

TRANSFORMATION PROGRAMME

HIGHLIGHT REPORT MAY 2014

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1. Introduction: Transformation Programme overview

At KMPT our aim is to ensure that the **service user is at the centre of everything we do**. Our vision is to provide ...

“Excellent care personal to you, delivering quality through partnership. Creating a dynamic system of care, so people receive the right help, at the right time, in the right setting with the right outcome.”

Our major challenge is to move away from traditional models of service delivery and implement evidence based integrated care pathways with the service user at the heart, whatever the team, professional or agency providing the care. We want to ensure that:

We get the basics right.

We deliver **improved access** through collaboration and delivery of integrated services.

We deliver a **recovery** focussed model of care.

We deliver **excellence and innovation** in our services.

There are a number of service developments planned which will support this transformation:

The **Inpatient Programme** will facilitate high quality inpatient care in safe, purpose-built accommodation and access to appropriate staffing (24 hours a day, 7 days a week). We will bring together our expertise into three clinical communities which will deliver demonstrable clinical excellence across the range of services provided. Improved partnership working between CRHT teams and inpatient wards will help increase access to treatment at home.

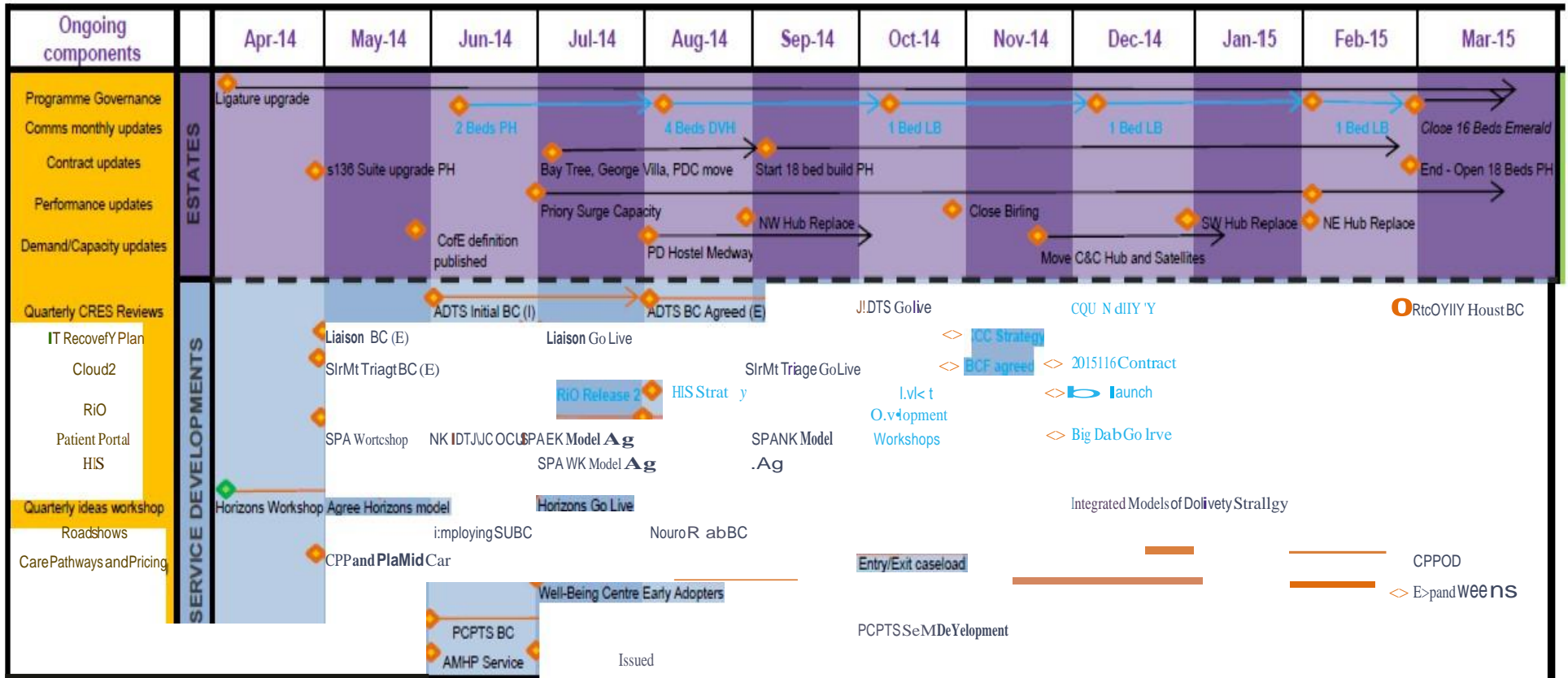
The **Urgent Care / Crisis Programme** will enable the development from a bed based service to a responsive, accessible and modern service. We will provide an improved urgent response, with timely access to assessment and choice about how acute care is provided, with services delivered in the least restrictive manner. Alternatives to admission, delivered in partnership with a range of organisations, will reduce the demand for inpatient beds.

