Kent and Medway NHS
NHS and Social Care Partnership Trust

NHS
Kent and Medway

Right care, right time, right place – inpatient mental health

1. Introduction

This paper outlines significant changes over the past eight years to the provision of inpatient mental health services, including specialist Psychiatric Intensive Care (PIC) services, for those people aged over 18 in Kent and Medway. It sets out how this has resulted in many more people being treated at home and a higher level of need among people still admitted to inpatient units, who require more focused, specialist care within centres of excellence.

Other factors taken into account are the elements required to deliver a successful, safe, recovery-focused inpatient service for people who are acutely mentally ill, and the need for the NHS to make best use of its resources.

Mental health services for children and adolescents, and for people with dementia, are commissioned separately and do not form part of this proposal, which however has been developed alongside separate plans for improving services for people with dementia in east Kent.

2. Background

Around 160,000 people in Kent and Medway[1] at any one time are affected by common mental health problems, such as anxiety, depression, phobias and obsessive compulsive disorder.

Three quarters of them will either self help or get better in time. Around one quarter will need treatment with medication and/or psychological therapies.

Around 12,000 people in Kent and Medway are estimated to have a severe complex mental illness such as schizophrenia (also known as psychotic disorder), bi-polar disorder, personality disorder or an eating disorder.[2]

The rate of mental health problems in the population is broadly stable: For 'common mental illness' (the majority of depression and anxiety problems) the estimate is 1 in 4 people[3], and for 'severe and enduring mental illness' (mostly psychosis - schizophrenia and bi-polar disorder) it is 3 per 1000 people.[4]

3. Mental health services

The main NHS mental health provision in Kent and Medway consists of:

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[1] Source: Joint Strategic Needs Assessment, Kent, 2011
[2] *Ibid*
[3] Source: National Adult Psychiatric Morbidity Survey, Meltzer 2001
[4] Source: New Oxford Textbook of Psychiatry 2000

- Primary care services, such as GP services and talking therapies. National Institute for Clinical Excellence (NICE) guidelines make it clear that primary care is the best and most appropriate care for the vast majority of people with common mental health problems
- Secondary care services, provided by Kent and Medway NHS and Social Care Partnership Trust, comprising community services and acute services for people who need more intensive or specialised support
- Tertiary care services, offering specialist help, often involving hospital or complex rehabilitation and observation. These include intensive day treatment services and some services for people with eating disorders or women with ante or postnatal mental illness (although most people will recover without such specialist care)
- Forensic services, for people who have mental health problems who are also in the criminal justice system

Latest statistics from NHS Information Centre[5] show that around one in 11 people receiving secondary or tertiary services for a severe mental illness will at some point be admitted for inpatient care. 10 in 11 will not access inpatient care at any point in their illness.

The focus of this review is acute inpatient services which, along with crisis resolution home treatment services, treat people who are in a mental health crisis.

4. What is a mental health crisis?

Crisis takes different forms in different people.

The mental health charity Mind[6] says crisis may take the form of:

- suicidal behaviour or intention
- panic attacks/ extreme anxiety
- psychotic episodes (loss of sense of reality, hallucinations, hearing voices)
- other behaviour that seems out of control or irrational and that is likely to endanger the self or others

"…the mind is at melting point and everything is frightening, even the affected person's loved ones."

"…I get very paranoid, and think of myself as a horrid burden to my family."

"People describe being in crisis as an overwhelming experience; something that is more than the person can deal with and not one's normality. It can mean having nowhere to turn or having exhausted all one's coping strategies."[7]

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[5] NHS Information Centre E-bulletin, November 2011
[6] Learning from experiences, Mind 2011

5. Best for people to be treated at home

There is extensive evidence[8] that it is best for people in a mental health crisis to be supported and treated at home or in another community setting (such as intensive day support), whenever possible. Most service users and carers prefer home-based treatment and research has shown that clinical and social outcomes achieved by community-based treatment are at least as good as those achieved in hospital. For example, the National Audit Office[9] suggests that more admissions should be avoided and that improving service quality and outcomes should be the primary imperative to reduce unnecessary or overly long inpatient stays. Time spent as an inpatient can weaken people's connections to their family, community and support networks. It found that areas with Crisis Resolution and Home Treatment (CRHT) teams saw a 21% reduction in admissions over five years compared to those without (10%)

Some service users do not feel safe in hospital. This is especially true for women, and for individuals with a history of abuse, as well as for young people. New psychiatric ward building and renovation work is partially addressing these concerns, by using only single sex and/or single roomed wards, the latter helping to make inpatient care more personalised.

