Eastern and Coastal Kent

West Kent

Community Mental Health Services for Adults – Kent HOSC 26 November 2010

	Eastern and Coastal Kent and West Kent
1. Can you provide an overview of the kind of community mental health services commissioned for the people of Kent?	Eastern and Coastal Kent PCT, West Kent PCT and Kent County Council commission a wide range of community mental health services from NHS, voluntary and independent sector providers.
2. Who are the main providers of these services?	Primary care psychological therapies services are commissioned from three main providers: **Kent and Medway NHS and Social Care Partnership Trust (KMPT), KCA (UK) and Counselling Team Limited**. **KMPT** is the main provider of secondary care mental health services. The Trust provides the following adult mental health services in the community: • First Response and Intervention Service • Early Intervention in Psychosis Service • Community Mental Health Teams • Assertive Outreach Service • Community Rehabilitation Services • Crisis Resolution and Home Treatment Services

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<tr><td></td><td>Also KMPT provides these specialist community mental health services for adults:

• Eating Disorders Services
• Mother and Infant Mental Health Services
• Personality Disorders Service
• Neuropsychiatry
• Forensic Psychiatric community services
• Police Custody Suite and Court Diversion / Liaison Service

(KMPT delivers community mental health services for people with learning disabilities too.)

Primary and secondary care adult prison mental health services, serving all of Kent's prisons, are commissioned from Oxleas NHS Foundation Trust.</td></tr>
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<tr><td></td><td>A wide range of services are commissioned from Kent's voluntary sector. They are commissioned jointly by KCC and the PCTs and each service is available in every locality in Kent. We contract with 40+ different providers, from those providing one service to those providing a wider range. They include Carers First, Rethink, Invicta Advocacy, MCCH, Mind, Shaw Trust, Tunbridge Wells Mental Health Resource and Voluntary Action Maidstone. The voluntary sector provides the following services:

• Employment support services for people with mental health problems
• Carers support services
• Advocacy services, including Independent Advocates under the Mental Health Act
• Service user forums
• Community day services

The freephone mental health helpline that is available out of hours is commissioned as a county wide service from the voluntary organisation Mental Health Matters.</td></tr>
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	Mental health residential care is commissioned by KCC and provided by the **independent sector** in Kent and East Sussex. Currently *252 people* are in residential care placements. Some community support services are commissioned from the independent sector to provide support with daily living and independence for people with mental health problems who need support in their own homes. Finally, a range of supported accommodation is commissioned across Kent, in partnership with Housing Associations who provide the "bricks and mortar" and Supporting People who provide much of the Housing Related Support. We have *321 people* currently in supported accommodation provision across Kent.

3. How many people access these services each year?

Most of the figures given are from KMPT contract performance information for the **half-year to date, April to September 2010 inclusive**

Eastern and Coastal Kent	Patients referred / seen Apr-Sep 2010)	Caseload (at end Sep 2010)
Adult Mental Health		
Primary Care Psychological Therapies Services	3846	(% recovery) 47%
First Response and Intervention Service (refs)	2678	921
Early Intervention in Psychosis		190
Community Mental Health Teams		2671
Assertive Outreach		252

West Kent	Patients referred / seen (Apr-Sep 2010)	Caseload (at end Sep 2010)
Adult Mental Health		
Primary Care Psychological Therapies Services	1401	(% recovery) 54%
First Response and Intervention Service (refs)	2148	358
Early Intervention in Psychosis		162
Community Mental Health Teams		4467
Assertive Outreach		203

Crisis Resolution Home Treatment (home treatment episodes)	799	(days held av.) 8
Eating Disorders Services - Community	(K&M) 74	
Mother and Infant Mental Health Services (refs)	79	
Personality Disorders Service - Intensive Day Treatment (refs)	11	
Neuropsychiatry (first apps)	(K&M) 81	
Police Custody Suite and Court Diversion / Liaison Service		
Community Mental Health of Learning Disability (refs)	179	

