medway has blocked purchased all 62 available medium secure beds</p>	<p>Trend analysis shows that specialist inpatient treatments are remaining at the same level</p>	<p>Trend analysis shows that secure inpatient treatments are remaining at the same level</p>
<p>How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?</p>	<p>We are currently developing with KMPT the roll out of the First Response and Intervention Service (FRIS) which is aimed at providing quicker access to services and a liaison function with primary care. We are also developing a recovery model approach in CMHTs which will lead to more people who are stable being returned to primary care for their future care, with easy access back into services should they require this.</p>			
<p>What actions are you taking to reduce mental health inpatient admissions?</p>	<p>Tertiary panel and out of area treatment panel approval ensuring that local NHS outpatient provision has been maximised, local medium secure unit clinical team ensures that only service users who require inpatient admission due to their risk or offence committed are referred to a relevant secure provision. PCT works closely with forensic case managers for high, medium and low secure services ensuring that only service user who require this type of secure or specialist provision are accessing these types of services. Introduction of NHS Standard Contract, PCT monitors all providers on their performance against set QPIs, KPIs and CQUINs. Close working relationship with all providers ensuring that they report any delayed discharges directly to the PCT.</p>			

<p>Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?</p>	<p>N/A - local NHS service</p>	<p>YES (please refer to point 1)</p>	<p>YES (please refer to point 1)</p>
<p>How is commissioning of adult mental health services integrated with that of other Primary Care Trusts in Kent and Medway and Kent Adult Social Services?</p>	<p>All 3 PCTs and both LAs in Kent have a single MH commissioning service for adult mental health (functional / 18+) and wellbeing. Medway PCT is the lead commissioner. The MH Directorate has 4 lead health commissioners, 3 for adult services (including OP functional illness) engaged on a locality basis, and a lead commissioner across Kent and Medway for specialist and secure services. KCC (KASS) has 2 mental health commissioners for adult social care, one for East Kent and one for West Kent. In addition, Eastern and Coastal Kent PCT has a commissioner for OPMH services (not joint with KCC), and Medway PCT and West Kent PCT each have a joint commissioner with the respective councils for dementia services.</p>		
<p>Can you please provide any relevant PALs data relating to adult mental health inpatient services?</p>	<p>See Appendix 3</p>	<p>N/A</p>	<p>N/A</p>
<p>More broadly, has there been any increase in mental health referrals that are thought to result from the effects of the economic downturn? And if so, is there sufficient capacity to deal with them?</p>	<p>Data analysis shows that the only increase in referral rates were relating to ADHD outpatient assessments and treatments</p>		