

Eastern and Coastal KENT - KMPT adult in-patient services

Commissioners: Joanne Ross / Dave Woodward

		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	Arundel Unit, Ashford St Martins, Canterbury Mental Health Unit, Margate William Harvey Hospital, Ashford	St Martins, Canterbury	Units in Ashford, Canterbury, Sandwich and Ramsgate
	2. Provider	KMPT	KMPT	KMPT
	3. Number of beds, including occupancy rates, and average number of bed days per patient.	78 beds 97% occupancy ALOS 41days	8 beds 90% occupancy ALOS 38 days	49 beds 84 % occupancy ALOS 753 days
	4. Staffing	See Appendix 1	See Appendix 1	See Appendix 1
	5. Route of referral	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?	Total acute bed change will be from 86 currently to 66 by April 2012. Two new wards, each with eighteen beds, on the existing KMPT-owned St Martin's site, Canterbury (phase one). The provision of two new wards will enable the closure of the working age adult wards at the Arundel Unit situated on the William Harvey Hospital site at Ashford.	Improve and refurbish Dudley Venables House and Anselm Ward (phase two). Will be 24 beds providing acute and intensive care. Additionally there will be 6 PICU beds	None known
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 ECK PCT on MH programme budget in 2008-09 was 11.73%. Total investment in adult MH services in 2009-10 (including indirect costs, overheads, capital charges) were £66m (LIT data). 66% 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 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.	The overall contract value with KMPT for Community and Inpatient Rehabilitation Services for <u>all</u> of Kent and Medway for 2010-11 is £32m It is <u>not</u> split between community and inpatient rehab <u>nor</u> split down by locality.	
The LIT Results of Financial Mapping 2009-10 (Appendix 2) report compares the total adult investment (NHS and Local Authority spend) within this LIT, with the total adult investment of SEC Strategic Health Authority, the ONS cluster of the LIT and the English national average (see attachments showing spend comparisons)				

6	What are your expectations for both of these amounts in coming years?	The projected change in the total MH programme budget spend for Eastern and Coastal Kent is from £130.8m in 2008-09 to £126m in 20014-15. We do not have projections for change in spend by KCC.
7	How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?	<p>The key developments of community mental health services will be:</p> <p>Increase in talking therapies, and dual diagnosis support. Development of specialist services such as local Mother and Infant Mental Health Services and Eating Disorders services to meet population needs as identified in JSNA. Horizon Scheme - supported accommodation with better range & types of social housing.</p> <p>Improved Early Intervention in Psychosis to target first episode</p> <p>Police custody diversion services to ensure appropriate early identification of people who have a mental health condition</p> <p>Crisis Resolution and Home Treatment Team has been introduced. Number of in-patient beds has been reduced from 104 in 2006.</p>
8	What actions are you taking to reduce mental health inpatient admissions?	<p>Introduction of First Response and Intervention Team (FRIS) in primary care to provide more responsive earlier interventions to avoid escalation of problems. CMHTs with extended operating times.</p> <p>Liaison psychiatry services in acute care settings to give early expert opinions and easier access to appropriate services.</p> <p>And see Section 7 above.</p>
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?	<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 commissioners with the respective councils for dementia services.</p>

<p>11</p>	<p>Can you please provide any relevant PALs data relating to adult mental health inpatient services?</p>	<p>See Appendix 3</p>
<p>12</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>Referral numbers have increased by 20% in the past year. As providers are working with a new data collection system we are currently unable to link the increase to known areas of deprivation. The system provider has been tasked with facilitating this level of interrogation. Nevertheless Primary Care Psychological Therapy services were deemed to require 122.5 staff (excluding employment support) prior to the downturn. By the end of next year we will have tripled the clinical workforce in this area, though there are still expected to be shortfalls. There are 17 trainees due to complete in September 2010 and a further 25 trainees are currently being recruited to start in October 2010. A planned workforce mapping exercise will determine the shortfall in other key therapies. DH funding does not ring fence funds for employment support even though retaining or regaining employment is integral to the IAPT programme. Demand is therefore greater than capacity.</p>