Crisis Resolution Home Treatment (home treatment episodes)	587	(days held av.) 10.7
Eating Disorders Services - Community	(K&M) 74	
Mother and Infant Mental Health Services (refs)	77	
Personality Disorders Service - Intensive Day Treatment (refs)	145	
Neuropsychiatry (first appts)	(K&M) 81	
Police Custody Suite and Court Diversion / Liaison Service		
Community Mental Health of Learning Disability (refs))	350	

For the **voluntary sector**, the numbers accessing services for 2009 to 2010 are as follows:

Community day services:

- 38,693 attendances in day centres
- 13,252 attendances in community activities outside of the centres.

Mental Heath Service User Forums:

- 385 participations by service users in commissioning board and other meetings

	Mental Health Advocacy: • 842 episodes under the Mental Health Act • 2,231 episodes of other advocacy to mental health service users Mental Health Carer support services: • Over 4000 carers are being supported at any one time • 729 carers received a carer's break • 169 participations by carers in commissioning boards and other meetings Mental Health Employment support services: • Over 300 people are supported in work at any one time • 109 people with severe mental health problems returned to work for over 13 weeks Mental Health Helpline: 9,443 calls answered from callers in Kent

	Eastern and Coastal Kent and West Kent
4. How much do you spend on adult mental health services each year, and how much is spent specifically on community mental health services? 5. What are your expectations for both these amounts in coming years?	HOSC Members are guided to the financial summary at Appendix 1 in the Live It Well strategy at http://www.liveitwell.org.uk/live-it-well-vision/. The summary gives the PCTs' expenditure on Mental Health by **Programme Budgeting**, i.e. PCT spending on *all* healthcare resource use by people with a primary diagnosis of a mental health condition, and the target reductions by 2014/15 that are set by the PCTs in their Strategic Commissioning Plans 2010. The expressed reductions are: ECK PCT to reduce from spending £130.8m to £126m a year (- 3.8%) a year and WK PCT to reduce from £97.3m to £91m (- 6.5%), which is a sum of £11.1m less expenditure.

	In addition, Live It Well Appendix 1 gives overview information on the results of **Mental Health Financial Mapping**, which shows PCT and KCC expenditure on adult mental health services, including pounds spent per weighted head of population. The *service categories* used in the financial mapping reports do not split expenditure between community and inpatient services. The majority of PCT spend is with **KMPT** for community mental health services. The contract values, or budget lines, are not split between community and inpatient services for all services. Across Kent and Medway the PCT spend (rounded) on community mental health services is: • £5m on primary care psychological therapies services • £15m on secondary care mental health *access* services, including First Response and Intervention, Early Intervention in Psychosis and Liaison Psychiatry • £32m is spent on secondary care mental health *recovery* services, including Community Mental Health Teams, Assertive Outreach and Community and Inpatient Rehabilitation Services • £8m on Crisis Resolution and Home Treatment services • £2m on community mental health of learning disability services Further, and *not* split between community and in-patient services, it is: £14m on specialist mental health services and forensic psychiatry services, including the following community services: eating disorders, mother and infant mental health, and personality disorder services; and forensic psychiatric community services and police custody suite diversion services. KCC provides a further £22m to KMPT, most of which is for First Response and Intervention services and Community Mental Health Teams and related services.

