**To:** Kent Health Overview and Scrutiny Committee

**From:** Dr Adrian Richardson, Director of Transformation and Partnerships, KMPT

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**Date:** 03 March 2025

**Subject:** Mental Health Transformation Across Kent and Medway – Update Report

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# 1. Introduction

1.1. The Kent and Medway Integrated Care Board (ICB), Kent & Medway Mental Health, Learning Disability and Autism Provider Collaborative together with Kent and Medway NHS and Social Care Partnership Trust (KMPT) are pleased to present this update on programme progress and our shared commitment to collaborate together to improve mental health services and experience for our citizens across Kent.

1.2. Together we have established a unified approach to addressing the mental health needs of our population by leveraging agreed reporting mechanisms and governance processes to support whole-system collaboration. This has further been strengthened by a desire to reduce health inequalities, variation in access of services and improve patient experience and outcomes. Through regular alignment of these priorities we have strengthened decision-making processes, streamlined care pathways, introduced and co-produced innovative solutions.

1.3. Although the landscape and future for mental health services continues to be challenging, collectively across partners, there is a desire to succeed by collaboration. With all partners dedicated to delivering integrated and accessible services which support the mental health needs of the community across Kent.

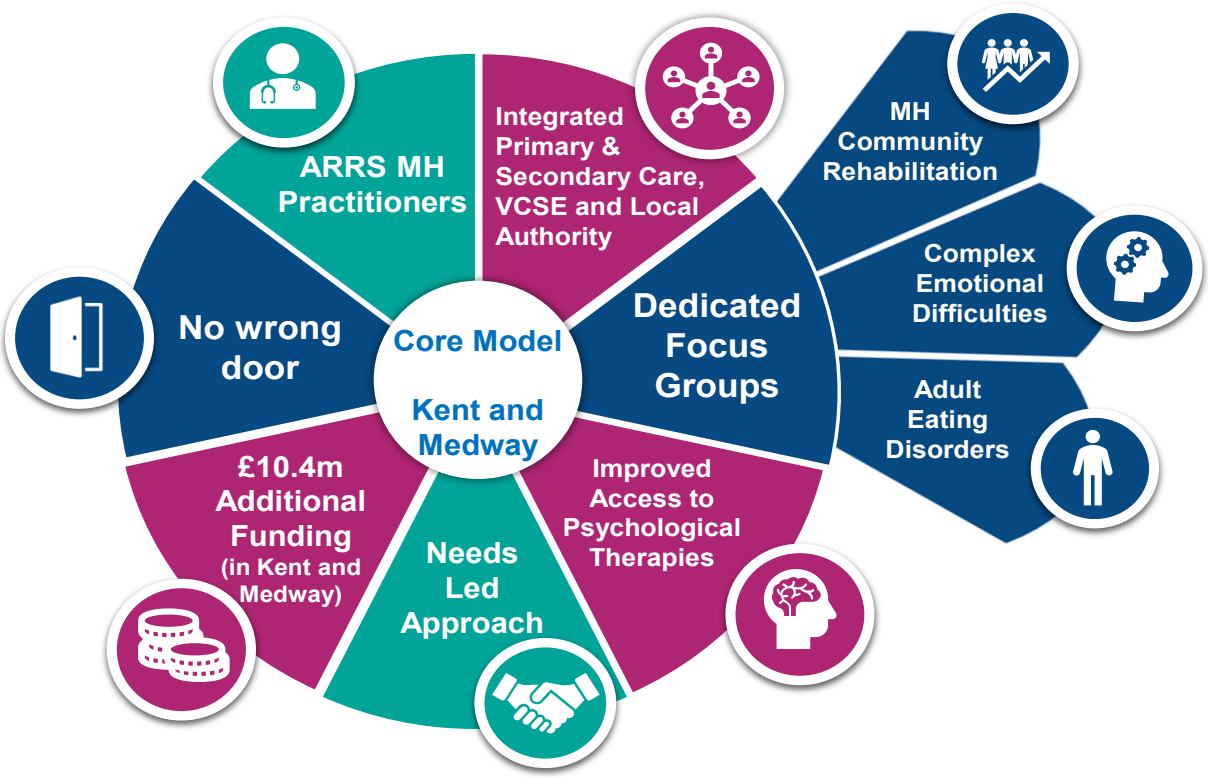
1.4. This paper would like to highlight the development and successes evidenced so far in our journey to provide a responsive and comprehensive service for all in Kent and Medway.

## 2. Community Mental Health Framework (CMHF)

2.1. Community mental health services have long played a crucial, yet under-recognised role, in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities. However, the model of care required fundamental transformation and modernisation.

2.2. The Framework provides an historic opportunity to address gaps and achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.

**Co-produced Model of Care for Kent and Medway**



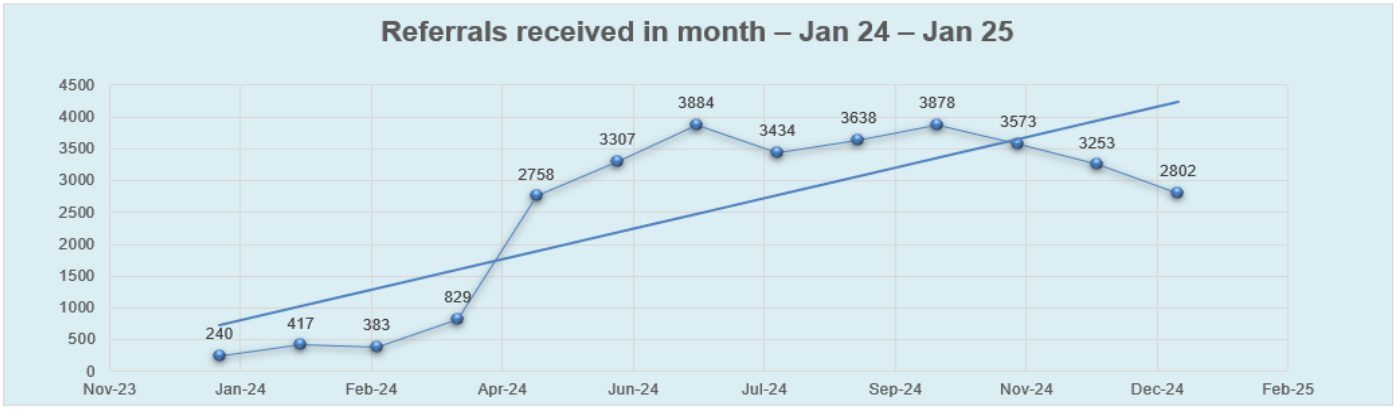

**Mental Health Community Services**

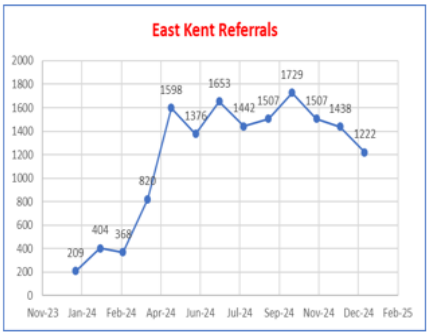
2.3. Two areas have been subject to transformation:

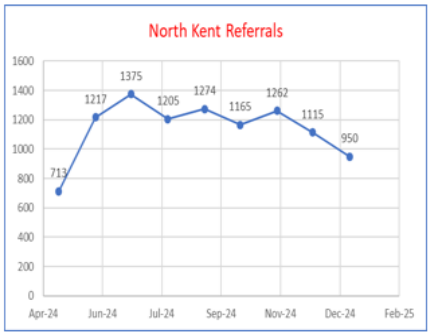
- Primary Care Mental Health now known as Mental Health Together
  - Transformed from single provider to multi agency provision.
- Community Mental Health Teams now known as Mental Health Together +
  - Transforming from older / younger adult provision to all age.
  - Dedicated memory service

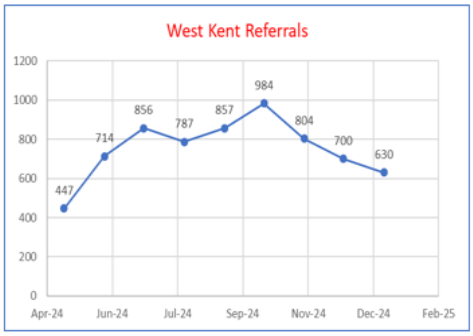
2.4. Mental Health together - interventions offered via a stepped care approach. Patients move through the pathways based on needs – stepping up from MHT into MHT+ for more complex needs. Please see appendix one for further information.