Eastern and Coastal KENT - KMPT older people in-patient services

Commissioner: Linda Caldwell

		Acute	Continuing Care	Rehab
1	What we commission:			
	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	Arundel Unit, Ashford St Martins, Canterbury Mental Health Unit, Margate Rook Lane, Sittingbourne	St Martins, Canterbury Rook Lane, Sittingbourne	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.	91 beds 94% occupancy ALOS 85days	30 beds 96% occupancy ALOS 751days	Included in Adult rehab figures
	4. Staffing	See Appendix 1	See Appendix 1	See Appendix 1

	5. Route of referral	Referrals accepted from secondary services, community services, under section of the Mental Health Act	Access to continuing care beds is via the PCT's continuing care team following assessment for eligibility for NHS continuing healthcare.	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?	See number 7 below.	See number 7 below.	No rehab beds specifically for older people.
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 ECK PCT on MH programme budget was 11.73%. Total OPMHS investment in 2009-10 (including indirect costs, overheads, and capital charges) was £48,995k (LIT data). 43% 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 (see attachments showing spend comparisons).		
6	What are your expectations for both of these amounts in coming years?	See Adult section		

7	How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?	<p>East Kent has a Home Treatment service which is an intermediate care service provided to people with dementia in their own homes to help prevent admission to hospital or facilitate discharge. Currently, the service operates Monday to Friday, 9am to 5pm. It is planned to redesign the service to extend its hours and remit and to ensure that it responds to people's needs in a timely manner. Whilst it is probable that this particular service will not be required 24/7, it is proposed to ensure that support can be provided in people's own homes 24 hours a day. Older people with a functional illness are already able to access the crisis and home treatment service which is managed by the younger adult service. Memory services are now available in each district in east Kent. Work is planned to agree the role of primary care both pre and post diagnosis of dementia to ensure that people can be supported as locally as possible. Kent is also a national pilot site for peer support groups which are currently being piloted in east Kent by the Alzheimer's Society. A 24 hour helpline has also recently been commissioned from the Alzheimer's Society.</p> <p>As the number of community services increases and more people are supported in their own homes, the need for hospital admission will be reduced. This reduced reliance on inpatient beds will present an opportunity to review the number, function and location of inpatient beds. The number of older people with mental health needs who are eligible for NHS continuing health care is also increasing, so it is proposed to review continuing care provision to ensure sufficient and equitable capacity which will meet the needs. This increased provision is likely to be within the private sector.</p>
8	What actions are you taking to reduce mental health inpatient admissions?	Increasing the amount and types of community support and looking for options to redesign existing services.
9	Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?	See Specialist and Secure section

<p>10</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 commissioners with the respective councils for dementia services.</p>
<p>11</p>	<p>Can you please provide any relevant PALs data relating to adult mental health inpatient services?</p>	<p>See Appendix 3</p>
<p>12</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>As Adult Section</p>

Eastern and Coastal KENT - Specialist and Secure in-patient services (all ages)

Commissioner: Vanessa Fowler

		KMPT		Other providers	
		Specialist services	Secure services	Specialist services	Secure services
1	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
2	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
3	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.
4	How much do you spend on adult mental health services each year, and how much is spent specifically on inpatient services?	KMPT Contract value for Community and Inpatient services combined is £1,377m	£4,387m	£5,623m (this amount is for all specialist inpatient hospital based treatments)	£3,569m (this amount is for all secure independent sector inpatient hospital based treatments)

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	<1% of total contract value	7.6%* from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.	9.7%* from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.	6.2%* from overall adult mental health spend. Due to the lack of comparative data we are unable to provide a comparison between different SHA areas.
* %s above relate to the Direct spend figure for in adult MH LIT for 2009/10 - £57,520m					
6	What are your expectations for both of these amounts in coming years?	As Adult worksheet	NHS Medway has blocked purchased all 62 available medium secure beds	Trend analysis shows that specialist inpatient treatments are remaining at the same level	Trend analysis shows that secure inpatient treatments are remaining at the same level
7	How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?	Crisis Resolution and Home Treatment Team has been introduced. Number of in-patient beds has been reduced from 104 in 2004. Police custody diversion services to ensure appropriate early identification of people who have a mental health condition. Specialist services such as local Mother and Infant Mental health Services and Eating Disorders services to meet population needs as identified in JSNA.			
8	What actions are you taking to reduce mental health inpatient admissions?	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 manages 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 discharged directly to the PCT.			
9	Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?	N/A - local NHS service	YES (please refer to point 1)	YES (please refer to point 1)	

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?	Data analysis shows that the only increase in referral rates were relating to ADHD outpatient assessments and treatments	