	The level of funding of the mental health **voluntary sector** in Kent exceeds £5m a year, of which the PCTs contribute almost £1m. Recent months, pre- and post- the White Paper (Equity and excellence: Liberating the NHS, 2010), have seen the increasing requirement for the NHS to deliver Quality Innovation Productivity and Prevention (QIPP) plans (nationally and to the Strategic Health Authority, with QIPP being the vehicle where cost savings should be expressed). QIPP plans run over four years from 2010/11 to 2013/14. Kent County QIPP plans are being developed for Adult and Older Persons' Mental Health Services, and separately for Dementia services. The Mental Health QIPP plan recognises the same savings targets as expressed in the Strategic Commissioning Plans identified above - £11.1m – and sets out to achieve 60% or **£6.7m** of these savings in relation to healthcare and mental health services for adults and older person (except dementia). The Mental Health QIPP envisages three key forthcoming transformations in mental health services: • Transform care pathways for people with common mental health problems, and people with severe mental illness in recovery, enabling more service users to be supported in / by primary care. • Develop effective alternative community management and supports to reduce acute in-patient mental health service admissions and lengths of stay. • Implement a tariff-based system of PBR for mental health services. Additionally, it provides for mental health services making a positive contribution to reducing both Acute Hospital and Ambulance service costs incurred in providing for some people with a primary diagnosis of a mental health condition. The post-White Paper environment will expect us to secure agreement on these directions with GP Commissioning Consortia, and we are in the foothills with that process and mental health. We also have to factor in the planned cost-reductions on KCC funding for mental health services.

	Eastern and Coastal Kent and West Kent
6. Can you provide an outline of the process by which commissioning decisions relating to community mental health services are made (including joint commissioning with other commissioners)?	The mental health commissioning infrastructure includes three levels that move from holding a panoramic view of Kent and Medway to a wide-angle lens on a PCT area to a bird's eye view of a locality. Each of the PCTs and KCC is ultimately responsible for the commissioning strategy and decisions it makes, and deploying their resources accordingly. However, there is a Kent and Medway Strategic Commissioning Board for Mental Health, with membership at Executive level from the two Councils and three PCTs, which holds NHS Medway, the PCT Lead commissioner for adult mental health, to account; and co-ordinates and reviews commissioning strategy and delivery. The Strategic Commissioning Board meets three times a year to forward plan service development and evaluate performance. It watches over the whole of the mental health service system and also public mental health. In each of Eastern and Coastal Kent and West Kent PCT areas there is a PCT and KCC Joint Commissioning Board for Mental Health, which comprises commissioners from the PCT and Council, GP / clinical commissioners, and mental health service user and carer representatives. Planning service development and reviewing performance are key functions, and there will also be discussion about differential commissioning for different localities within a PCT area. Each Joint Commissioning Board is informed by feedback from the Local Planning and Monitoring Groups for mental health that bring together representatives of mental health service providers – KMPT and voluntary sector in the main – service users and carers, and commissioners. There are ten Locality Planning and Monitoring Groups in Kent, six in eastern and coastal Kent and three in west Kent. Locality Planning and Monitoring Groups ensure that people in the local mental health services know each other well, and they identify and then solve local issues wherever possible.

	Eastern and Coastal Kent and West Kent
7. Can you please provide any relevant PALS data relating to	KMPT have provided us with a Trust-wide PALS report for Quarter 1 2010/11. The report summarises service user, carer and public contacts with KMPT PALS, together with any

community mental health services?	common themes, follow up actions and implications for service improvement that took place between April and June 2010. During the Quarter, a total of 316 PALS contacts occurred. This compares with 225 contacts (+40%) for the same period during 2009/10, and 276 contacts (+14%) for the period from January to March 2010. This is the first PALS quarterly report that KMPT has produced, and the Trust reports that the Datix system (from which it draws the data) is 'not currently set up to easily report on service lines'. KMPT is working to resolve this. PALS is also responsible for keeping a record of written compliments received throughout the Trust. A total of 75 compliments were received in the quarter, which compares with 66 (+14%) received in the previous quarter. The report is attached for Members' interest.

	Eastern and Coastal Kent and West Kent
8. How are community mental health services being developed and how is it anticipated that these will complement or replace mental health inpatient services?	Following production of the Live It Well strategy we are now progressing three large scale developments which will have significant impact on how mental health services are delivered. These are included in the Mental Health QIPP programme, and therefore imply cost savings. The first of the transformational changes is to create support mechanisms for more patients to be managed in primary care settings, in particular (a) people with common mental health conditions and (b) people with a severe mental illness who are stable or living in recovery. The intention is to see fewer referrals to secondary care community mental health services and a shorter duration of treatment and support in secondary mental health care. This will require the development of more mental health capacity and competence in primary care, including dedicated primary care mental health resources and systems like 'shared care'. We are currently developing with KMPT the roll out of the First Response and Intervention Service (FRIS) model that aims to provide quicker access to secondary care mental health services and an active liaison function with GP Practices. We and KMPT are also developing a recovery model approach in Community Mental Health Teams, 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.