**Number of referrals received by month – Trust-wide and by directorate:**




**Community Mental Health Framework – wait list as at 22 January 2025**

2.5. The table below details waiting list data by locality for:

- Numbers waiting for first appointment.
- Number of people who have had a first contact and are waiting for treatment.

| | Awaiting 1st Contact | Received 1st Contact, awaiting treatment | Total |
|---|---|---|---|
| MHT - Ashford & Canterbury | 650 | 579 | 1229 |
| MHT - DGS | 242 | 294 | 536 |
| MHT - Maidstone | 365 | 508 | 873 |
| MHT - Medway & Swale | 458 | 553 | 1011 |
| MHT - South Kent Coast | 338 | 502 | 840 |
| MHT - South West Kent | 231 | 599 | 830 |
| MHT - Thanet | 518 | 437 | 955 |
| **Grand Total** | **2802** | **3472** | **6274** |

2.6. The table below shows the breakdown of people waiting and the length of time they have waited:

| | Awaiting 1st Contact | Received 1st Contact | Total |
|---|---|---|---|
| Within 4 Weeks | 57.07% | 7.40% | 29.58% |
| 4 to 12 Weeks | 34.23% | 39.72% | 37.26% |
| 12 to 18 Weeks | 6.85% | 23.21% | 15.91% |
| 18 to 24 Weeks | 1.43% | 14.78% | 8.81% |
| 24 to 52 Weeks | 0.43% | 14.89% | 8.43% |
| Over 52 Weeks | 0.00% | 0.00% | 0.00% |

2.7. To support the management of waits, a trajectory has been developed and is monitored weekly to measure impact, as well as:

- Short term Assistant Psychology staff are in post to support a reduction in people waiting.
- Medway & Swale test of change for holistic triage at the front door.
- Review of original demand and capacity modelling to ensure the correct workforce and skill mix is in place.
- ICB led Action Plan to support the system to reduce demand for secondary care services.

**Children and Young People transitions to adult pathways**

2.8. New Transition Pathway currently being rolled out in all localities in Kent & Medway within KMPT and North East London NHS Foundation Trust (NELFT). Work is underway to include children's social services in the transition pathway.

2.9. Intention to train and embed Dialog + as part of the transition planning.

**Service User Network (SUN)**

2.10. SUN is a community-based network of peer support groups designed for individuals who are navigating complex emotions often linked to Personality Disorders, although a formal diagnosis is not required to participate.

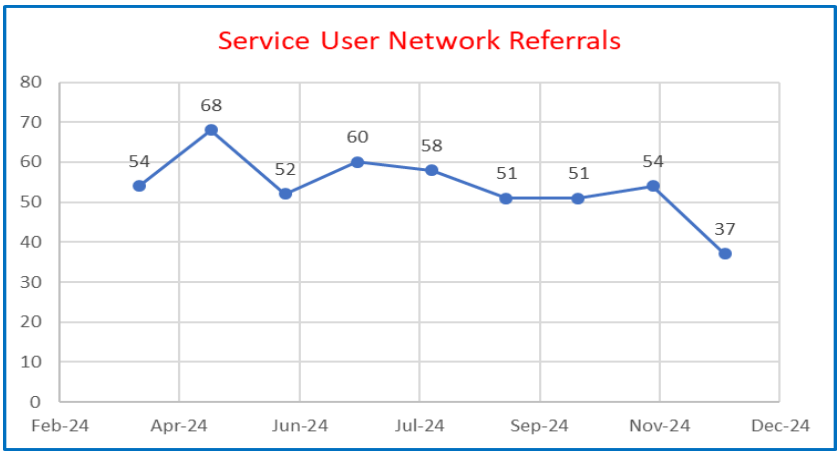
2.11. SUN groups provide a supportive environment where members can share their experiences with others facing similar challenges. These groups are particularly beneficial

for those who find that their emotions impact their relationships or struggle to manage their feelings.

2.12. The model moves away from a diagnosable illness criterion and towards a broader more inclusive understanding of emotional difficulties, managing distress, and how this can affect people's lives at different times.

2.13. The groups are supported by a Clinical Facilitator and Lived Experience Facilitator with equal standing at each group. Group clinical supervision is provided by an experienced Psychological Practitioner. The SUN provides a clear clinical model of peer support.

| No. of Clinics sessions per month - 2024 | |
|---|---|
| May | 15 |
| June | 16 |
| July | 17 |
| August | 17 |
| September | 16 |
| October | 18 |
| November | 16 |
| December | 15 |




## Community Rehabilitation

2.14. The community rehabilitation model moves away from inpatient rehabilitation only services and out-of-area (OOA) provision to deliver a comprehensive mental health rehabilitation pathway. This includes local care in local communities to best support the needs of people using these specialist services. It draws on the national best practice guidance provided by the National Institute for Health and Care Excellence (NICE) and adheres to the five principles for people with complex psychosis:

- Be embedded in a local comprehensive mental health care service; Provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of hope and optimism, and aims to reduce stigma;
- Deliver individualised, person-centred care through collaboration and shared decision making with service users and their carers involved;
- Be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway;
- Recognise that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing or floating outreach) in the long term.

**Community Rehabilitation Roll out:**

| | |
|---|---|
| West Kent | •Go Live complete – rehab service launched November 2024<br>•Recruitment – 48% of posts within service are vacant. Psychology posts are currently being recruited. Advert for Social worker is now out.<br>•Caseload - 18 |
| North Kent | • Go Live - soft launch by the end of February 2025<br>• Recruitment – 70% of posts within the service are vacant. 2 Psychology posts are currently being recruited. Social Worker post is waiting approval<br>• Caseload - 15 |
| East Kent | •East Kent is now live<br>•Recruitment – 17% of posts have been recruited. Psychologist recruitment out to advert, some posts held pending redeployment options |

**Community Mental Health Framework – next steps**

**Mental Health Together & Mental Health Together+**

2.15. Full implementation of the front door model – multi agency approach in the management of referrals offering both social and clinical outcomes. Pilot January to February 2025. Anticipated full roll out March to April 2025.

2.16. Full implementation of the clinical model - interventions being fully available. This will include Drug and Alcohol interventions in partnership with Change, Grow, Live (CGL) and Forward Trust. Pilot in Maidstone and Medway/ Swale February 2025. Anticipated full roll out June 2025

2.17. Demand & Capacity review – March 2025.

2.18. Model adjustments as required following the March review.

**Service User Network (SUN)**

2.19. Recruitment and ‘onboarding’, reviewing and updating local systems e.g. booking.

2.20. Expanding the Face 2 Face and online group offer.

2.21. Developing a Young Persons SUN.

### Children and Young People transitions

2.22. Dedicated Transition Link Worker role for each locality finalised. Localities to identify dedicated link workers to attend locality team meetings for joint working with system partners.

2.23. New CMHF transition Referral form to be digitalised on NELFT electronic systems – work in progress. Dialog+ pilot in progress with 3 localities, to be evaluated and signed off.

2.24. Next step transition New Ways of Working protocol currently being written and EIP management meeting taking place.

### Broader Developments for CMHF

2.25. Further development of the ARRS workforce is planned. Demand & Capacity review – March 2025.

2.26. Attention is being applied to the development of Integrated Neighbourhood Teams across county

## 3. Dementia

### Background

3.1. Kent and Medway's population is 1.8 million, of which 18% are aged over 65 and the dementia prevalence is estimated at c25k people as of July 2023. With an ageing population, improved awareness of dementia and the arrival of new medication to slow cognitive decline, this is forecasted to grow:

| | 2019 | 2020 | 2025 | 2030 | % growth |
|---|---|---|---|---|---|
| **Medway** | 3170 | 3270 | 3910 | 4640 | 46.2% |
| **Kent** | 23,250 | 23,940 | 28,320 | 33.400 | 43.7% |

3.2. People are living longer in Kent and Medway. In future we will have an older age profile of people with dementia (move from 80s to 90s)

### Diagnosis rates

3.3. The national ambition is to achieve two thirds diagnosis of our predicted prevalence. In agreement with NHSE our ambition is to achieve 63% by March 2025 with continued increase to achieve 66.7% over time.

3.4. As a result of the static situation with the dementia diagnosis rates, work on a transformation programme for the interrogation of the diagnostic pathway commenced. Findings identified demand for the KMPT Memory Assessment Service outweighed capacity with referrals increasing by 30% in 2022/23 compared to the previous year.

3.5. In 2023, to increase diagnostic capacity, nine GPs with enhanced roles (GPwERs) in dementia were accredited and work within KMPT to support diagnosis. Three of the GPwERs are based in Medway and six in Kent.

**Post diagnostic support**

3.6. The Joint declaration on post diagnostic dementia care and support signed by Department of Health, NHS England, Adult Social Services and Royal College of General Practitioners aims to ensure:

- The views of people living with the effects of dementia and their families and carers are taken fully into account when determining the nature of post-diagnostic services offered, with high quality personalised care provided in line with individual needs and preferences.
- Access to holistic, integrated and effective post-diagnostic support is available for all, which considers age, ethnicity, diagnosis and co-morbidities.
- Partners across government, health, social care, the third sector and all other relevant agencies cooperate and collaborate to improve outcomes for people with dementia.

3.7. Post diagnostic support is an essential component of a dementia pathway. Being diagnosed with dementia is the start of a life changing journey and that's why it's important we reach our ambition of increasing the diagnosis of dementia and put in place the support they need.

3.8. Post diagnostic support builds on the resilience of people with dementia and their carers to enable them to live well and independently in the community for as long as possible.

3.9. Significant engagement with communities and providers has been undertaken to shape the future of services for people with dementia and carers. Workshops have been held across the county to ensure people with lived experience and the market were involved have influence over the development of the service specifications.

3.10. Throughout the consultation phase, people with dementia told us that loneliness and isolation are big issues and that they would like to be able participate in a wider range of social activities such as sports, learning new skills, companionship, friendships and other forms of social interaction. Lunch clubs, coffee mornings and short excursions were frequently mentioned as being important and the need for a range of different activities to support people with dementia at a younger age.