The **Planned Care Programme** will provide a skilled workforce that can effectively and efficiently deliver high quality assessments and interventions on the care pathways that we are contracted to provide. Effective caseload management will be driven by the Recovery ethos and will give clarity about roles and remits for each profession. Hub sites will be transformed into Wellbeing Centres and provide holistic recovery focussed care within environmentally healing and ecologically sustainable buildings.

The **Integrated Care for Older Adults Programme** will address the mental health needs of people who are being treated primarily for physical health problems. With our partners we will provide a ‘collaborative’ response, developing a multi disciplinary and centralised approach to access via referrals units. It will enable timely discharge from secondary mental healthcare, with ongoing and seamless support available in primary care.

There are three overarching change work streams which will support and influence the delivery of these programmes; Single Point of Access, Embedding care pathways and Integrated Models of Delivery. All service developments are guided by the aims of the clinical strategy and are underpinned by enablers including Organisational Development, Finance / Commercial, Estates, IT, Communications / Engagement and R&D.

2. Milestone plan



3. Highlight report

The table below provides a headline summary of the work that we have undertaken to date and are proposing on our transformation programme.

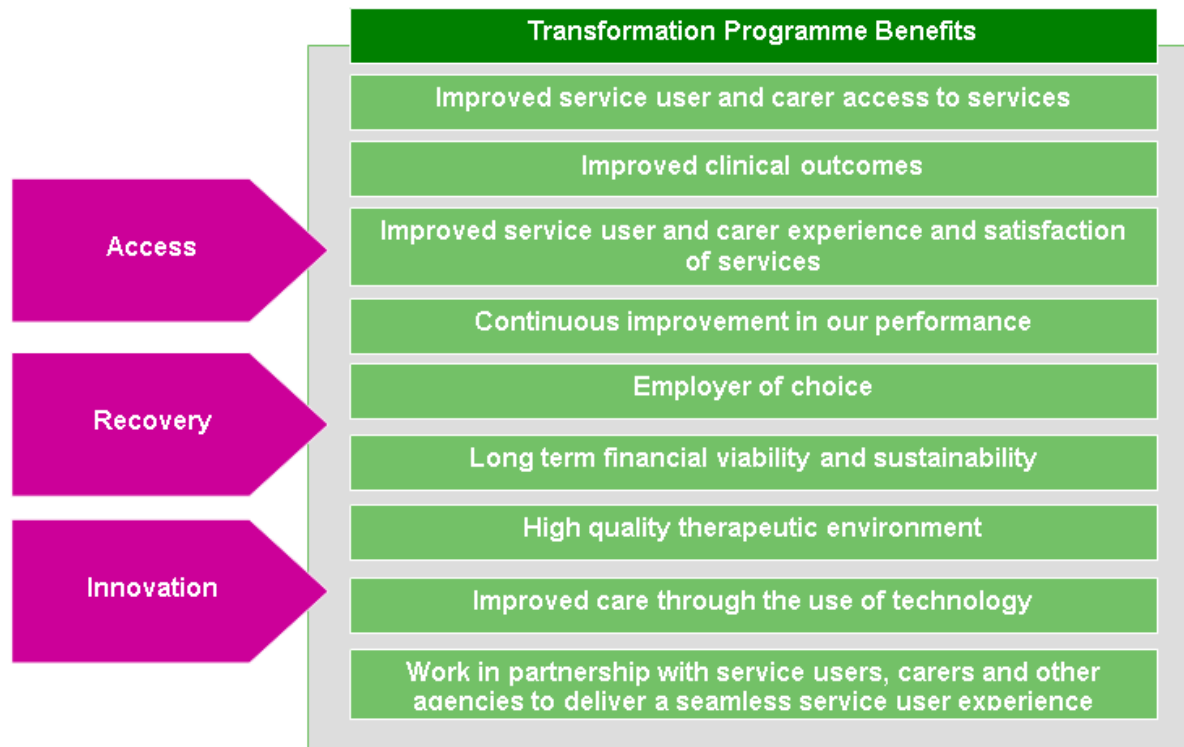
PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
Increased inpatient capacity	<ul style="list-style-type: none"> • <i>DVH</i> refurbishment works commenced. • <i>Priority House</i> (existing ward) additional room works commenced. • <i>Little Brook</i> additional works approved • <i>Emerald</i> (new ward) initial design approved. Plans include management of transport arrangements, in partnership with Experts by Experience and the PET. 	<ul style="list-style-type: none"> • Work completes July 2014. • Works completes June 2014. • Tenders developed • Design contractor selected and appointed. • Packs for users and carers will be enhanced in terms of travel information and support available and all sites will display posters 	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created • External signage is dependent on highways agencies. KMPT is awaiting a response from them about the potential to improve signage to hospital.