Treatment at home or in the community reduces the stress and anxiety of people who are acutely unwell and enables them to stay in touch more easily with friends and family, to maintain their independence and their normal routine, to continue making choices about their lives and to avoid the risk of institutionalisation. All of these improve outcomes for people.

It is also what the majority of people who use services say they want, in both national surveys, such as Listening to Experience, Mind's review of acute and crisis services[10], and local discussion, such as with people in Medway in recent years[11]. Carers in areas with similar services say that they are glad not to have their relatives going into hospital and find 24 hour on-call service availability particularly supportive, even when they don't use it that often. [12]

Changes to mental health services over recent years therefore mean that effective, and where necessary intensive, treatment at home is now much more widely available and accepted.

6. A quiet revolution

Over the last eight years, matching the national drive[13], there has been very significant local development of services to support people in an acute phase of mental illness, so their needs can be safely met in the best place possible. For most people, that will be at home while, for some, it will be in an inpatient unit.

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[7] Learning From Experiences, Mind 2011
[8] The Mental Health Policy Implementation Guide, Department of Health 2001
[9] Helping People Through Mental Health Crisis: The role of Crisis Resolution and Home Treatment services, National Audit Office 2007.
[10] Published November 2011
[11] Scrutiny of Mental Health Bed Numbers and Capacity, Mental Health Strategies 2009
[12] Locality Services in Mental Health: The Home Treatment Team, Sainsbury Centre for Mental Health 1998
[13] Idem (8)

Acute care follows one agreed “care pathway” so that people consistently get the care that is right for them, whether that is at home or in an inpatient unit. Multidisciplinary teams work together and always aim to ensure that people receive a seamless and joined-up service.

Among other mental health and social care services, people in Kent and Medway can now access:

- CRHT teams that provide treatment and support in a mental health crisis for people in their own homes rather than in hospital and which work very closely with inpatient teams for the particular locality.
- Early intervention in psychosis services for people having a first episode of psychosis, which improves the long-term course of their illness
- Specialist psychiatric nurses in emergency departments across the county who offer swift assessment and access to other support for people attending with mental health needs (such as people who have self-harmed)
- Recovery teams, which provide therapeutic input and social care support to people with severe and longer lasting mental illness
- Assertive outreach services, which work with people with severe mental illness who find services hard to engage with, and might be at risk of losing contact
- Supported accommodation services, including some which offer intensive support
- Specialist county-wide services for people with eating disorders, personality disorder and mother and infant mental health services
- Improved referrals by other agencies, such as the ambulance service, the police, and probation, supported by agreed protocols

These changes amount to a transformation of mental health services in Kent and Medway.

Treatment at home is now the norm for people in an acute phase of mental illness who, in the past, would have been admitted to an inpatient unit. In 2010/11 2646 people who are acutely unwell were treated at home by a CRHT service compared to 1615 people admitted to hospital. Payment by Results, which is being fully introduced in NHS mental health services from 2013, will place most of those people who use inpatient wards and CRHT services in the same ‘care cluster’ with the same ‘tariff’ for payment from NHS service commissioners to providers, so there will be an even greater imperative for these services to be managed and delivered very closely together for each and every locality, wherever the wards’ physical location.

At any given time, 100 people who are acutely unwell will be being treated at home in Kent and Medway – the equivalent of almost six hospital wards.

There have already been some reductions in inpatient demand over the last few years, whether in terms of admissions or average lengths of stay, thanks to

higher levels of therapeutic intervention during the person's stay through schemes such as the Productive Ward, advances in the medication now available, and early discharge planning facilitated as required by follow-on 'intensive home treatment'. There is scope for reducing overall demand further ('occupied bed days'), particularly through early discharge work with our partners to ensure that services such as supported housing are available when people are ready to leave hospital.

Choice of psychological treatments available for service users is usually wider in community than inpatient care, while most medication can be administered and monitored just as effectively at home as in hospital. Shorter, focused stays in inpatient units also make it easier for people to pick up the threads of their everyday life, get back to work and see their family and friends.

As a result of plans to improve care pathways and the management of demand, it is expected that over the next few years even fewer people will be admitted for inpatient care and their stays will be for shorter periods: hence in Kent and Medway fewer beds will be needed per head of population and in Medway fewer beds will be needed in absolute terms. This is currently subject to modelling of historical and predicted 'occupied bed days' demand by the specialist provider of this service, the Kent and Medway NHS Partnership Trust (KMPT), and this will inform the detailed options for consultation - for the future allocation of Kent and Medway localities and CRHTs to inpatient units.