3.11. Analysis of other engagement events identified the following issues:

- Lack of service consistency and the existence of gaps between services.
- Current services disjointed and fragmented and people do not know who to contact when things change.
- Poor communication between services.
- After diagnosis there is no support and eventually a crisis occurs.
- They need consistent support throughout their journey with dementia.
- Service not equally distributed across the county.
- There needs to be better support in GP practices for people with dementia.
- Dementia Champions should be introduced in all GP practices who can advise staff on how to meet the different needs of people with dementia and their carers.
- Lack of adequate support and information to help carers.
- People do not know what is available to help them.
- Carers feel isolated and unsupported.


3.12. Whilst there are a range of community groups, memory cafes and day centres across Kent and Medway ongoing support and joined up services for people living with dementia and their carers was limited.

3.13. Subsequently, through a joint procurement process with KCC and Medway Local Authority, 42 Dementia Coordinators were introduced, funded by health, and aligned to all primary care networks. Dementia Coordinators take on the role of primary contact and coordinate wrap around services to support the person with dementia and their carer.

3.14. The dementia diagnosis rate remains a priority for the ICB and during the ICB restructure the portfolio for dementia was transferred to the Ageing and Dying Well programme. This provided a renewed emphasis on managing dementia holistically in frailty pathways and scrutiny of the assessment and diagnostic pathway to identify opportunities to improve the diagnostic rate to meet the needs of our increasing population.

3.15. As a system we are seeking to drive through changes across the entire dementia pathway not only to address the inequities in service provision and low dementia diagnosis

rate across Kent and Medway but also to establish a revised, robust co-produced pathway of care that will deliver a sustainable solution to our rising population needs.

3.16. We are working across the health and care system and people with lived experience on four major programme areas covering:

- Prevention ageing and dying is not just a medical but a societal matter.
- Assessment and diagnosis to increase diagnostic capacity
- Reactive care - crisis in the community, and support for Care Homes
- Proactive care - Post diagnostic support and end of life

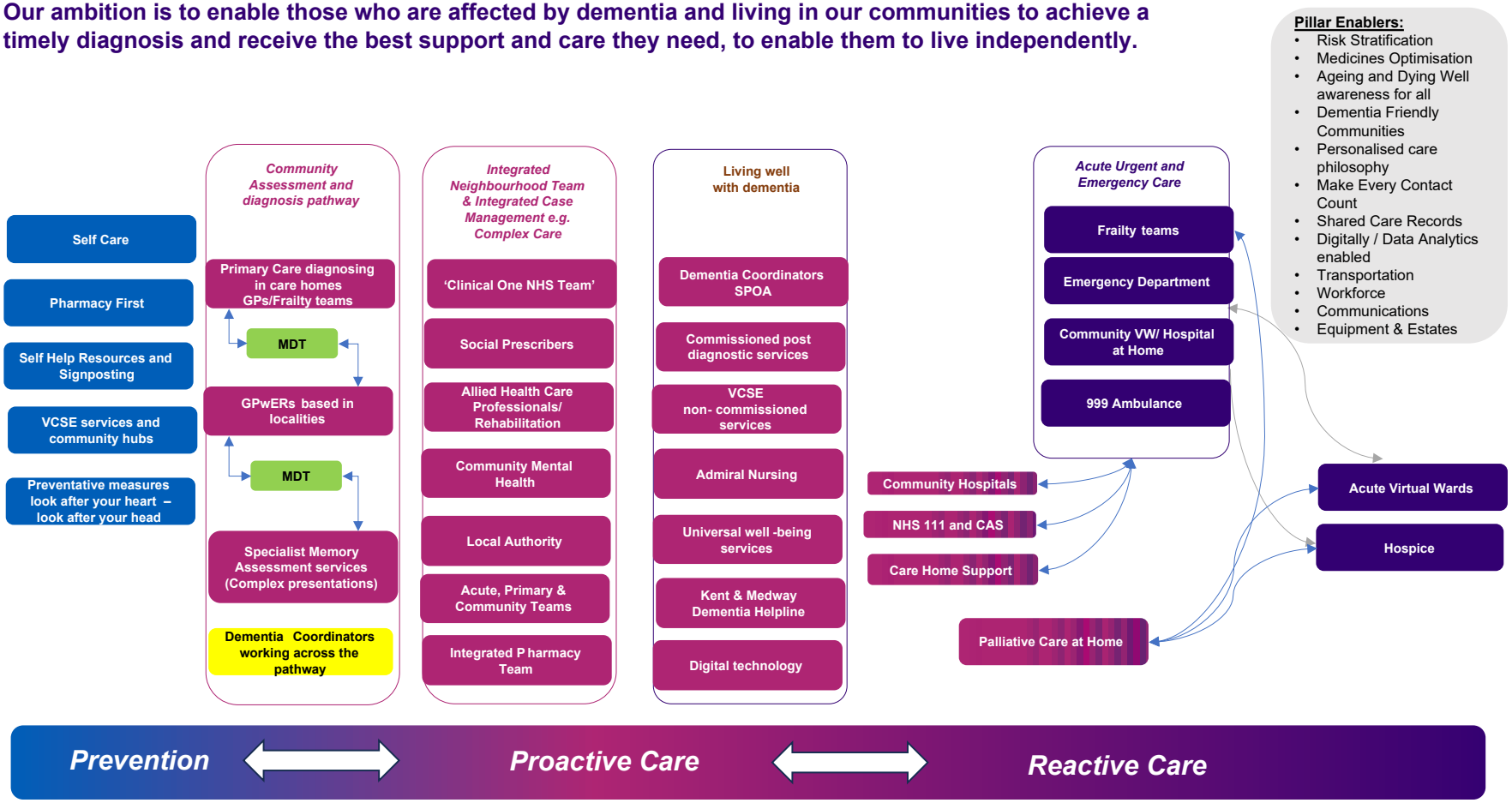
3.17. To inform transformation within the four programme areas a system wide workshop was held in July 2024. The outputs from the workshop have been collated and task groups established to cover the four programmes and expedite the transformation work. People with lived experience participate in all workstreams. The workshop findings will be shared at the next Dementia Strategic Oversight Group to which Medway participates.

3.18. A workshop was held in July 2024 to inform transformation across the four areas. Outcomes from the workshop have enabled us to develop a draft model of care. Engagement exercises involving key stakeholders and people with lived experience of dementia will be carried out over the coming weeks.

## Dementia Model of Care

**Our ambition is to enable those who are affected by dementia and living in our communities to achieve a timely diagnosis and receive the best support and care they need, to enable them to live independently.**

NHS Kent and Medway



## Memory Assessment Improvements

3.19. Memory assessment and improvement to waiting times features as a key objective within KMPT 2023-26 strategy with a commitment to reduce the amount of time it takes for a patient to receive a diagnosis.

3.20. In June 2024 six stand-alone memory assessment services were created across Kent and Medway. Wait times for diagnosis (where this was recorded) was on average 17.8 weeks in December 2024, below the year to date average of 22.0 weeks. As a comparator, the most recent National Audit of Dementia from the Royal College of Psychiatrists (2023) shows that nationally waits were 151 days, 21.6 weeks.

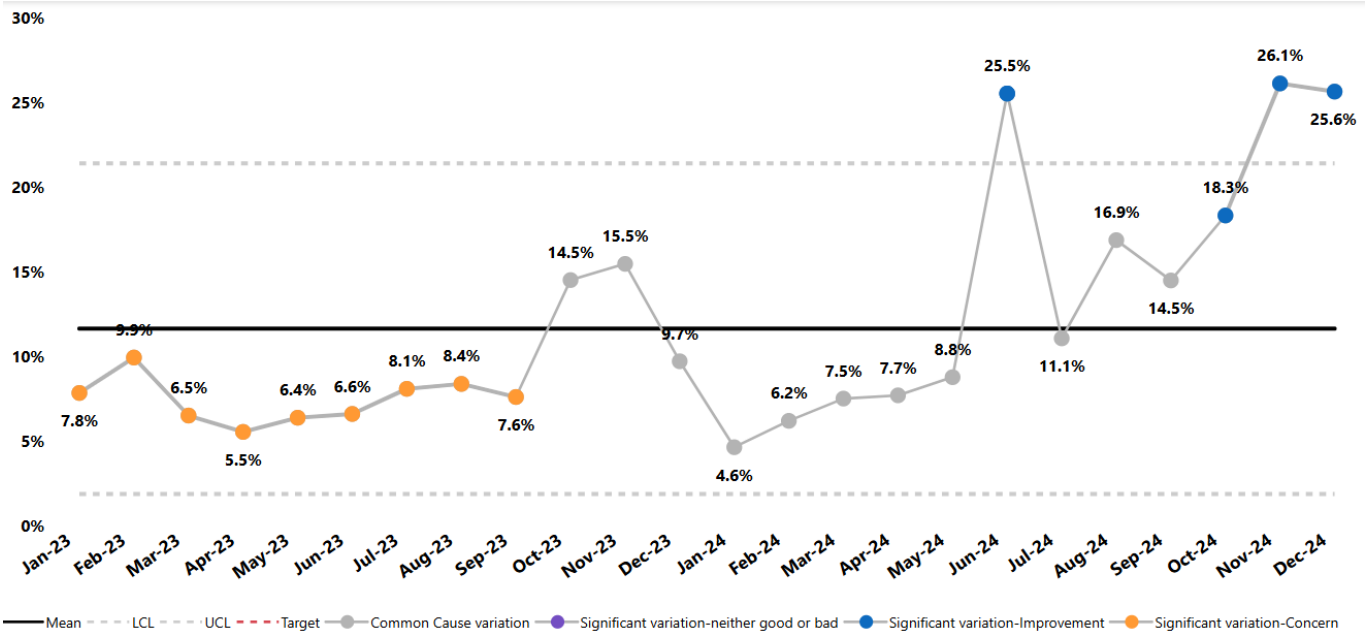



Diagram above - percentage of Patients Diagnosed within 6 weeks

3.21. The internal transformation of KMPT memory assessment services is being conducted in two phases. The first has been fully implemented with six standalone assessment centres for patients across Kent and Medway. KMPT is now embarking on stage two which is the utilisation of a multi-disciplinary workforce to diagnose patients.

