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Dear Member

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE - TUESDAY, 30 JULY 2013

I am now able to enclose, for consideration at next Tuesday, 30 July 2013 meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
5	**Minutes – Appendix A and Appendix B (Pages 1 - 14)**

Yours sincerely

Peter Sass
Head of Democratic Services

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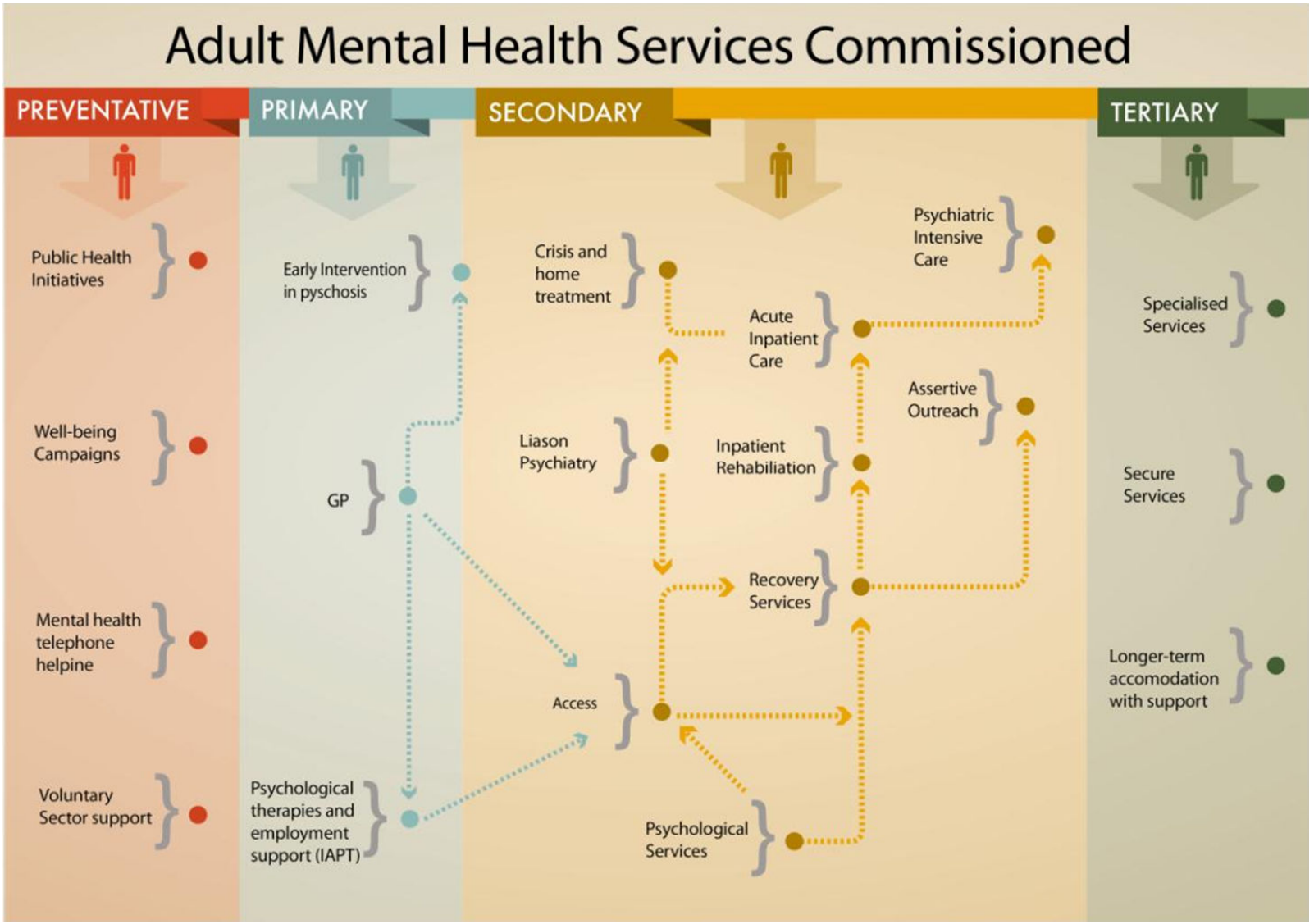
NHS
Kent and Medway

