Kent and Medway NHS
NHS and Social Care Partnership Trust

KENT COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE [HOSC]
26 NOVEMBER 2010

COMMUNITY MENTAL HEALTH SERVICES

This paper gives an overview of the Community Mental Health Services provided by Kent and Medway NHS and Social Care Partnership Trust [KMPT]. The paper also outlines responses to key questions and issues raised by the HOSC in its letter to the KMPT dated 11 October 2010.

Overview: This briefing focuses on the Community Mental Health Services provided by KMPT to adults of a working age. These primarily focus on those with severe and enduring mental health problems. However, the KMPT is now running some Primary Care Mental Health Services for people with common mental health problems.

KMPT's integrated services include Community Mental Health Teams [CMHT], Assertive Outreach Teams [AOT], Early Intervention in Psychosis Services [EIPS], Crisis Resolution Home Treatment Teams [CRHT] and a range of psychological interventions across a wide range of need.

The principles of "**Recovery**" underpin the care provided throughout Community Mental Health Services. The broad vision of Recovery involves:

> "…a process of changing one's orientation and behaviour from a negative focus on a troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one's life…"
>
> *National Institute of Mental Health in England [NIMHE] (2004)*
>
> *Guiding Statement on Recovery*

Principles of Recovery:

- The primary aim in Recovery is for an individual to take control, make choices, and develop a sense of self-worth and hope.
- Recovery is a unique process because every individual is unique – it is a personal journey.
- Recovery involves a person accepting responsibility for their own wellness.
- Recovery is about engagement and inclusion, participating in one's community, engaging in vocational, educational, leisure interests and enjoying life.
- Recovery requires a holistic approach that addresses an individual's psychological, social, environmental, spiritual and physical needs.

Recovery does not mean discharge from Mental Health Services, although in some cases this may happen. It is important to emphasise that Recovery is not the same as cure – not all are cured but all can be recovered.

Figure 1:

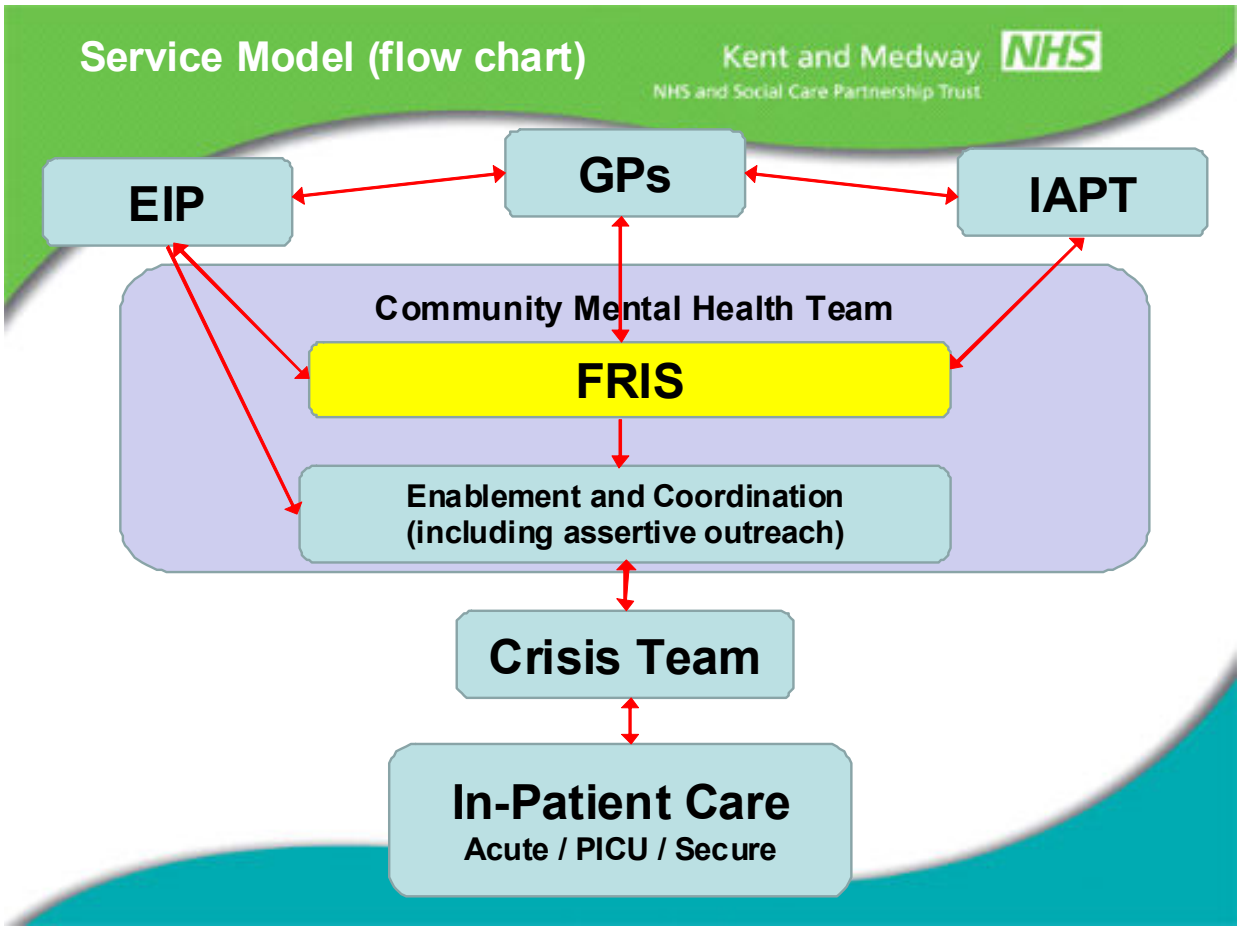

Figure 1: Glossary of Terms:

EIP	*:*	*Early Intervention in Psychosis*
GP	*:*	*General Practitioner*
IAPT	*:*	*Improving Access to Psychological Therapies*
FRIS	*:*	*First Response Intervention Service*
PICU	*:*	*Psychiatric Intensive Care Unit*

This report does NOT include details of the following Trust services:

- Older Adults Mental Health Services in Community Teams and Hospital Provision
- Children and Younger Peoples' Mental Health Services
- General Hospital / Accident and Emergency – Mental Health Liaison Services
- Drug and Alcohol Community Services and Supporting Hospital Care
- Mental Health Learning Disability [MHLD] and Community Forensic initiatives such as Court Diversion
- Offender Mental Health Services in Prisons

If the Committee would like to receive further information or future presentations on these topics we would be only too happy to oblige.

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HOSC Questions / Issues:

1. *Can you provide an overview of the kind of Community Mental Health Services which you provide?*
3. *What are the main routes by which people access Community Mental Health Services?*
9. *What is the connection between Primary Care Services such as General Practitioners [GP] and Community Mental Health Services?*

Community Mental Health Teams [CMHT]: CMHTs are the main teams providing treatment and care coordination for service users. They are currently being reconfigured into seven locality areas. These areas will be coterminous with Kent County Council [KCC] Kent Adult Social Services [KASS] localities and support a population of approximately 250,000.

- Dartford, Gravesend and Swanley
- Maidstone
- South West Kent
- Swale, Canterbury and Coastal
- Shepway and Ashford
- Thanet, Dover and Deal
- Medway

From early 2011 each locality will have the following services:

a) **First Response Intervention Service [FRIS]:** The FRIS will be the single point of access for all mental health referrals into secondary care. The purpose of these teams is to create an uncomplicated process for accessing Adult Mental Health Services within the community. Approximately 75% of referrals come from GPs. They work according to **Recovery** oriented values to enable those who are experiencing mental health problems to stabilise, maintain social functioning and live independently in the community.

They work to promote **personalisation and self-directed support**. This will be achieved through direct payments, personal budgets, individual budgets and self-assessment in order that individuals are promoted as the primary decision-maker.

b) **Enablement and Coordination Service:** This service provides long term support to those with long term complex mental health needs by offering a community focused service to adults with mental health problems of sufficient severity or complexity to require specialist intervention. There is a multi-disciplinary approach that is flexible and prompt in response to individuals, and includes assessment of mental health problems and provision of effective, evidence-based treatments.