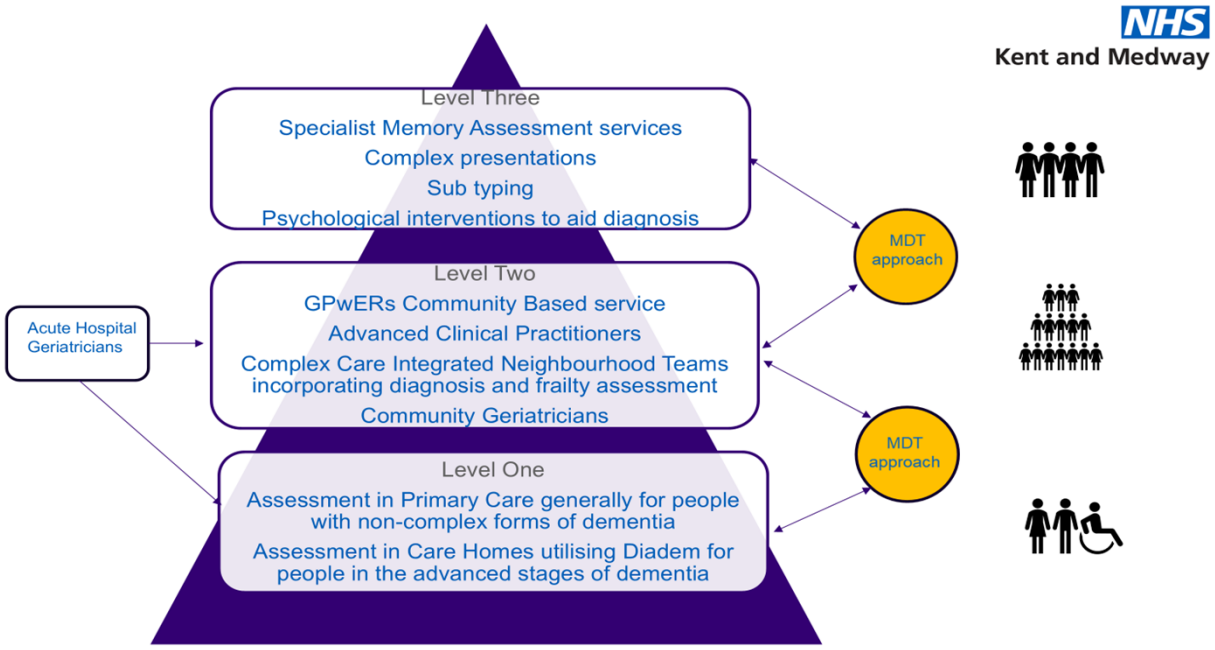
3.22. While the internal KMPT improvement will address some of the need it is recognised that a wider community model will benefit the citizens of Kent and Medway.

3.23. Throughout Spring 2025 work is underway to refine a community model and roll this out through 2025/26. It is based on three levels of assessment:

- **Level One** - For those severely frail and in the advanced stages of dementia where assessment can be undertaken within their care home and for those patients with non-complex forms of dementia.

- **Level Two** – Utilising GPs with Enhanced Roles and Advanced Clinical Practitioners alongside Community Geriatricians to assess those with more complex presentations and incorporating diagnosis within frailty assessments.
- **Level Three** – Specialised Memory Assessment Services for complex presentations, those that require sub-typing and further psychological interventions to aid diagnosis.

3.24. The model has been created alongside all stakeholders including those with lived experience and work is now underway to plan the implementation across 2025-26.



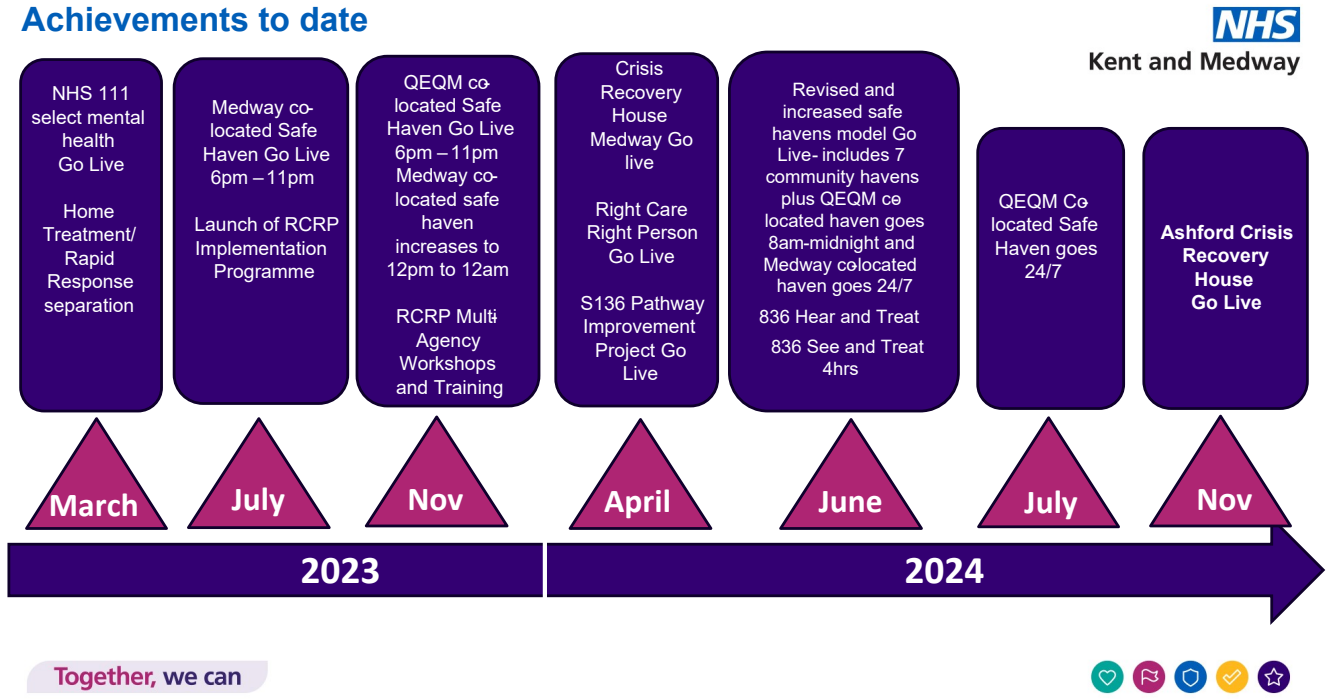

# 4. Urgent and Emergency Care Transformation

4.1. The Urgent and Emergency Care Transformation Programme encompasses a range of interdependent services that have been evolving over the past 18 months. Led by the ICB Adult Mental Health Commissioning Team and guided by the NHSE Long Term Plan (2019), this programme aims to enhance urgent mental health care provision across Kent and Medway.

4.2. Key outcomes of the transformation include:

- A reduction in primary mental health presentations to statutory emergency services
- Decreased emergency department (ED) attendances
- A decline in Section 136 detentions

- Provision of Right Care by the Right Person, in line with the Home Office, Department of Health and Social Care (DHSC), and National Police Chiefs' Council (NPCC).
- Most importantly, improved patient experience and empowerment through person-centred community crisis alternatives that promote social inclusion and a strengths-based approach.




## Safe Havens

4.3. There are currently nine Safe Havens (soon to be ten) across Kent and Medway, delivered by the Mental Health Matters Charity. Safe Havens provide a community-based, non-clinical crisis service, offering individuals experiencing mental health or psychological distress a safe physical space staffed by mental health workers. These professionals provide psychological support, de-escalation interventions, and peer support from other attendees, with stays of up to 24 hours.

- Seven Safe Havens are community-based, operating 7 days a week from 18:00-23:00.
- Two are co-located within Acute Trust hospital sites, offering 24/7 access.
- Safe Havens provide a viable alternative to statutory emergency services, preventing unnecessary escalation to secondary mental health care.
- Each Safe Haven has direct access to KMPT's Rapid Response Team, ensuring that if a person requires clinical intervention, this can be delivered promptly within the Safe Haven environment.

- All Safe Havens are interoperable. If an individual requires longer support, they can be transferred via the newly commissioned mental health conveyance service to a 24/7 Safe Haven.

**Key Strengths**

4.4. A defining feature of the Safe Havens is their strong integration with voluntary, community, and social enterprise (VCSE) organisations. Staff have extensive knowledge of local services, including housing support, debt advice, and employment resources, allowing them to offer holistic support beyond the immediate crisis.