7. Inpatient care

This quiet revolution in mental health services for people who are acutely unwell means that people are now only treated in an inpatient mental health unit if clinical assessment shows it would be unsafe for them, or others[14], for them to stay at home.

In turn, this improvement in community based care means those few people needing acute inpatient units have a higher level of need than in the past.

The priorities of mental health inpatient units are:

- to care for people safely
- to promote their recovery
- to ensure the safety of staff

These are also the priorities of the Psychiatric Intensive Care Outreach service which offers specialist support to acute inpatient Psychiatric Intensive Care Units When staff in an acute inpatient unit are not sure if they can safely manage the care of a particular person, they can call on their colleagues from psychiatric intensive care.

Staff from the Psychiatric Intensive Care Outreach service will assess the person, and either suggest strategies for working with him/her to the staff on the ward, or admit him/her to the Psychiatric Intensive Care Unit.

[14] They may be admitted, for instance, if their family carer can no longer cope, or if they are intent on suicide.

Most admissions are now more a matter of days rather than weeks – like intensive care units for physical illness, in the majority of cases a Psychiatric Intensive Care Unit provides short-term support (the median stay is now 20.5 days with over 80% of patients discharged from the units within six weeks). When a person's condition is stabilised, they will move to a regular inpatient unit or back home, under the care of a CRHT.

To deliver safe care which promotes recovery as effectively as possible, it is essential that that there are **sufficient highly trained, expert staff** available round the clock to provide a robust and resilient service and that people are treated in **modern fit-for-purpose accommodation**.

8. Staff

Given that people who are acutely unwell in inpatient units now present a higher level of risk and more complex needs than in the past, ward staff need to be more highly trained and highly skilled than ever before. The NHS nationally is promoting the development, as a separate mental health specialism, of a highly skilled inpatient and crisis resolution workforce, who can manage these risks and meet these needs in a way that best promotes recovery.[15]

Teams start to work with people from admission, offering multi-disciplinary therapeutic interventions tailored to match the wishes and interests of the individual. Increasing post-qualification training is underway to ensure that for the few people who do need to be admitted, highly purposeful admission, intervention and review systems are in place for them.

It is important to have enough staff to carry out this complex work; hence the recent KMPT announcement of a funded increase of 40 mental health ward nurses from February 2012. It is equally important to have stability in this staff group: continuity of care promotes trust and so wellbeing, enhancing recovery. Hence, it is best to use permanent staff rather than agency nurses wherever possible.

It is still the case nationally that the majority of assaults on NHS staff are by people who are mentally unwell. To ensure the safety of both service users and staff, it is essential that there are enough highly trained and expert staff on duty in each inpatient unit; this requirement lends support to the designation in Kent and Medway of fewer, better 'centres of excellence'.

9. Environment

Thanks to extensive research, much more is known about the physical elements of inpatient mental health care which promote recovery.[16] [17] We know, for instance, that the physical environment is very important. People who

[15] The Pathway to Recovery, Healthcare Commission Review of Mental Health Services 2008
[16] Star Wards, Marion Jenner 2006
[17] The Productive Ward: Releasing Time to Care, Institute for Innovation and Improvement 2010

are acutely mentally unwell need access to outdoor space and to have their own room where they feel safe and can be alone if they wish.

The DH Mental Health Policy Implementation Guide[18] highlighted that the impact of a poor environment on patients and staff alike cannot be under-estimated and that the environment must be comfortable, relaxed, safe and secure, with particular attention to the needs of women. It also emphasised that new services should be designed to be socially inclusive and connected to the community. The extra demands placed on staff when providing care in a poor environment inevitably leads to a level of containment and custodial care that impacts on patients' experience and recovery.

The NHS Constitution states that every service user has the right to high-quality care that is safe, effective and respects their privacy and dignity. Since 2000, all new-build units have been required to incorporate single bedrooms, ideally with en-suite facilities.

The physical environment is also a very important element of providing safe care. It is, for instance, essential that there are clear lines of sight, so that staff can monitor those patients who may be suicidal or aggressive.

The Healthcare Commission's *National Audit of Violence*[19] reported that the design of many wards failed to meet basic safety standards. There were particular problems with poor visibility associated with obstructed sight-lines.