Most people will be referred to the Enablement and Coordination Team by the FRIS.

c) **Assertive Outreach Service [AOS]:** AO is defined as a systematic care co-ordination and treatment framework which is combined with a comprehensive range of service provision including crisis stabilisation and longer term rehabilitation, where interventions are vigorous, continuous over the long term and typically undertaken in the community for a carefully targeted client group with whom supportive and consistent relationships with mental health workers are a key feature.

The principle aim of AOS is to engage those service users who have demonstrated a reluctance / inability to use mainstream services and who because of their non-engagement with existing support services are deemed at risk of deterioration in their mental health, possibly causing harm to themselves or others.

The primary function of the team is to help service users to achieve the best possible quality of life through a service user centred and recovery approach.

Additional key functions carried out by CMHTs:

Support to Carers: Caring can be demanding and should be acknowledged by professionals. Assumptions about their ability and willingness to continue caring never just assumed. Carer's needs should therefore be recognised and supported whilst understanding cultural implications. Critically, Carer's Assessments should be offered and provided and consideration should be given to carer's own support plan when care planning.

A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. When undertaking assessments, professionals identify if there is a young carer and ensure a Carer's Assessment is undertaken to enable their needs to be met. Young carers should receive adequate support to minimise any adverse effects of their caring responsibilities.

Further community based Mental Health Services outside of the CMHT model:

a) **Crisis Resolution and Home Treatment Teams [CRHT]:** The CRHT provides help to clients in crisis, by offering short-term, intensive intervention lasting from a few days up to a maximum of four weeks. Staff visiting clients will focus on developing and maintaining a safe environment for them, working in a way that empowers and promotes independence.

The CRHT offer a service 24 hours a day 365 days a year. They provide services in response to crisis with community based assessment and treatment. They act as a gatekeeper to inpatient care and offer an alternative to hospital admission and facilitate early discharge.

b) **Primary Care Psychological Therapy Services** [**PCPTS]:** As part of the national Improving Access to Psychological Therapies [IAPT] programme.

In the last twelve months KMPT has expanded its provision of primary mental health care as a result of national IAPT funding. In West Kent, in particular, KMPT is the sole provider of IAPT and works closely with GPs to provide screening, assessments and treatment directly into GP practices while also expediting upward referrals into secondary care where appropriate. This services delivers evidence based talking therapy treatments to people with the common mental health problems of anxiety and depression.

This service now offers a rapid progression to treatment with those being referred to the service being offered an assessment within a maximum of ten working days.

More information about the IAPT programme can be found at: www.iapt.nhs.uk.

c) **Early Intervention in Psychosis Service [EIPS]:** This is a specialist service for people aged 14 to 35, staffed by professionals who are experts in assessing, treating and supporting young people in the early stages of a psychotic illness. It can help young people recovering from psychosis to manage everyday activities and maintain links with friends and the wider community.

EIPS assess young people, where possible with their families, and can offer support for up to three years and if appropriate, this may include social, psychological and emotional support, as well as medical input. Research shows this combination works.

The service takes referrals from any source, including directly from parents, friends and relatives.

d) **Personality Disorder Services [PDS]:** The West Kent and Medway PDS provides for patients with a diagnosis of severe personality disorder. It is a tertiary service, taking referrals through the Care Programme Approach [CPA] process from within Adult Mental Health Services.

At the hub is the Brenchley Unit Therapeutic Community. This is a day therapeutic community situated in Maidstone town centre. It provides twenty-four patients at any one time with an intensive three days a week Group Therapy Programme for one year. Referrals are patients who have severe longstanding problems and who have been in Adult Mental Health Services for one year or more.

e) **Mother and Infant Mental Health Services [MIMHS]:** MIMHS is for pregnant women, or women with babies up to one year old who are registered with a GP across Kent.

The service caters for women with new onset of mental health problems or history of depression, psychosis or family and personal history of severe and enduring mental illness.

The service provides education, training, specialist advice, consultation, joint assessment, care planning and review. All referrals to the service come from the appropriate Adult Mental Health Services as detailed above.

HOSC Questions / Issues:

2. *How many people access these (Community Mental Health) Services each year?*

The following table (Figure 2) identifies the number of individuals who had contact with services in the year 1 October 2009 to 30 September 2010, some of these will remain on the caseload whereas others may have only had one contact before discharge.