**Crisis Recovery Houses**

4.5. Kent and Medway now have two Crisis Recovery Houses, each with five beds, located in Ashford and Medway. These facilities are accessible to any adult resident of Kent and Medway who is experiencing a mental health crisis that does not require inpatient admission but makes it unsafe to remain at home.

- Individuals can stay for up to seven days.
- Without this alternative, many would face unnecessary inpatient admission, which can be stigmatising, disempowering, and disproportionate to need.
- Given finite NHS inpatient capacity, it is crucial that beds are reserved for those whose needs can only be met in a hospital setting.
- Staffed 24/7 by experienced, non-clinical mental health support workers, Crisis Recovery Houses provide psychological and peer support to help individuals de-escalate their crisis.
- Access is via KMPT assessment, with direct links ensuring rapid escalation to clinical care if needed.

**Key Strengths**

4.6. Like Safe Havens, Crisis Recovery Houses are deeply integrated within VCSE networks, offering strong connections to housing support, financial assistance, and community-based mental health services. This strengths-based approach not only provides immediate crisis intervention but also fosters long-term resilience and recovery.

4.7. Kent and Medway Integrated Care Service have been incredibly fortunate to receive a generous donation from the Pears Foundation, which, impressed by the region's collaborative approach to mental health crisis care, has purchased a property in Medway for use as a Crisis Recovery House. This new facility, leased on a peppercorn rent basis, offers a significantly improved environment compared to the current Medway Crisis

House. Furthermore, the Pears Foundation has committed to purchasing additional properties to support the continued expansion of the Crisis Recovery House provision.

**Mental Health Bespoke Conveyance and Sit-and-Care Service**

4.8. The ICB has recently commissioned a dedicated mental health conveyance service to transport individuals in mental health crisis between home, KMPT hospital beds, and acute hospitals.

4.9. Previously, SECAMB (South East Coast Ambulance Service) was responsible for primary mental health conveyance (community to hospital) and G4S for secondary conveyance (between hospitals). However, long waits, patient complexity and an inability to pre-book SECAMB transport created significant challenges, particularly for complex community Mental Health Act assessments requiring hospital admission.

4.10. This led to widespread use of private providers, often lacking appropriate governance and, at times, transporting individuals in highly restrictive conditions disproportionate to their needs.

4.11. Newly commissioner services (via Secure Care) provides 24/7 availability of specialist vehicles operated by mental health support workers trained in de-escalation techniques.

4.12. Includes a 'Sit-and-Wait' component, where Secure Care staff take over from the police in Emergency Departments (via delegated police powers) to support individuals detained under Section 136, until their Mental Health Act Assessment is complete.

4.13. Improves patient dignity and experience, while reducing demand on SECAMB and Kent Police.

4.14. Supports NHSE Five-Year Plan objective of shifting Section 136 conveyance away from police custody toward health-based transport. An increasing proportion of Section 136 conveyances are now managed by paramedic units (instead of Police), ensuring that individuals receive the appropriate medical assessment to rule out any underlying organic causes of their presentation.

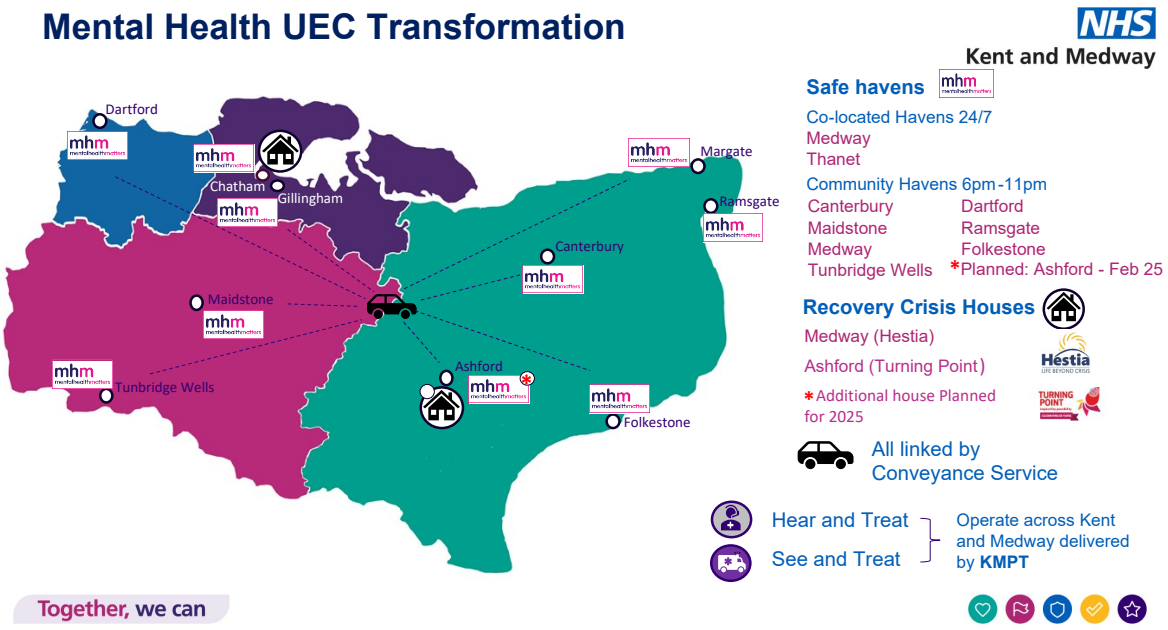
**Hear and Treat / See and Treat – 836 Service (Urgent Police & Ambulance Response)**

4.15. KMPT now provides a 24/7 'Hear and Treat/See and Treat' mental health professional tele-line for Kent Police and SECAMB.

4.16. Police officers and paramedics can call a mental health professional for advice and support when attending individuals in mental health crisis.

4.17. This service provides immediate access to clinical information, ensuring appropriate care pathways such as Safe Havens or direct referral to KMPT's Rapid Response Service for 'see and treat'.

4.18. Since launching in August 2024, this initiative has contributed to a significant reduction in Section 136 detentions and a decrease in ambulance conveyance of primary mental health cases to Emergency Departments, attracting national recognition.




## Expansion of Liaison Psychiatry & Introduction of Front-Door Triage

4.19. KMPT are now funded to deliver CORE 24 across the four Acute Trusts (covering six Emergency Departments) ensuring on-site, multi-disciplinary mental health teams are available 24/7 to:

- Assess and support individuals presenting with co-occurring physical and mental health conditions in ED.
- Provide expert mental health assessment and intervention for Acute Hospital inpatients at the request of Acute Trust physicians.
- Deliver mental health training to Acute Hospital staff.

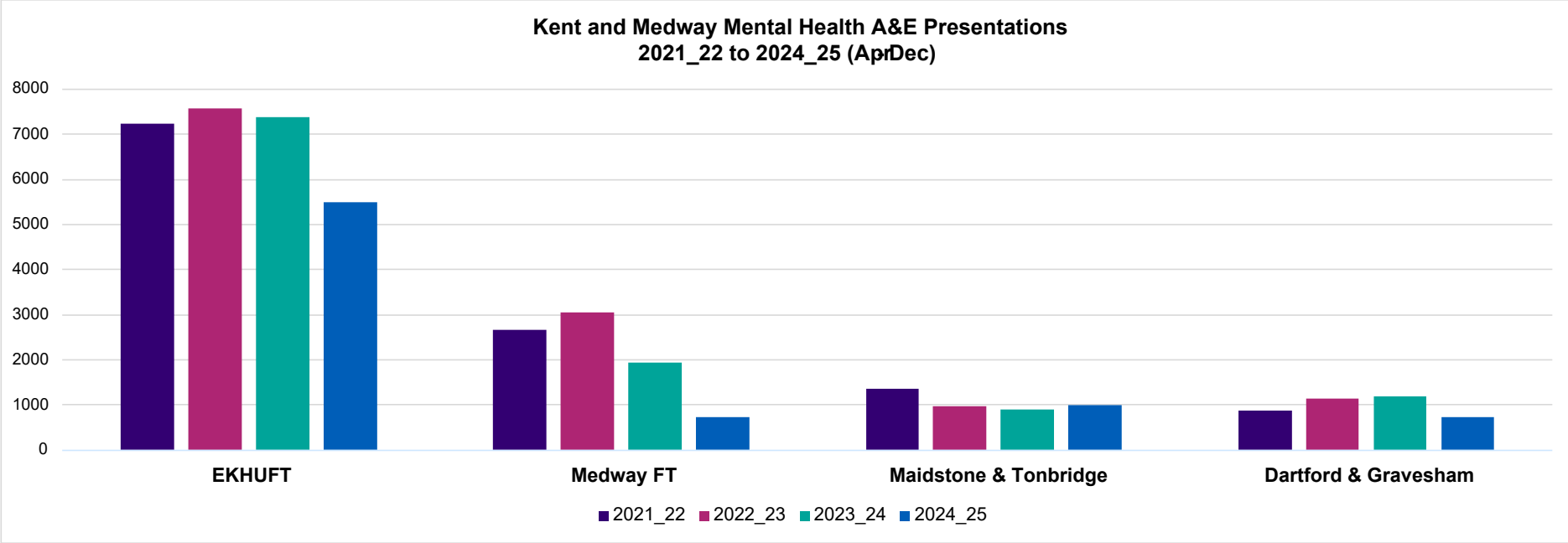
## New Front-Door Triage Initiative

4.20. Liaison Psychiatry clinicians are now stationed at Emergency Department entry points at key points of the day allowing early intervention for individuals with primary mental health needs.