	The second transformational change will be the development of effective alternative community management and supports for those in need of an emergency response, to reduce acute admissions and also to speed up discharge. More intensive support may be needed by Crisis Resolution Home Treatment services, which can provide treatment *at home* for people in a mental health crisis, in order to keep more people supported out of hospital; and we will aim to reduce the reliance on acute in-patient mental health beds. The third transformational change will be moving the pricing structure for contracts from a block basis to a Payment by Results basis. Mental Health service users will be grouped by needs clusters, and a tariff will be attached to each cluster. Our particular interest will then be in understanding in much greater detail the cost base of the care we commission, and where we can focus attempts to make savings.

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9. What is the connection between primary care services such as GPs and community mental health services?	In Mental Health, usually it is the nature and degree of mental illness (not the location of the service) that distinguishes between primary and secondary care. In general, people with common mental health problems (e.g. mild, moderate and sometimes severe anxiety and / or depression) are managed by GPs who may prescribe medication, refer to primary care psychological therapies services and / or to mental health services provided by the voluntary sector. Few of these patients are referred to the community mental health services provided by KMPT. Patients with severe mental illness, many of whom enter services at the GP, can be referred to KMPT as either emergency, urgent or routine – depending on need, risk or severity of presentation. There are 4 hour, 24 hour and 4-weeks waiting times targets for KMPT's response to emergency, urgent and routine referrals, respectively. The First Response and Intervention Service and Crisis Resolution Home Treatment Service are the usual first points of response from KMPT.

	Eastern and Coastal Kent and West Kent
10. How is the performance of providers assessed and monitored?	For KMPT services, the PCTs have a comprehensive system in place. This year we re-organised our arrangements to monitor KMPT performance by its Service Lines, as follows: 1. Recovery Services and Acute Services 2. Forensic Psychiatry Services and Mental Health of Learning Disability Services 3. Specialist Mental Health Services and Older Persons' Mental Health Services Formal performance management of each Service Line is eight times a year for 1 above and quarterly for 2 and 3 above. The management is through meetings of Joint Performance Review Groups that include commissioner, PCT and KCC, KMPT and mental health service user and carer representation. A comprehensive set of data requirements covering activity and ethnicity monitoring and Key Performance Indicators is specified in the PCT-KMPT Contract and reviewed at these meetings, with performance improvement action plans generated and followed through as appropriate. Most of this information can be viewed at PCT level; if performance is different between ECK and WK, it is evident. Over viewing this, there are two other specific meetings: the Quality Assurance Group and the Quarterly Performance Review Group. The Quality Assurance Group focuses on a contractually agreed set of Quality Performance Indicators, including service specific and workforce measures, and also monitors progress on the Commissioning for Quality and Innovation scheme Indicators. (The latter is a financial incentive scheme for improved quality). This Group meets 6 times a year. The Quarterly Performance Review Group takes an overview of KMPT's performance on all services across all areas. It is chaired by the NHS Medway Chief Executive and includes PCT representation at Executive level and the KMPT Chief Executive and some Executive Directors. It meets four times a year. Voluntary organisations are funded through service agreements, via a joint arrangement between the PCTs and KCC. KCC undertakes the administration. Every voluntary

	organisation has a service specification and an annually issued schedule with numerical outcomes. They report against these every 6 months and are monitored by the KCC mental health commissioning and contracting team together with the PCT mental health commissioner for the area. Residential care homes are also performance managed by the KCC mental health commissioning and contracting team. They have regular monitoring visits, some unannounced, using a comprehensive monitoring for quality schedule which complements the Care Quality Commission inspections.