This finding was consistent with NIMHE's survey where over one-third of ward managers described significant reported, but unresolved, environmental risks. In relation to the impact of environmental risk: in the Healthcare Commission's audit, 36 per cent of service users and 78 per cent of nursing staff said that they had experienced violence on the ward that was being studied. There is a strong link between this level of violence and the environment within which patients are being cared for.

However, not all the accommodation currently available in Kent and Medway meets these important standards.

10. The existing situation including what the problems are and why

People who are acutely unwell are currently treated at five inpatient units across Kent and Medway – in Dartford, Maidstone, Medway, Ashford, and Canterbury. The closure of outdated accommodation in Ashford is already planned as part of the development of the new £10million unit at St Martin's Hospital, Canterbury, which is due to open in autumn 2012. People in East Kent will then be cared in state-of-the art accommodation.

Dartford and Maidstone are also modern, purpose-built units which offer the best possible environment for care.

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[18] Adult Acute Inpatient Care Provision, Department of Health, 2002

[19] Healthcare Commission, 2005).

However, people from Medway and Swale are looked after in A Block, a KMPT unit in former orthopaedic wards at Medway Maritime Hospital. There are poor sightlines for observation and several beds are in bays with only curtains to provide privacy.

People using services have restricted access to the outside, because wards are on the first floor and if, for instance, they want a cigarette, they have to wait to be accompanied downstairs, rather than being able to move in and out of doors at will. This inevitably builds up frustration, which can have a major impact on inpatients' needs and experiences of care as well as on staff time and resources.

The Care Quality Commission (CQC) compliance inspection of Medway in November 2010 identified that "people were generally protected from harm although there was risk where the layout of the ward made de-escalation *(of violence),* difficult and there was no seclusion room on the ward. People would have also been at risk from self harm where there are no ligature free rooms".

Although the staff working at A Block do the best possible job of providing care, given the restrictions they face, this is not an environment that promotes either safety or recovery, despite measures that have been taken to improve the fabric of the building. The NHS in Medway has since 2000 made many attempts to look for alternative more suitable buildings nearby, without success. Hence some new service foundations need to be made to provide inpatient and CRHT services for Medway users and to match the development of more integrated and individualised care pathways.[20]

Similarly, the PIC Unit is currently provided at two bases, Willow Suite at Dartford and Dudley Venables House in Canterbury. Willow Suite is housed in purpose built accommodation which offers the best possible environment for intensive care. Dudley Venables House is a converted 1994 ward and is therefore limited in what can be achieved for PIC Unit purpose.

In West Kent, there is a PIC outreach team which can be called upon by KMPT staff in acute inpatient units in Dartford, Medway and Maidstone. However this service does not extend to East Kent.

11. The options for change

Kent and Medway NHS and Social Care Partnership Trust, supported by commissioners, would like to explore the development of **centres of excellence** (CoE) for people needing inpatient care in Kent and Medway, each based in modern accommodation that promotes safety and recovery, which are compatible with their latest acute care pathway (see Appendix).

A CoE can be described as a service that is delivered to a recognised high (national or world class) standard, in terms of measurable results and innovation, so that, in addition to performing its own core work very effectively, it has an additional role in improving its practice expertise and knowledge resources. The centre can then, in turn, assist other parts of its service system