4.21. Patients can be redirected to more appropriate support, such as Safe Havens and other Community Mental Health provision where appropriate and safe to do so, avoiding unnecessary ED wait times and poor patient experience.

# Mental Health UEC Transformation – Impact upon Primary Mental Health footfall to Emergency Departments

Kent and Medway




| All A&E Presentations | 2021_22 | 2022_23 | 2023_24 | 2024_25 |
|---|---|---|---|---|
| EKHUFT | 206758 | 210185 | 232230 | 208753 |
| Medway FT | 101825 | 103714 | 106801 | 101000 |
| Maidstone & Tonbridge | 162852 | 172624 | 183583 | 140820 |
| Dartford & Gravesham | 112709 | 122946 | 125641 | 95696 |

| All MH Presentations | 2021_22 | 2022_23 | 2023_24 | 2024_25 |
|---|---|---|---|---|
| EKHUFT | 7233 | 7578 | 7378 | 5485 |
| Medway FT | 2677 | 3053 | 1947 | 739 |
| Maidstone & Tonbridge | 1359 | 966 | 896 | 988 |
| Dartford & Gravesham | 869 | 1148 | 1204 | 746 |

**Data source:**
Lightfoot

Together, we can

4.22. The increased demand in East Kent is driven by local demographics, a higher prevalence of individuals with dementia, convenient geographical access to QEQM Hospital, the impact of coastal areas on poverty, and proximity to major transport links.

**Reducing Out-of-Area Placements**

4.23. Reducing out-of-area mental health admissions is a national NHSE priority.

**Key Challenges & Actions**

4.24. 30% of KMPT acute beds are occupied by patients clinically fit for discharge but awaiting social care or housing support.

4.25. Winter pressures have led to increased out-of-area placements, against NHSE planning guidance.

4.26. KMPT with support from the ICB are implementing mitigations, including:

- Closer collaboration with Adult Social Care
- A Transfer of Care Hub pilot
- Process improvements for early discharge
- Greater use of Home Treatment Teams & Crisis Recovery Beds
- Commissioned HACT (a housing charity) to develop a Kent and Medway Mental Health and Housing Strategy, aligning: District Housing Departments; KMPT and Adult Social Care.

4.27. The HACT review is nearing publication, with a Mental Health & Housing Symposium planned to drive strategy implementation.

## Centralised Health Based Place of Safety

4.28. As previously mentioned, there has been a sustained reduction in the incidence of Section 136 see table below for Kent Police supplied data:

| | FY 11/12 | FY 12/13 | FY 13/14 | FY 14/15 | FY 15/16 | FY 16/17 | FY 17/18 | FY 18/19 | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | FY 23/24 | FY 24/25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr | 93 | 96 | 87 | 73 | 80 | 96 | 117 | 146 | 161 | 113 | 99 | 87 | 57 | 54 |
| May | 117 | 105 | 103 | 102 | 84 | 138 | 144 | 143 | 205 | 160 | 125 | 108 | 52 | 55 |
| Jun | 111 | 100 | 132 | 91 | 94 | 107 | 129 | 144 | 149 | 150 | 129 | 69 | 71 | 63 |
| Jul | 104 | 78 | 134 | 107 | 94 | 120 | 147 | 158 | 200 | 189 | 117 | 80 | 60 | 56 |
| Aug | 122 | 90 | 113 | 103 | 99 | 116 | 151 | 166 | 194 | 201 | 112 | 77 | 83 | 53 |
| Sep | 97 | 98 | 117 | 91 | 84 | 120 | 146 | 146 | 196 | 157 | 96 | 64 | 62 | 54 |
| Oct | 91 | 94 | 102 | 94 | 66 | 100 | 125 | 152 | 200 | 150 | 89 | 64 | 69 | 62 |
| Nov | 104 | 72 | 89 | 76 | 110 | 88 | 109 | 137 | 170 | 125 | 84 | 65 | 58 | 54 |
| Dec | 92 | 93 | 65 | 66 | 116 | 97 | 97 | 128 | 136 | 114 | 74 | 55 | 59 | 43 |
| Jan | 100 | 75 | 79 | 67 | 84 | 114 | 118 | 155 | 146 | 110 | 76 | 46 | 75 | |
| Feb | 94 | 88 | 74 | 58 | 85 | 117 | 101 | 147 | 155 | 144 | 67 | 52 | 55 | |
| Mar | 97 | 112 | 91 | 73 | 93 | 117 | 148 | 152 | 138 | 132 | 69 | 69 | 76 | |
| Total | 1,222 | 1,101 | 1,186 | 1,001 | 1,089 | 1,330 | 1,532 | 1,774 | 2,050 | 1,745 | 1,137 | 836 | 777 | 494 |

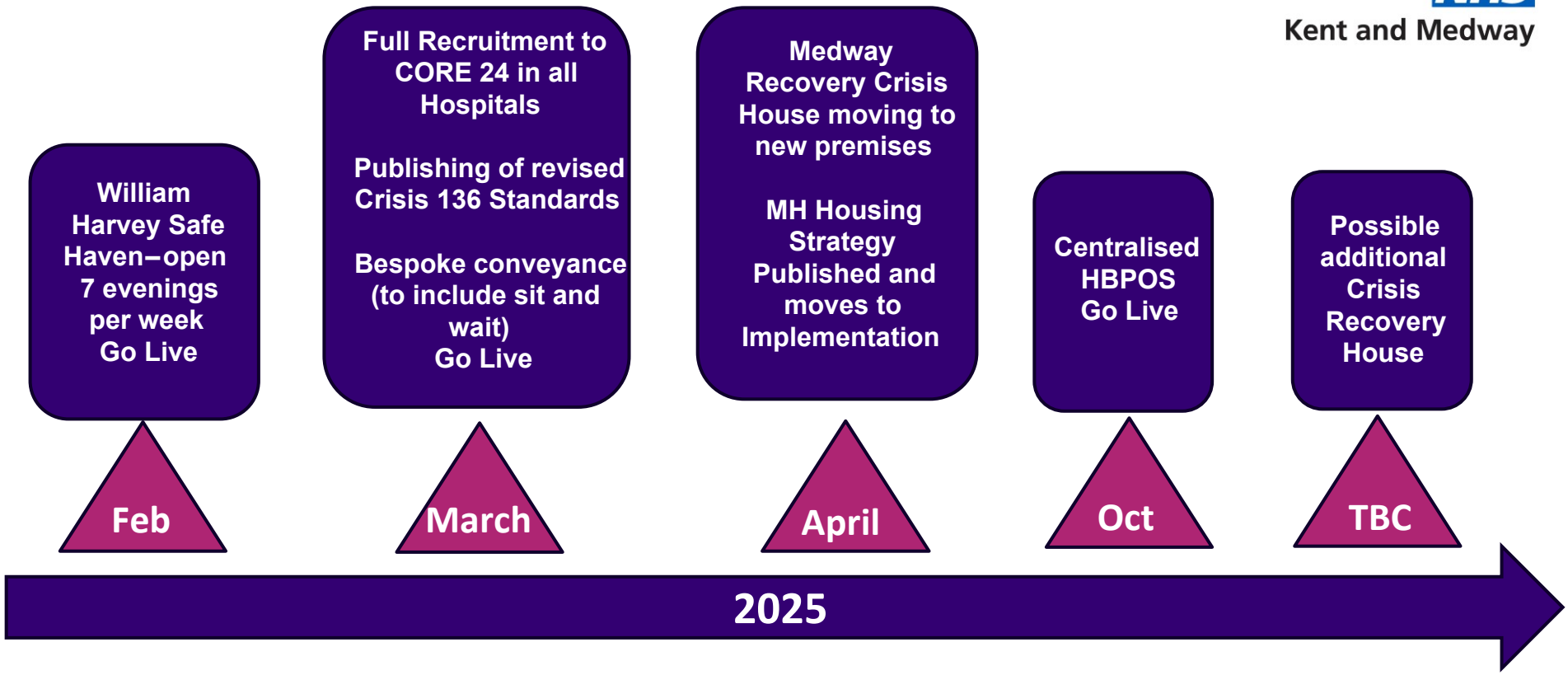
4.29. To further enhance the Section 136 care pathway, KMPT planned to open a centralised Health-Based Place of Safety in Spring 2025. However, due to unavoidable delays, the opening is now expected towards the end of 2025.

4.30. These delays were primarily caused by a longer-than-anticipated public consultation process, coupled with changes to the NHS-approved supplier and procurement framework, which delayed the appointment of the design team and subsequently disrupted the project timeline.