Achieving excellent mental health crisis care


Adult Mental Health Services Commissioned
PREVENTATIVE
PRIMARY
SECONDARY
TERTIARY
Public Health Initiatives
Well-being Campaigns
Mental health telephone helpine
Voluntary Sector support
Early Intervention in pyschosis
GP
Psychological therapies and employment support (IAPT)
Crisis and home treatment
Liason Psychiatry
Access
Psychiatric Intensive Care
Acute Inpatient Care
Assertive Outreach
Inpatient Rehabiliation
Recovery Services
Psychological Services
Specialised Services
Secure Services
Longer-term accomodation with support

Expert opinion national evidence

- CQC directive to commission services that guarantee a person's dignity, recovery and participation
- Independent schizophrenia commission calls for , 'radical overhaul of poor acute units' and promotes recovery houses as an alternative to acute care
- MIND report on crisis care highlights variation across country, KMPT above average referral/visits more being done
- Francis report emphasizes need for quality and safety, dignity and respect
- NHS Outcomes Framework, recovery model Domain 3

Some key service *activity and performance* information – in Kent and Medway's adult mental health services:

- 30000 people will access talking therapies in primary care and 50% of those completing treatment will recover
- 90% of the 18000 people referred for the first time to the secondary care Access service will be seen within 4 weeks (excluding urgent and emergency referrals, seen within 24 hours)
- 550 people with a first presentation of psychosis will receive an early intervention service that improves the long-term course of their illness
- 6000 people with severe and longer lasting mental illness will be helped towards recovery by mental health professionals working in teams in the Community Recovery service
- 1,250 people in Kent and Medway will move to or be supported in employment
- 550 people with severe mental illness who find services hard to engage with, and might be at risk of losing contact, will be involved in their care plans through assertive outreach services
- 2800 episodes of treatment and support in a mental health crisis will be provided to people in their own homes rather than in hospital
- 1800 people will have a mental health assessment in police custody, over a half of whom will go on to receive ongoing mental health treatment and support