Due to the delivery of service within a multi-disciplinary approach and the methods of recording on KMPT's electronic record it is not always possible to breakdown such figures to all levels of service. For example both FRIS and Enablement and Coordination are captured jointly under Secondary Care Community Services:

Figure 2:

Service	Number of individuals seen at least once in year 1 October 2009 to 30 September 2010
EIPS	799
Horizons	286
MHLD	780
Psychology	2,629
Secondary Care Community Services	19,563
ALL COMMUNITY RECOVERY SERVICES (excludes duplicates seen in more than one service type)	**21,482**

These figures do not include the PCPTS. This service expects to see approximately 13,000 people a year once fully fledged, some of these patients may go on to be seen by other Community Mental Health Services.

HOSC Questions / Issues:

4. *Can you please provide any relevant Patient Advisory Liaison Services [PALS] data relating to Community Mental Health Services?*

PALS aims to help patients and carers with their questions and problems concerning health and related services. The National Health Service [NHS] can then learn from patients' experiences.

PALS representatives can provide advice for service users and their carers and information about KMPT's services.

PALS not only works to help give information to service users about Community Mental Health Services, but to also highlight where problems arise, lessons can be learned and improvements made. PALS plays a key role in service user involvement and works with Service Managers on service development projects.

Typical issues PALS may work with front line services to develop and improve include continuity of care, links between services, transfer procedures and implementation of the Recovery Model.

Only 29% of calls to PALS relate to concerns from service users.

HOSC Questions / Issues:

5. How do CRHTs co-ordinate with Community Mental Health Services?

Across KMPT there are currently five CRHTs (Dartford, Gravesham and Swanley; Eastern and Coastal; Maidstone; Medway; and South West Kent). All five CRHTs work within the agreed CRHT Policies and Protocols and work collaboratively and in partnership with their community colleagues.

When CRHT receive a referral from the Community Teams a joint assessment or review with the Community Team is undertaken to ensure any service proposed is the most appropriate and the service user is involved at the earliest opportunity. Whilst a known patient is on the CRHT caseload it is accepted that the CMHT Care Coordinator will work in collaboration with the CRHT and continue to visit the patient, as usual, whilst both services remain in contact with each other to update on progress. Discharge planning is a collaborative effort that begins at the time of acceptance for CRHT, there is a formal handover and once a patient is ready for transfer back to the local team in most circumstances a joint visit between CRHT and the CMHT is arranged and transfer occurs.

There are regular bed management meetings with the Community Teams to review all inpatients and those being proposed for CRHT input to streamline and refine the pathway process, along with this when CRHT are assessing inpatients for early discharge, they will also consult with and engage the Care Coordinator in this process and plan.

Where possible weekly joint reviews for clients on caseloads are undertaken. All CRHT staff use the same patient information system as CMHTs, enabling CMHTs to remain up to date with the progress of someone on the CRHT caseload.

Out of Hours: CRHT accept referrals from the Police, Ambulance, Emergency GP Service, Liaison Mental Health Services, Mental Health Matters Helpline, NHS Direct, KCC Out Of Hours Service, service users and carers. These referrals are screened and, where a crisis response is not required, referred to the CMHTs the following working day. This ensures that access to Mental Health Services is 24/7 for all.

HOSC Questions / Issues:

6. How do Forensic Psychiatry Services co-ordinate with Community Mental Health Services?

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KMPT's Forensic Psychiatry Service provides Inpatient Services, Custody Liaison Services, Forensic Case Management to Kent patients placed out of the county, and community follow-up to patients who have been discharged from the Trevor Gibbens Unit. It also provides an assessment service to local Mental Health Services when they have concerns about their service users.

The Kent Forensic Psychiatry Services has a Community Team that is comprised of a number of different elements and the team members involved liaise very closely with local Community Mental Health Teams to ensure a smooth transition for patients returning to the community from High, Medium and Low Secure Services and those who have been detained in Police custody and are in need of psychiatric interventions.

At all stages in a patient's journey of recovery, local Community Mental Health Services are kept fully appraised of progress and are invited to attend CPA reviews and always have an open invitation to attend the weekly Clinical Team Meetings (ward rounds). The Clinical Team liaises closely with CMHTs and Rehabilitation Services across Kent and Medway to identify suitable discharge destinations, which may include individual or group accommodation in the public or voluntary sector, or further step down transfer to another inpatient environment.