Next Steps

## Looking forward

NHS Kent and Medway




Together, we can

# 5. KMPT Internal Transformation Update

### Violence and Aggression Reduction Programme

5.1. There is a National trend for health and social staff to report having experienced violence at work, with mental health settings experiencing a higher proportion of incidents and this is not unique to KMPT. Therefore, both National and KMPT priorities have led to a focus on the reduction of violence and aggression through the following areas:

- Trust Strategy to reduce the frequency of incidents relating to violence and aggression experienced by patients and staff on all inpatient wards within KMPT by 15% with a specific workstream to reduce racist violence and aggression incidents to 15%, in line with the national average
- Quality Account Priority to reduce violence and aggression related incidents
- CEO priority of Reducing violence and aggression against staff
- NHS England CQUIN 17: Reducing the need for the use of restrictive practices in adult and older adult inpatient settings
- Right Care Right Person police strategy
- Promoting Safe Service Plan
- Security Plan

### Safety Culture Bundle Workstream (SCB):

5.2. Throughout 2024 the Acute directorate have implemented Safety Culture Bundles and we have seen a significant impact across the wards. As expected there was an initial increase due to increased reporting followed by some wards experiencing up to 75% reduction at one point in 2024 (Upnor Ward).

5.3. All Acute Wards are now live and successes being evidenced. They are now progressing into tiered accountability and moving towards the work becoming ‘business as usual’.

5.4. Forensic & Specialist Directorate started the roll out of SCB in October 2024.

### Engagement Sessions

5.5. Several V&A Engagement sessions have been held since the launch of this workstream, led by the Chief Nurse. Initially these were well attended, with positive feedback. As the work has progressed attendance has decreased as the safety work becomes ‘business as usual’.

**Reduce Racist Violence and Aggression Workstream**

5.6. Staff are encouraged to report racist abuse and we are starting to see an increase in reporting, however we continue to know this is significantly under reported.

5.7. A number of different initiatives have been developed, tested and are now in the process of being rolled out:

- Allyship Training;
- End to End Equality, Diversity & Inclusion (EDI) Experience (for patients);
- Trauma Informed Care (for staff);
- Hate Crime Workshops (in collaboration with Kent Police);
- Kent Police Surgeries (in collaboration with Kent Police).

**Culture of Care Programme**

5.8. NHSE collaborative 2-year programme underway in KMPT. Aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for.

5.9. Bluebell Ward and Fern Ward identified and staff training and coaching sessions were led by experts from Royal College Psychiatry (RCS). Wards have now completed 7 modules in the programme

5.10. Co-produced initiatives being rolled out and the initiative has been welcomed by patients and carers.

5.11. Consideration for how £54,000 NHSE funds will be used to promote inclusion on the wards

**Increasing Productivity and Sustainability**

5.12. As part of KMPT's drive to improve productivity and ensure services are sustainable, efficient use of our estate forms part of our 2023-26 strategy. Over the past year the Trust Estates & Facilities Team have led a detailed activity-based review of KMPT's property portfolio in the Canterbury locality.

5.13. KMPT Canterbury property portfolio consist of 3 sites:

- St Martins
- Laurel House
- Ethelbert Road

5.14. The accommodation review is predominantly informed by clinical activity but also support services activity in the locality. The review has identified some under-utilisation of accommodation and confirmed opportunities to improve efficiency though better use and utilisation of the estate.

5.15. Supported by the Trust Leadership Team the reconfiguration of accommodation was welcomed as it will improve the quality of clinical and office environments as they are updated and refreshed through the reconfiguration programme.

## 6. Conclusion

6.1. This paper provides members with a comprehensive update on changes within the mental health landscape and focuses on key programmes which are and will continue to make improvements for patients within Kent. Many of the programmes are already exhibiting positive outcomes, illustrating how coming together over a shared purpose has benefited both patients and the organisations represented.

6.2. Although the landscape is continually changing, we will continue to respond quickly and effectively to these changes to protect the most vulnerable in our society.

# 7. Appendices

## 7.1. Appendix One – Findings from KMPT Violence and Aggression programme workshop:

**Inpatient Services**

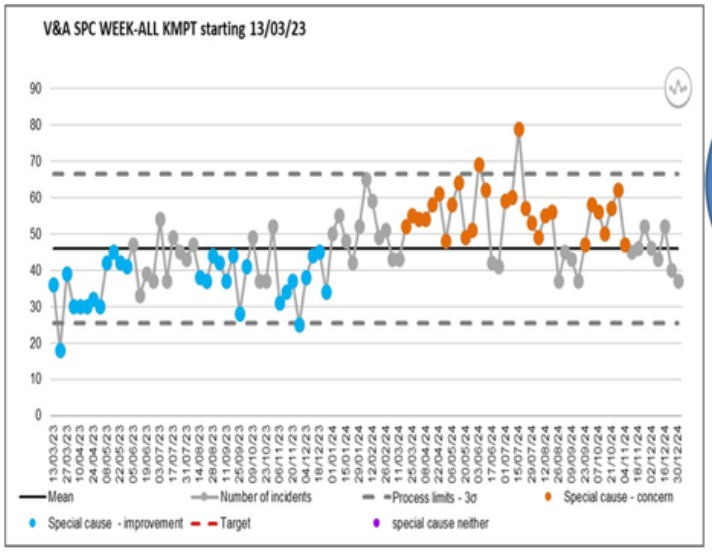
NHS
Kent and Medway
NHS and Social Care Partnership Trust

- Reducing Restrictive Practices:

Safety Culture Bundles(SCB):

•Acute–now transitioned to business as usual following the introduction of 'tiered accountability' across all Acute wards.The V&A Steering Group will continue to monitor performance until the new model is fully embedded & sustained –expected to complete within three months.

•Forensic–continuing to implement




"We used to wait for an incident to happen but now we plan how to prevent them.."

"We come up with a plan that is clear and agreed with staff, everyone knows what to do now."

"Although I am not sure the SCB prevents incidents, especially when we have a mixture of patients, but it does help staff come up with a proactive action plan, staff notice the triggers and signs much earlier.."

I do a daily activity planner with patients and we all enjoy it, we do yoga together now! The teamwork is brilliant now"

*Brilliant care through brilliant people*

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

- Culture of Care:
- We have two wards participating in this national project supported by the Royal College where key changes to hospital environments are addressed.
- Wards have completed 7 modules in the programme
- Co-produced initiatives being rolled out and the initiative has been welcomed by patients and carers.
- Consideration for how £54,000 NHSE funds will be used to promote inclusion on the wards

- EssenCES:
- This is a project being undertaken on Orchards Ward looking at the culture on the ward from both the staff and patients perspectives, being led by OT and psychology teams

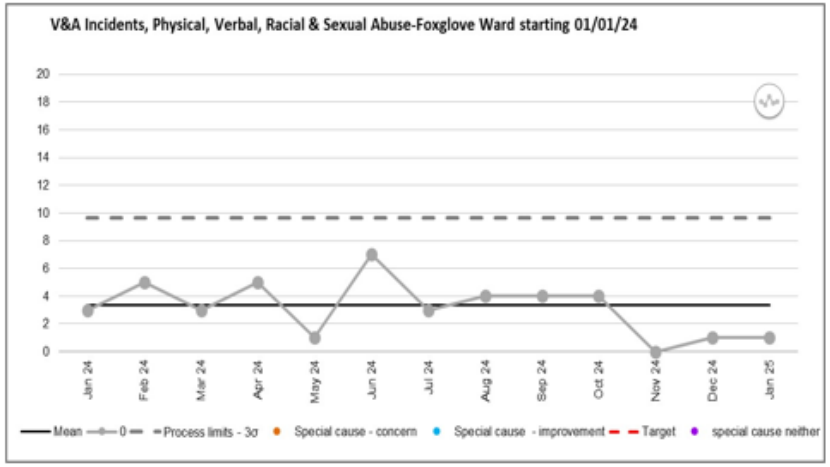
- Patient & family/ Carer Experience:
- We continue to strive to provide outstanding care and experiences for our patients and their families/ carers. We aim to increase our patient involvement in quality work, such reducing restrictive observations by developing the membership of working groups etc.

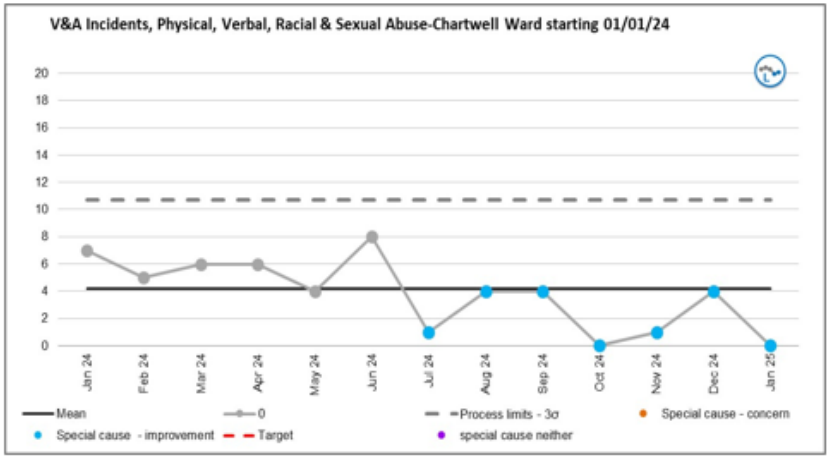
- Workforce:
- We currently have a low number of Band 5 vacancies across our inpatient services, which is a significant achievement. The focus now is on retention and development of our workforce in addition to ensuring a secure pipeline to our organisation from universities.