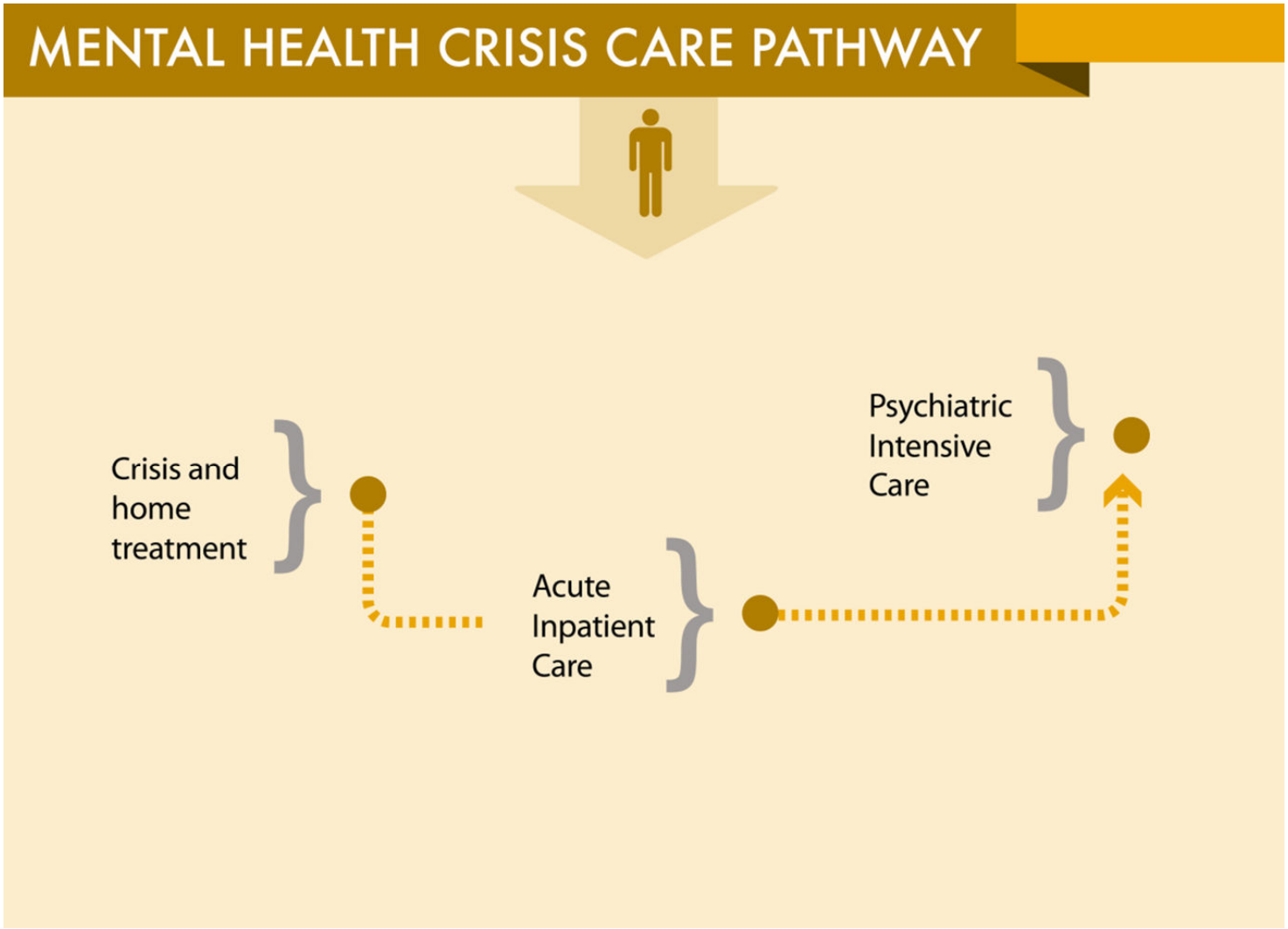
Sonia, 34 with a background in journalism and photography diagnosed bipolar disorder 2006, following a short stay at St. Martins she received support from the crisis resolution and home treatment service

“When they came to see me in the hospital, they were really lovely – and they came to support me over the weekend.

I really wished I could stay in their care. They seemed much more compassionate and consistent than anyone else.

Since then, I’ve found that I can keep myself on an even keel with the help of psychotherapy, acupuncture and reiki and making sure I don’t have too many stressful things going on at the same time.”

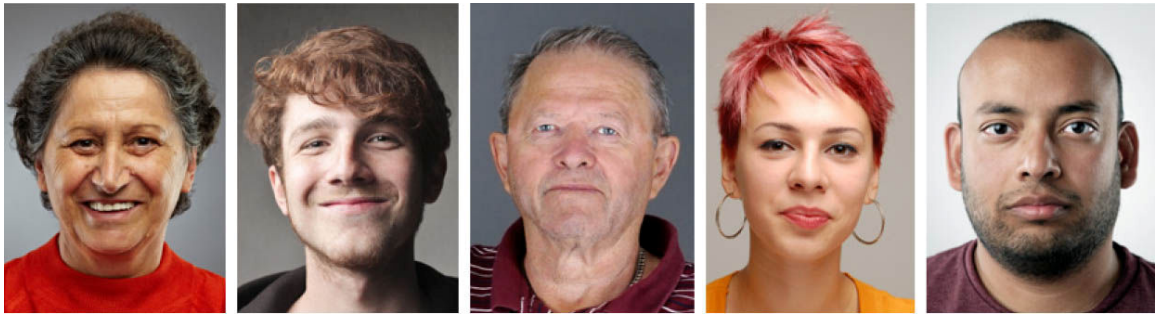
Acute pathway diagram



Proposals offer breadth

- Support time and recovery workers
- More consistent continuity of care across pathway
- Discharge co-ordinator provide practical support
- Extend therapy in evenings at weekends
- Introduce peer support workers
- Better co-operation with voluntary sector
- Triangle of care