The Kent Forensic Psychiatry Service's Community and Social Work Team undertakes most of the liaison with local Community Mental Health Services in Kent. However, there is a team of Community Forensic Psychiatric Nurses who work closely with their Social Work colleagues to ensure that all patients being prepared for discharge into the community leave hospital to an appropriate placement and with a suitable supervisory package of care.

The majority of outpatients are subject to statutory supervision and the Forensic Community Psychiatric Nurses on occasion assume the role of Social Supervisor. The Risk Assessments carried out by the Clinical Team both on the Pre-Discharge Unit and subsequently in the community will identify the level of local CMHT involvement required, and establish when they can assume supervisory responsibility, if that proves to be possible. There will be joint working with local Community Psychiatric Nurses [CPNs] as early as is considered appropriate and the Forensic Community Psychiatric Nurses will only withdraw and handover to local Teams when it is agreed that the risks that might have been evident no longer justify further forensic service involvement.

HOSC Questions / Issues:

7. *How are Community Mental Health Services being developed and how is it anticipated that these will complement or replace Mental Health Inpatient Services?*

Redesign of Community Recovery Services: KMPT is implementing Service Strategies for Secondary Mental Health Services, including Acute Care, Access, Older People, Community and Specialist Mental Health Services.

The Service Strategy for Community Recovery Services is in place. With the introduction of Service Line Management earlier in 2010, work commenced to develop more detailed local implementation plans with widespread service user and other stakeholder involvement, across Kent and Medway.

Key aspects of the Community Recovery Services Strategy include the full introduction of FRIS and Enablement and Coordination Services, as detailed above.

Rationale:

- **Improved Access to Services:** The development of a dedicated FRIS will improve access to Mental Health Services for service users and those who refer on their behalf. GPs in a recent listening exercise expressed concern about access to services as they feel services are not readily available when required and do not provide the appropriate advice, support and interventions.

- **The Recovery Approach:** The Recovery Approach will be embedded into the Recovery Team through a dedicated team who are skilled in psycho-social interventions and are not distracted from the care of those with serious mental health problems due to the need to react to the unpredictability of the workload in a generic CMHT.

Objectives:

- To improve the coordination of care.
- To enable a speedier access to effective treatment.
- To improve choice for service users and provide a greater control of self care through self directed support and personalisation.
- To improve the interface with Primary Care.
- To implement of New Ways of Working through the development of modern capability / competence-based teams.
- To fully implement the actions agreed from the Consultant Case Load Audit by discontinuing the present practice of routine use of outpatient clinics to manage the care of those on standard CPA.
- To develop services along service lines to support the implementation of Service Line Reporting and Management.
- To enable a more effective use of existing resources.
- To make long term savings through rationalising the use of estates.

KMPT's commitment to develop its services in partnership and cooperation with all stakeholders is captured in the following two statements which are part of our Social Inclusion, Personalisation and Recovery Strategy:

> *"…To move away from a primary focus on the reduction of symptoms towards one of enabling people to do the things they want to do and lead the lives they wish to lead.*

The yardstick of success must be the extent to which the treatment and support we provide enables them to rebuild valued and satisfying lives and to gain / maintain the homes, friends, families, relationships, jobs, social and spiritual opportunities, leisure and cultural activities that give their lives meaning..."

"…We must move away from a culture of 'altruism' towards a 'customer service' culture where the needs, wishes, concerns and convenience of those who use services are paramount. No longer can we operate on the implicit assumption that people should 'take what you are given and be grateful for it' approach in which 'the convenience of the patient comes a poor second to the convenience of the system'. With an increasing emphasis on choice in health and social care, if people do not have a positive experience of using our services they will have the opportunity to go elsewhere..."

To underpin the strategy, which will take effect over the next two years, we will also be:

- Realigning staff to new services.
- Rationalise estate and gain maximum value from fit for purpose buildings taking advantage of Community Budgeting Initiatives (Total Place) where possible.
- Developing closer links between Primary and Secondary Mental Health, Social Care and third sector providers.

HOSC Questions / Issues:

8. What is the CPA and how is it used in your organisation?

CPA was introduced by the Department of Health [DoH] in 1991 and it continues to occupy a position of prime importance in supporting the delivery of care and treatment in specialist Mental Health Services.