Personality Disorder Therapeutic House	<ul style="list-style-type: none"> • <i>Recruitment:</i> House manager and Specialist MH Practitioner in post, with admin staff appointed. • Operational policy drafted. • Meetings held with CRHT and CMHT to agree interface protocols. • Proactive engagement with the 	<ul style="list-style-type: none"> • <i>Recruitment:</i> Band 7 and Band 4 recruitment to continue. • Operational Policy and protocols, to be approved by the Trust. • Complete and jointly agree the local protocols on management of violence; 	<ul style="list-style-type: none"> • KMPT agreement regarding staffing ratios for PD Therapeutic House. • CQC decision on the type of registration required for the PD Therapeutic House. • Securing recurrent funding post pilot.

	<p>police and developing protocols around management of security and violence.</p> <ul style="list-style-type: none"> • Pro-active engagement with local residents. 	<p>security of the building; management of anti-social behaviour; lone working; medicines management</p> <ul style="list-style-type: none"> • Complete building works and installation of anti contraband/ minimal ligature windows. 	
Crisis Accommodation / Recovery Accommodation	<ul style="list-style-type: none"> • High level PID outlining potential future service developed. • Identification of potential partners and key stakeholders. 	<ul style="list-style-type: none"> • Planning phase continues and includes: <ul style="list-style-type: none"> ○ Engage with potential partners ○ Scope models used nationally ○ Develop model and business case 	<ul style="list-style-type: none"> • Commissioner support • Support from potential partners • Resources (estate and staffing)
OASSIS	<ul style="list-style-type: none"> • Strategic Outline Case for Phase One (re-location of Cranmer Ward, St. Martins) approved. • Design stage to be progressed • OASSIS Project Board met with Kier/ Devereux to progress design appraisal 	<ul style="list-style-type: none"> • Clinical Users Group to reconvene and progress Schedule of Accommodation and design for OBC sign off. 	<ul style="list-style-type: none"> • Availability of clinical staff to engage with process • CUG / Devereux to agree a design that maintains quality and existing revenue / workforce.
Street Triage	<ul style="list-style-type: none"> • Pilot and review completed • Service secured funding and the business case is now being developed 	<ul style="list-style-type: none"> • Implement agreed model 	<ul style="list-style-type: none"> • Ongoing joint working • Agreed Finance and Commissioner support
Liaison Psychiatry	<ul style="list-style-type: none"> • Business case developed to ensure delivery of 24/7 services across Kent and Medway 	<ul style="list-style-type: none"> • Approve Business Case and implement. 	<ul style="list-style-type: none"> • Finance • Commissioner support