Better outcomes for people



- Most people receive treatment in the community either primary care or
- CMHT
- Acute service is a crucial part providing intensive monitoring,
- treatment and support
- Hospital admissions have reduced and CRHTT contacts increased
- with clinical benefits and service user satisfaction
- People with severe mental illness will require admission to hospital
- CRHTT allow people to be discharged earlier and receive treatment at
- home whilst in acute phase of illness
- Majority of service users and carers prefer community based treatment
- in familiar surroundings with least disruption to every day activities

What we've heard so far

Concerns:

Length of journeys, and cost to carers very worrying

Lack of capacity of CRHT teams especially in evenings

Problems experienced at moment re bed numbers

Medway's A Block just isn't good enough

Lots of changes in benefits, and other community support is worrying service users

Carers overstretched and need recognition, support and respite

Service users need respect, continuity and quality of care

Clinical staff need to be concentrated in fewer places and supported to develop professionally – it is tough for them too

Where are we now

- Bed number sensitivity analysis further modelling using best practice evidence for the size and type of population in Kent and Medway within this model of care.
- Independent Data analysis
- Sequencing of implementation to expand CRHT in advance of bed changes.
- Quality Impact Assessment, clear benefits identified as KPIs.
- The transport plan is completed and any remaining gaps in transport provision closed.

‘Home treatment is more patient-centred. Hospital is quite disturbing and feels like it takes away your rights’ Medway service user

- **Putting the patient first:** “The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.”

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PREVENTATIVE

Public Health Initiatives Encouraging use of 'Healthy Walks' scheme as an effective intervention for depression.

Well-being Campaigns

Working with the 'Mindful Employer' initiative to reduce stigma around mental illness.

Mental health telephone helpline

Mental health telephone helpline - jointly commissioned from the voluntary sector organisation 'Mental Health Matters.

Voluntary Sector support

PRIMARY

Early Intervention in pyschosis Multi-disciplinary community teams.
Provide care and treatment to people between 14 and 35 years of age who are either at risk of, or are currently experiencing, a first episode of psychosis.
The longer an episode of psychosis goes untreated, the poorer the outlook for someone.
Actively seek referrals from schools etc.

GP GPs deliver a range of services to their patients (not Adult Mental Health commissioned).

Psychological therapies and employment support (IAPT) Psychological therapies and employment support

SECONDARY

Crisis and home treatment Provides intensive support, including medication, for people in mental health crises in their own home.
Prevents hospital admissions and facilitates early discharge.
Stays involved on a short term basis until the problem is resolved.

Liaison Psychiatry Provides psychiatric treatment to patients attending general hospitals, in particular accident and emergency departments and in-patient wards.
Professionals deal with the interface between physical and psychological health providing effective treatment with psychological or pharmacological methods.

Access Provide assessment, treatment and support to people with a wide range of more complex mental health problems. Split into:

Access – assessment and shorter term interventions (up to 6 months).

Psychological Services

Recovery Services Provide assessment, treatment and support to people with a wide range of more complex mental health problems. Split into:

Recovery – longer term care and support to people with more severe and enduring problems.

Inpatient Rehabilitation

For people with complex behaviours or co-morbidities.
Helps to develop daily living skills, roles and routines.
Supports move-on to less supported environment

Acute Inpatient Care Phased reduction in beds since 2004 alongside developments and increased investment in community-based

Psychiatric Intensive Care Provide intensive support for severely mentally ill people who are 'difficult to engage' in more traditional services.
Many will have a forensic history and a dual diagnosis.
Care and support is offered in their homes or some other community setting.
The aim of the service is to maintain contact and increase engagement and compliance

Assertive Outreach

Phased reduction in beds since 2004 alongside developments and increased investment in community-based services.

TERTIARY

Specialised Services Specialist services such as Eating Disorders, Mother and Infant Mental Health.

Longer-term accomodation with support

Secure Services

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