In March 2008 new guidance 'Refocusing the Care Programme Approach-Policy and Positive Practice Guidance' was published by the DoH.

CPA is the approach: "…*in Secondary Mental Health Services to assess, plan, review and coordinate the range of treatment, care and support needs for people in contact with Secondary Mental Health Services who have complex characteristics…"* (DoH, 2008).

KMPT has refocused its use of CPA a new policy was launched in April 2010 following widespread consultation with teams and services regarding the CPA processes.

Responsibility for CPA transferred to the Social Care and Partnerships Director. This enables CPA and Care Pathways to be aligned with the Personalisation and Recovery Agendas. It was agreed that a review of the Care Pathways Policy and Processes would include work to

ensure that these agendas could be successfully delivered by a Care Pathways Process. This work will also improve performance in the National Patient Survey as we continue to seek improvement in this area.

The links between Care Pathways and the successful delivery of Self Directed Support [SDS] are clear. The opportunity to make these links stronger is clear with the responsibility of Care Pathways being moved to the Social Care Directorate. Links have been formed with the Social Inclusion and Recovery Steering Group and the SDS Delivery Project Group.

The Care Pathways redesign work will encompass the delivery of these agendas. A new electronic care records system (RiO) will provide opportunity to ensure that these agendas can be easily and successfully encompassed in the Care Pathways (CPA) Processes.

HOSC Questions / Issues:

10. *Do you have comments to make on the National Patient Survey Community Mental Health Service 2010?*

The National Patient Survey 2010 for Community Mental Health Services involved sixty-six NHS Trusts in England, Foundation Trusts and Primary Care Trusts [PCTs] that provide Mental Health Services. Overall there were over 17,000 responses from service users, a response rate of 32% (KMPT also had a response rate of 32%). Service users aged 16 and over were eligible for the survey if they were seen by KMPT services between 1 July 2009 and 30 September 2009 and received specialist care and treatment for a mental health condition.

The DoH and Care Quality Commission [CQC] will use the results in measuring performance against a range of indicators.

The results from the 2010 survey for KMPT were, on the whole, disappointing.

It is clear from the year on year survey that information provision and involvement related key scores have improved. For instance, involvement in decisions about medication and overall care; and on having an out-of-hours number to call. However, scores relating to frequency of treatment have declined: that is, service users being seen in the last month. There are also a number of key issues on which scores have not moved very much at all over the eight years of the survey programme or have flattened out after an initial move upward between the first and second years.

The Trust now has Commissioning Quality and Innovation [CQUIN] targets which incorporate improvement in relation to patient experience based on the findings of the National Patient Survey.

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The strategy to address the issues raised in 2010 National Patients Survey has identified key themes which we need to improve and develop. These themes have been developed following extensive discussion with Quality Health, the consultants who provide KMPT with survey results. Discussions with other Trusts have developed strategies to redress their poor performance in relation to patient feedback and analysis by the Patient Experience Group of the results.

Key themes are:

- Target four key performance issues from the results of the patient survey.
- Develop actions against these four areas.
- Develop more innovative and varied mechanisms to receive patient feedback.
- Improve engagement with service users and carers in order to increase the willingness to respond to the survey.
- Embed patient feedback into the performance reporting framework of KMPT.

Each Service Line has identified a Lead Manger to develop their action plan. It will be the responsibility of the identified Lead in each Service Line to develop action plans with support from the Patient Public Community Involvement [PPCI] Team and the Community Engagement Officer.

Survey Findings: The four issues that need to be addressed as a result of the survey results were identified as:

- Dignity and respect for service users.
- Engagement of the service users and their wider families.
- Care co-ordination i.e. the care plans and care review.
- Understanding of the affects and side effect of medication and addressing the physical health needs of our service users.

Actions taken: Each Service Line has developed action plans to address each of these four key areas; and provide monthly reports showing updates and progress made towards improving patient experience. The Service Lines also incorporate information gathered from a range of patient feedback mechanisms. These include customer care days; engagement with user and carer groups, Local Involvement Networks [LINks] and KMPT's Patient Consultative Committees. Service Lines also utilise reports already received from voluntary organisations that monitor our services e.g. Heart of the Matter at Little Brook Hospital and the Canterbury and District Mental Health Forum at St Martins.