Acute Day Treatment Service	<ul style="list-style-type: none"> • Scope models and examples of best practice. • Explore potential sites to provide ADTS. • Visited lead centre 	<ul style="list-style-type: none"> • Planning phase continues and includes: <ul style="list-style-type: none"> ○ Scope models used nationally ○ Develop model and business case to include base to deliver service from and transport plan 	<ul style="list-style-type: none"> • Identification of suitable estate to deliver service. • Commissioner support to ensure service can be developed and is sustained. • Resources
Caseloads Project	<ul style="list-style-type: none"> • <i>Definitional stage:</i> <ul style="list-style-type: none"> ○ Completed PID and workplan ○ Identified benefits 	<ul style="list-style-type: none"> • Approve at Programme Board • Workshop to progress point of entry efficiencies • Demand / capacity analysis 	<ul style="list-style-type: none"> • Workforce project • Single Point of Access • IM&T Strategy
Workforce Project	<ul style="list-style-type: none"> • <i>Definitional stage:</i> <ul style="list-style-type: none"> ○ Completed PID and workplan ○ Identified benefits 	<ul style="list-style-type: none"> • Approve at Programme Board • Engage with Embedding Care Pathways workstreams 	<ul style="list-style-type: none"> • Care Pathways and Pricing • Caseloads project • Cross Service Line workforce plans
Well-Being Centres Project	<ul style="list-style-type: none"> • <i>Definitional stage:</i> <ul style="list-style-type: none"> ○ Completed PID and workplan ○ Identified benefits 	<ul style="list-style-type: none"> • Approve at Programme Board • Agree early adopter sites for Recovery College approach 	<ul style="list-style-type: none"> • Centres of Excellence • Estates Strategy • IM&T Strategy
Review and redesign of Community Services for Older People	<ul style="list-style-type: none"> • Options appraisal completed in 2013, to be refreshed to reflect 2014/15 CQUIN and contract. • Workshop held in May for Urgent Care & Crisis Pathway for OPMH • Project Board provides overarching framework for delivery of revised arrangements for Urgent and Crisis 	<ul style="list-style-type: none"> • Complete refreshed PID reflecting development of two work streams for OPMH community redesign • Project management/support arrangements to be agreed 	<ul style="list-style-type: none"> • Cross Service Line workforce plans • Commissioner support

	response as well as reconfigured clinical pathway for clusters 18 and 19.		
Single Point of Access	<ul style="list-style-type: none"> Identified clinical lead and approach to implementation Workshops planned with commissioners and GPs, to build on learning from events held in 2013. 	<ul style="list-style-type: none"> Complete workshops Develop implementation plan 	<ul style="list-style-type: none"> Commissioner support. Telephony infrastructure.
Embedding Care Pathways	<ul style="list-style-type: none"> Developed detailed implementation plan for 'business as usual' approach in 2014/15. Engagement will key parties to agree the approach to management of Care Pathways and Pricing. 	<ul style="list-style-type: none"> Implement performance management using CPP data and framework. Launch Care Pathways internally and engage with staffing groups. 	<ul style="list-style-type: none"> Communication and engagement. Information Management.
Integrated Models of Delivery	<ul style="list-style-type: none"> Identified options for improving Horizons schemes and held internal / external workshops 	<ul style="list-style-type: none"> Agree and implement Horizons option Demand / capacity analysis for Rehabilitation Services 	<ul style="list-style-type: none"> Support and partnership working with KCC and existing housing providers.

4. Summary of Benefits



The transformation programme adopts a structured benefits approach that:

- Gives clarity to the objectives of our transformation programme
- Provides opportunities to engage our key stakeholders in a benefits led discussion
- Promotes a culture of continuous improvement by focusing on improving clinical outcomes.
- Allows us to track delivery and celebrate our successes
- Helps us to learn from experience

The success of the programme will be dependent upon us having systems, controls and processes in place which allow us to identify the benefits of each service development and provide us with assurance that these are being achieved.

A comprehensive benefits register was approved by the Finance and Resource Committee in April 2014. A system to populate the metrics with data, which will allow us to track progress, is being developed and we will be able to report on this from June 2014 onwards.