

# Kent & Medway NHS & Social Care Partnership Trust [KMPT]

## Update

### Report prepared for:

Kent County Council [KCC]  
Health Overview and Scrutiny Committee [HOSC]  
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## 1. Introduction

- 1.1 This report has been prepared at the invitation<sup>1</sup> of Kent County Council [KCC]'s Health Overview and Scrutiny Committee [HOSC] to provide a general update about the Trust.
- 1.2 This report will provide a comprehensive update on four areas as identified by the Committee, namely:
- i. The Trust's financial and staffing position following media reports about reductions to liaison psychiatry in East Kent and the closure of the Knole Centre in Sevenoaks.
  - ii. 2015 Care Quality Commission [CQC] Inspection.
  - iii. Implementation of the Kent and Medway Adult Inpatient Mental Health Services Review – Inpatient Mental Health Capacity.
  - iv. Plans and support for integration.
- 1.3 The Committee is asked to note the content of the report.

## 2. The Trust's financial and staffing position following media reports about reductions to liaison psychiatry in East Kent and the closure of the Knole Centre in Sevenoaks

### 2.1 Liaison Psychiatry

- 2.1.1 The purpose of the Liaison Psychiatry Service is to meet the needs of people with mental health problems in acute hospitals. Liaison Psychiatry Services provide an urgent mental health assessment service to service users over the age of eighteen with mental health problems who attend the Accident and Emergency Department [A&E] and who may be admitted to a district general (acute) hospital. These service users often have complex assessment needs resulting in longer waits and stays. The service ensures mental health assessments are undertaken in a timely manner and to facilitate effective discharge planning, reduce unnecessary hospital admissions and reduce the length of stay where appropriate. In addition the service helps raise awareness of the importance of mental health, improves early detection of illness and its impact on physical health and recovery in a general hospital setting and ensures that people with mental ill health have their needs appropriately met whilst under the care of the general hospital. The Liaison Psychiatry Service covers all areas of the acute hospital, not just A&E.
- 2.1.2 The East Kent Liaison Psychiatry Service operates across three sites, namely, the William Harvey Hospital (Ashford), the Kent and Canterbury Hospital (Canterbury), and the Queen Elizabeth the Queen Mother [QEQM] Hospital (Margate). The service currently operates during the day, 08.00 – 16.00 hours seven days a week. This reduction to the previous hours of operation (09.00 – 00:00 hours) across all sites was implemented in October 2015 to meet safe staffing guidelines, an ability to provide a whole hospital service matched to demand and an inability to safely staff the additional hours.
- 2.1.3 Outside of these operational hours, and in the event of a mental health need that requires urgent assessment and intervention, the Crisis Resolution Home Treatment [CRHT] Service<sup>2</sup> covers A&E on a case by case basis.

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<sup>1</sup> KCC (02 February 2016) Robert Brookbank (Chairman, KCC HOSC) letter to Angela McNab (Chief Executive, KMPT)

<sup>2</sup> The purpose of the CRHT service is to provide an alternative to inpatient admission for individuals who are suffering with acute mental ill health to the extent that without CRHT involvement, admission would be indicated.

- 2.1.4 In addition to the CRHT and Liaison Psychiatry Services, the Single Point of Access [SPoA] Service<sup>3</sup> provides a single telephone contact number (0300 222 0123) to enable clients, carers and those experiencing mental health crisis to access mental health care and advice 24/7.
- 2.1.5 The current commissioned contract for the East Kent Liaison Psychiatry Service is for one band 7 team manager at each site, two consultant psychiatrists and one speciality doctor across the three sites, and 15.54 whole time equivalent [wte] nurses (currently divided as 5.00 wte per site). In addition the service is supported by one administrator and one administrative assistant located centrally who work with each of the three teams across the three sites. This number of staff allows for eight operational hours per day across the three sites.
- 2.1.6 Over the winter period an additional locum consultant has joined the team, allowing for a consultant at each site. This is not a substantive arrangement and will cease on 31 March 2016.
- 2.1.7 Note that by 2020 it is expected that a core 24/7 liaison psychiatry service will be commissioned for all acute hospitals nationally.

## 2.2 Knole Centre

- 2.2.1 The Specialist Neurological Rehabilitation Inpatient Service for people of North and West Kent and Medway who have experienced an acquired or traumatic non-progressive neurological illness previously provided at the Knole Centre (Sevenoaks) closed in December 2015. This followed the Trust's decision to serve notice in March 2015 in response to a decision by local Clinical Commissioning Groups [CCGs] to commission these services differently going forward. The new model sees a move away from and the de-commissioning of a specialist inpatient model to one that provides service users requiring neurological rehabilitation with bespoke packages of care in a variety of settings (community care and generic NHS rehabilitation wards) appropriate for each individual service user and across a range of NHS and private provider organisations.
- 2.2.2 The impact of this closure has had a positive impact on the Trust's financial and staffing position. Ongoing pressures in recruiting and retaining staff in the Sevenoaks locality (with its close proximity to London and the attraction of London weighting allowances) meant the unit had a high rate of agency workforce.