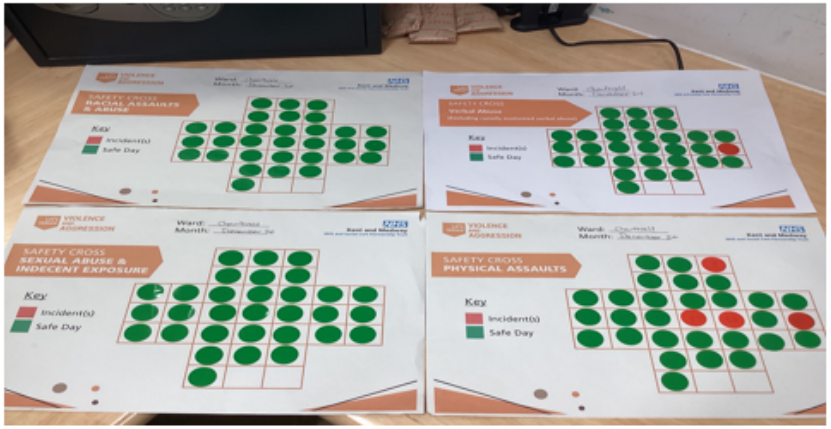
**Celebrations:**

- QI search work – forensic directorate
- HSJ Finalist – Tarentfort Centre with their work on Sexual Safety

# Violence & Aggression Acute Inpatient – Notable Area



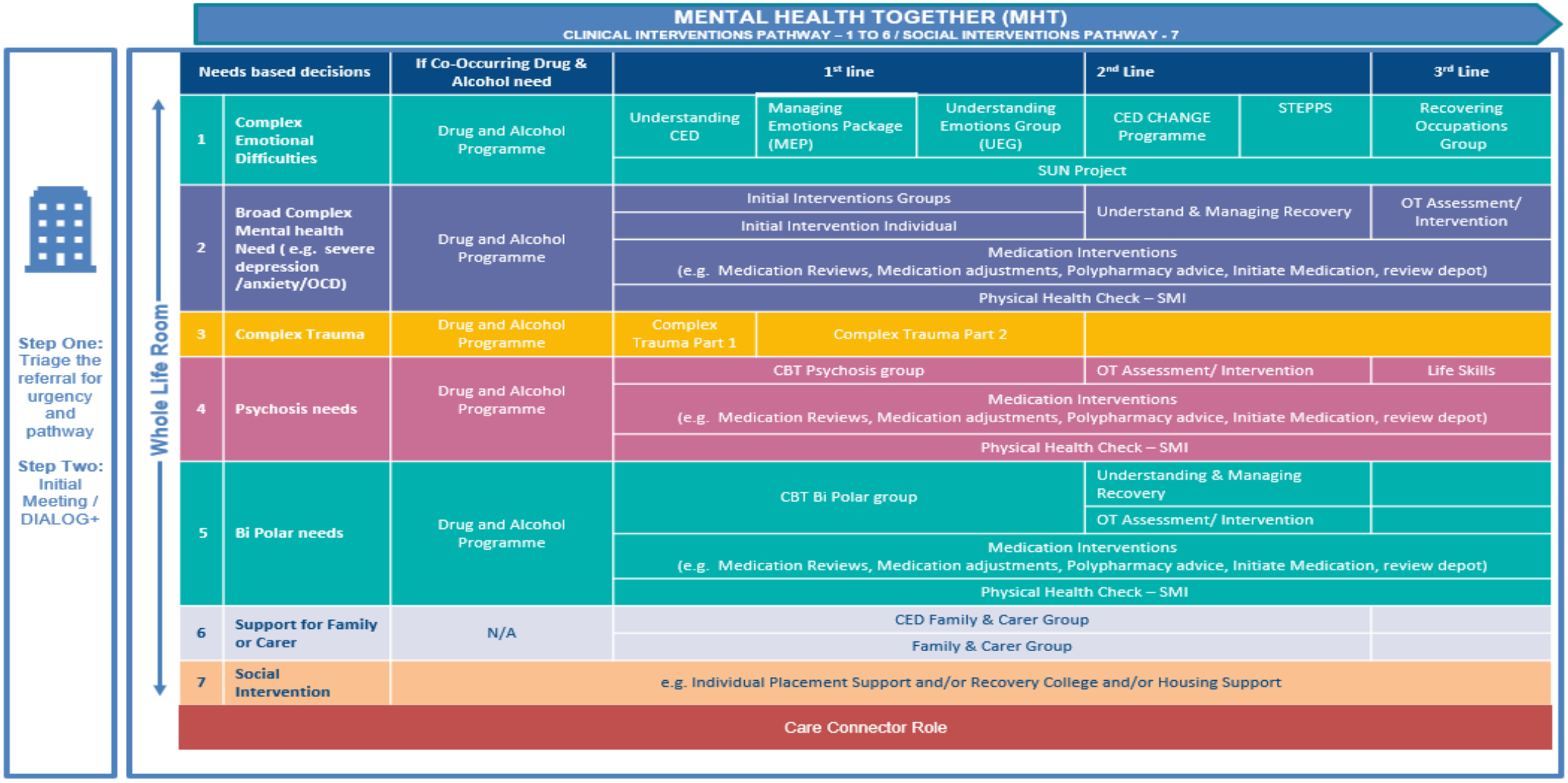




Both wards are 18-bedded female wards that often care for patients with complex trauma histories, autism and behaviours that challenges services.

*Brilliant care through brilliant people*

RESPECT · OPEN · ACCOUNTABLE · WORKING TOGETHER · INNOVATIVE · EXCELLENCE

7.2. Appendix Two – Mental Health Together



# MENTAL HEALTH TOGETHER+

## CLINICAL INTERVENTION PATHWAY 1 TO 7

Flow Meeting

| | Needs based | Specialist Assessment, as required | Treatment model: Peer Supported Open Dialogue (a new way of delivering services & a distinct form of therapeutic conversation called 'Dialogic Practice') | |
|---|---|---|---|---|
| 1 | Complex Emotional Difficulties Pathway | Service users will most likely have a Complex Emotional Difficulties including concerns in relation to high risk to self or others. Their ability to manage patterns of attachment mean that a structured multi-professional approach is required. | | |
| | | Specialist Assessment (Psychiatric/ Psychological/OT) | • Mentalisation Based Therapy<br>• CBT-PD/CAT/Psychodynamic Psychotherapy | • Dissociative Identity Disorder<br>• Antisocial –CED<br>• OT Interventions |
| | | | SUN Project | |
| 2 | Complex Case Management Pathway | Service users will most likely have multiple complex characteristics and risks, whose needs are met from a number of services and need a higher level of engagement, co-ordination and support (including statutory needs/requirements). | | |
| | | Specialist Assessment (Psychiatric/ Psychological/ OT) | • Frequent detailed Contact<br>• Multi- Agency working<br>• Complex Risk Management<br>• Out Patient Appointment (OPA)<br>• Physical Health Checks for SMI | • Intensive Support Time Recover worker support on an individual basis<br>• Individual/ Family Psychological Therapy (TF-CBT; EMDR; CBTp and CBTb)<br>• OT Intervention |
| 3 | Recovery Pathway | Service user will be presenting with long term Psychosis and Bipolar who are likely to receive Occupational Therapy (OT) intervention and/or Individual/Family Psychology. This may also include those being reviewed by the Psychiatrist due to the level of complexity with their medication regime. | | |
| | | Specialist Assessment (Psychiatric/ Psychological/ OT) | • Individual/ Family Psychological Therapy (TF-CBT; EMDR; CBTp and CBTb)<br>• OT/ STROT/ Understanding & Managing Recovery/ Life Skills | Physical Health Check SMI |
| 4 | Clinic Pathway | Service Users will be presenting with longer term Psychosis and Bipolar and who are receiving Depot, Clozapine, and Lithium. | | |
| | | Specialist Assessment (Psychiatric/ Psychological/ OT) | • Depot, Clozapine and Lithium clinics<br>• Physical Health Checks SMI | This does not exclude them from receiving other social, psychological or occupational therapy treatment. |
| 5 | Later Life Pathway | Service users with severe mental health difficulties interacting with later life issues (65 and over), such as functional cognitive impairment, higher-level sensory issues, adaptations to loss etc.. | | |
| | | Specialist Assessment (Psychiatric/ Psychological/ OT) | • Frequent detailed Contact<br>• Multi- Agency working<br>• Complex Risk Management<br>• Psychiatric Review (MDT)<br>• Physical Health Checks for SMI<br>• Depot, Clozapine and Lithium clinics | • Transitions group<br>• Individual/ Family Psychological Therapy<br>• OT Intervention<br>• Intensive Support Time Recover worker support on an individual basis |
| 6 | Dementia Post Diagnostic Pathway | People recently diagnosed with a dementia in the MAS pathway for post diagnostic support, and people with dementia and in crisis | | |
| | | • As required - Specialist Assessment (Psychiatric/Psychological/ OT) | • Post Diagnostic Support (one-to-one)<br>• Living Well with Dementia group<br>• Cognitive Stimulation Group<br>• Dementia engagement groups | • Psychological Behavioural Support<br>• Dementia Crisis Support<br>• Dementia Medication Review<br>• Psychiatric Review (MDT)<br>• Individual/ Family Psychological Therapy<br>• OT Intervention |
| 7 | Urgent Duty Function | This is for service users within the MHT+ shared caseloads who require an immediate duty response, and support for family and carers. | | |

Therapeutic Community

Complex Psychosis

Rough Sleeper Service WK/Medway