[20] Laying the Foundations, Department of Health (CSIP) 2008

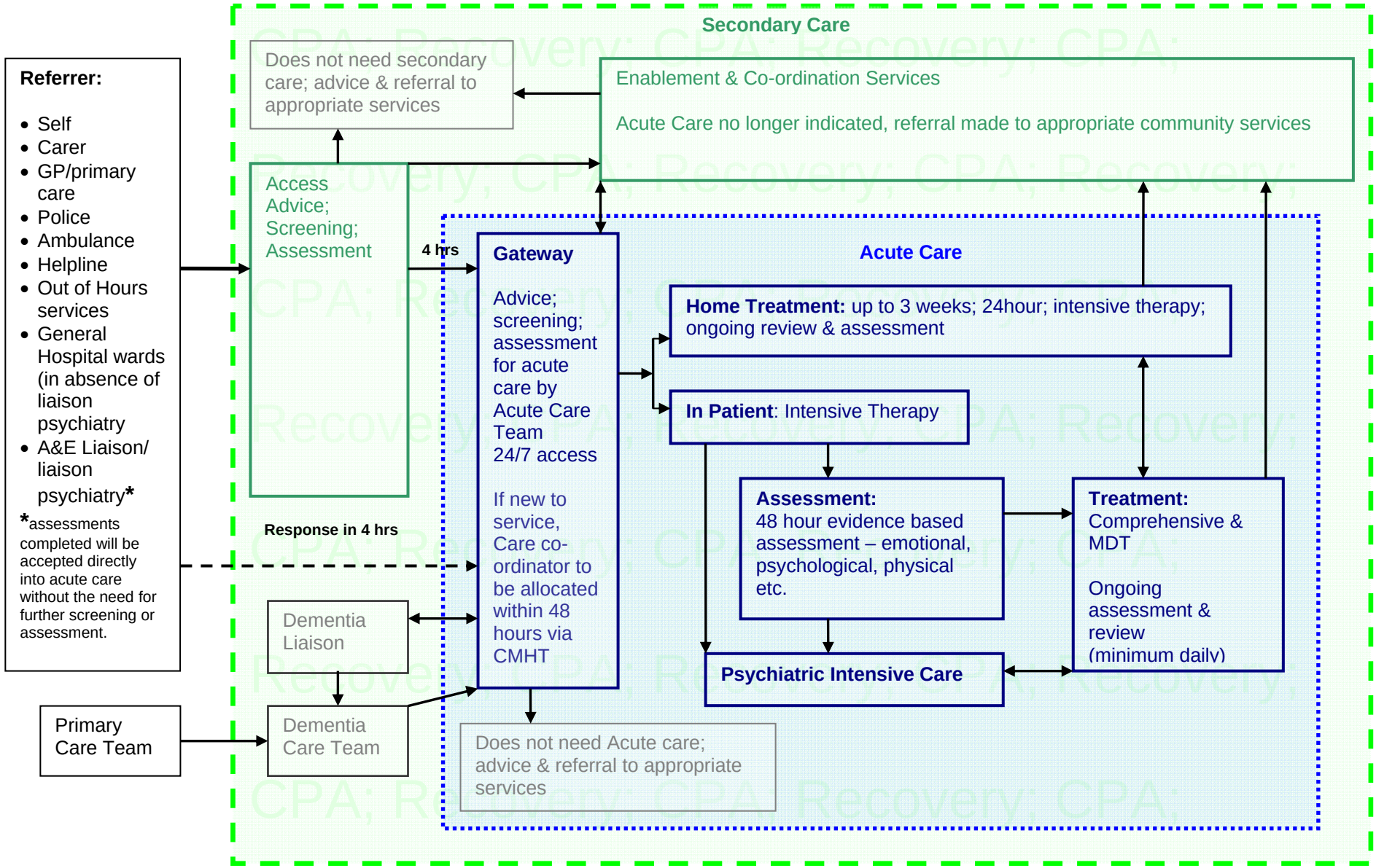
to improve continuously and work collaboratively. The defining features of a CoE are therefore: A critical mass of specialist staff organised around one locus; an ability to integrate complementary multidisciplinary skills; evidence-based research and knowledge management capabilities; and the capacity and stability to attract, retain and exchange a skilled workforce.

Options for the locations of inpatient care will now be examined to create units that are more robust, with a critical mass of staff working at each, consolidating and exchanging staff expertise and improving safety for everyone. This should also allow for the optimal deployment of specialist resources such as mental health occupational therapy teams in accordance with NICE guidelines about making therapies available at the evening/weekend, yet not spreading these resources too thinly. Another example is having sufficient nurses and nursing management cover on hand for the safe provision of ‘Section 136’ rooms, to receive those people taken to hospital for assessment by police under this section of the Mental Health Act.

It would also enable the numbers of inpatient beds in Kent and Medway to be reduced over time to match the reduced demand for these beds, ensuring that the NHS is making best possible use of its resources. For those that still need inpatient care, for their own and other people’s safety, all options for the inpatient environment would need to be suited to more individualised care and treatment and facilitate demand management.

We have had discussions with a range of stakeholders including clinicians, service users, carers and MPs about potential changes. These conversations will continue as we develop our plans.

Appendix: Acute Mental Health Care Pathway – Kent and Medway NHS and Social Care Partnership Trust



Key Principles for Acute Care:

- Clear Criteria for Acute Care required (Home treatment, Admission & Intensive Care) to aid appropriate referrals to this service
- Involvement of carers; advocacy; community team; social network/employer as requested by service user.
- Interventions should be client centred and recovery focused.
- Discharge planning commences at admission.
- Dedicated Acute Care Medical input – integrated with CRHT to enable timely discharge and 7 day follow up