## 2.3 Finance

- 2.3.1 The Trust's financial position as reported at month 9 is on track for a year end income and expenditure [I&E] deficit of £4.3m after technical adjustments.
- 2.3.2 The Trust continues to implement a number of proactive and corrective actions to improve this position.
- 2.3.3 The total headcount for December 2015 was 3,256 with a total of 2,925.13 wte. Headcount has exceeded the last four years position apart from 2011-12. The largest workforce is within the registered nursing staff group.

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The CRHT team is multi-disciplinary, and includes registered nurses and occupational therapists [OTs], consultant psychiatrists, speciality doctors, nurse prescribers and support time recovery [STR] workers.

<sup>3</sup> The SPoA has been operational since 2014 and until April 2016 this service only provides a routing and signposting function enabling clients to be transferred to a mental health professional within the locality based services. From April 2016 the SPoA will be staffed by clinically trained staff who have a ready treat principle and can facilitate onward co-ordination of care.

- 2.3.4 The rolling twelve months turnover rate at December 2015 sits at 16.24%, a little above the NHS national average of 12-14%. The highest turnover was experienced within the Forensic and Specialist Service Line [FSSL]. The closure of the Specialist Neurological Rehabilitation Inpatient Services (which sits within the FSSL) had a direct impact.
- 2.3.5 High vacancy rates remain in acute and older adult inpatient services linked to the challenges of recruiting in North and West Kent (bordering Trusts pay a London weighting allowance). This is mirrored in the community recovery services that include a high level of KCC staff vacancies, turnover and absence. The robust focus on reducing sickness absence across the Trust has seen a significant improvement in sickness absence rates in year. The rolling twelve month year to date figure of 4.05%.
- 2.3.6 The Trust continues to implement a rolling programme of recruitment.

### 3 2015 CQC Inspection

- 3.1 On 30 July 2015 the CQC published its Quality Report<sup>4</sup> following an inspection of the Trust's services between 17 and 20 March 2015. The overall inspection summary concluded the Trust requires improvement against four of the five objectives measured. The table below provides a summary of these ratings.

Key CQC Question	CQC Inspection Rating
Are services safe?	Requires improvement (amber)
Are services effective?	Requires improvement (amber)
Are services caring?	Good (green)
Are services responsive to people's needs?	Requires improvement (amber)
Are services well-led?	Requires improvement (amber)

- 3.2 The CQC talked to 219 service users, carers and family members; observed how staff were caring for people; looked at the personal care or treatment records of over 224 service users and interviewed over 329 individual frontline members of staff.
- 3.3 Of the nine core services inspected, one was outstanding, three were good and five required improvement. The table provided below provides a summary these findings.

Service	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units [PICU]	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Long stay / rehabilitation mental health wards for working age adults	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Forensic inpatient / secure wards	Requires improvement	Outstanding	Outstanding	Good	Outstanding	Outstanding
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Wards for people with a learning disability or autism	Requires improvement	Outstanding	Outstanding	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Mental health crisis services and health based places of safety	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community mental health services for people with a learning disability or autism	Good	Good	Good	Requires improvement	Good	Good
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	<sup>5</sup> Requires improvement

- 3.4 The CQC noted that KMPT had kind, caring, compassionate and passionate staff who treated people with dignity and respect, want to deliver good quality care and want to improve. They noted evidence of good leadership and sharing a common purpose. They

<sup>4</sup> CQC (30 July 2015) *Kent and Medway NHS and Social Care Partnership Trust Quality Report*

<sup>5</sup> Overall provider: Requires improvement (amber)

found a clear strategy based around driving clinical improvements. In addition, the CQC found some outstanding care and practice in forensic and learning disability services where they were “overwhelmed by volume of evidence of innovative practice to support and include patients in their care”.

3.5 However, there were a number of areas in which KMPT needed to improve, namely:

- The CQC had serious concerns about care in older adult continuing care wards, warning notices were issued to which KMPT responded immediately.
- Some concerns over systems not embedded consistently (medicines management, Deprivation of Liberty Safeguards [DOLs], Mental Health Act [MHA] use and recording).
- Estates issues regarding section 136 suites and seclusion rooms.
- High bed occupancy levels in acute and PICU wards and community caseloads.
- Physical health checks not being carried out consistently.
- The quality of care planning was variable, in some areas outstanding, requiring improvement in others.

3.6 The Trust responded by developing and agreeing a Quality Improvement Plan [QIP], the implementation of which is being monitored monthly by meetings chaired by the Trust Development Authority [TDA] and NHS England [NHSE].

3.7 The plans divide into three areas:

- i. The first relates to those operational issues that KMPT can solve internally, and these are on track to be completed by 1 April 2016.
- ii. The second relates to the estate where capital spend is required. This is on track to be completed by October 2016.
- iii. The third area relates to capacity issues with younger adult and PICU bed capacity, where CCGs would need to agree to commission additional capacity before anything else could be done.

## **4 Inpatient Mental Health Capacity**

4.1 As the CQC found, due to increased demand for acute inpatient care, exceeding the 174 beds currently commissioned by CCGs, a number of individuals who require acute inpatient care are being placed in hospitals outside of Kent and Medway. This has an impact on the individual with regards to their recovery, ability to maintain social networks, friends and family and on KMPT and CCGs in relation to costs incurred.

4.2 CCGs and KMPT have been involved in remodelling the demands on beds. As well as additional physical bed capacity, investment in alternatives to admission is still required.

4.3 At the request of the CCGs, KMPT has submitted a proposal for the addition of 16 beds to the current bed stock (from autumn 2016) as part of a longer CCG commitment that will enable investment into building an additional younger adult acute ward and PICU. Once the CCGs have agreed to this commitment, the next hurdle of capital money provision can be addressed.

4.4 In the meantime, KMPT continues to work internally and with partners, KCC and CCGs, to minimise length of stay and reduce the need for admission.

## 5 Plans and support for integration

- 5.1 The Trust is actively engaged in the Kent Integration Pioneer Programme and has adopted a proactive approach to ensuring engagement in all groups and at all levels. The Trust has welcomed this whole system opportunity to work with a comprehensive range of stakeholders and agencies to deliver services in a way that improves outcomes, improves experiences of care, makes better use of resources and ensures the citizen is placed at the centre of health and social care.
- 5.2 The ethos behind the Integration Pioneers approach to helping health and social care services work together to provide support for people at home, to promote earlier treatment within an individual's community and reduce the number of people needing emergency care in hospital or care homes is one that reflects the revised key areas of action set out in the Trust's refreshed Clinical Strategy<sup>6</sup>. The table below provides a summary of these key areas of action:

### Key areas of action

Developing and delivering a range of service models to support timely care in the least restrictive setting ensuring urgent and acute care needs can be met.

Ensuring service users have clear, integrated pathways to recovery including supported transfer to and from primary care.

Working with CCGs and other stakeholders where necessary to develop services that enable more service users with complex needs to be cared for within the Trust.

Developing and delivering high quality clinical environments, supported by the use of technology to provide quality and clinical effectiveness.

- 5.3 The Committee is reminded that Kent is one of fourteen national integration pioneers appointed by the Department of Health [DoH]. Kent's Integration Pioneer Programme is a partnership involving Kent's seven CCGs, adult social care, the community health trust, mental health, acute sector and district councils. The partnership also engages the voluntary sector and the public and seeks to ensure the citizen is placed at the centre of health and social care.
- 5.4 The Trust also continues to benefit from the joint working arrangements between the Trust and KCC for the provision of integrated mental health services in Kent and in accordance with the Section 75 Agreement of the NHS Act 2006. The table below provides a summary of the benefits of this arrangement, which has at its core an integrated approach to ensuring the individual is at the centre of all services provided and that these services focus on prevention, wellbeing and recovery.

### Benefits of Section 75 Agreement

Ensuring a clear professional role for social workers to deliver the social care agendas through a person centred approach, delivering improved outcomes and working in partnership to the highest standards of practice.

KMPT through the Section 75 agreement has been delegated the responsibility to manage the newly developed dedicated Approved Mental Health Professional [AMHP] Service in which social workers and nurses who have qualified as an AMHP deliver a county-wide 24/7 service recognised by the CQC as an area of innovation and good practice.

<sup>6</sup> Due to be published in Quarter 4 2015/16

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Integration ensures all professions are well coordinated and have equitable influence on care and support models to ensure a holistic services.

Social workers working in statutory mental health services can provide a vital counterbalancing view to clinical models of illness and disorder and where this is done well, can have a powerful impact on NHS culture and practice.

Social care in mental health can offer more than just Self Directed Support - there are a range of social interventions that support recovery and social care staff bring a different and vital perspective to multi-disciplinary working.

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- 5.5 The five role categories for social workers in adult mental health support delivery and realisation of these benefits. The table below provides a summary of these categories.

### Five Role Categories

Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of local authorities.

Promoting recovery and social inclusion with individuals and families.

Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.

Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.

Leading the AMHP workforce.

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## 6 Conclusion and Recommendation

- 6.1 The KCC HOSC is requested to note the content of this update report in support of its discussion around the provision of mental health services.