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

# Mental Health Update

## Report prepared for:

Kent County Council [KCC]
Health Overview and Scrutiny Committee [HOSC]
07 October 2016

| | | | |
|---|---|---|---|
| **Version:** | 3.0 | **Reporting Officer:** | Helen Greatorex<br>Chief Executive, KMPT |
| **Date:** | 28 September 2016 | **Report Compiled By:** | Sarah Day<br>Programme Management Office [PMO]<br>Programme Manager, KMPT |

# 1. Introduction

1.1 This report has been prepared at the invitation[1] of Kent County Council [KCC]'s Health Overview and Scrutiny Committee [HOSC] to provide an update about the Trust.

1.2 This report will provide a comprehensive update on four areas requested by the Committee, namely:

i. Chief Executive's 100 day reflection.

ii. Private bed use and reduction plan.

iii. Work with the community and voluntary sector.

iv. Open Dialogue (Health Foundation Innovating for Improvement Programme).

1.3 The Committee is asked to note the content of the report.

# 2. Chief Executive's 100 day

2.1 As the new Chief Executive, I am very grateful for the genuineness and warmth of welcome I have received, and have been impressed by the obvious commitment of everyone I have met. I can see that there is much to do, but I can also see an appetite and willingness to improve services and remove variation.

2.2 Having taken up post on 6 June 2016, my 100th day in it was Wednesday 16 September 2016. Fittingly (and completely coincidentally) this was the date of the Trust's annual staff awards celebration. The Trust celebrated some of the truly outstanding work that goes on in KMPT every day, and it was a rightly joyful and joyous event.

2.3 Listening to people who use our services, their loved ones, key partners and commissioners has helped inform my thinking about initial priorities. Some of these priorities, such as reducing private bed use and expanding the work we already do with the community and voluntary sector, are outlined in this report. Our other priorities include:

2.3.1 Working with Kent Police and our commissioners to introduce Street Triage across the county.

2.3.2 Improving Accident and Emergency [A&E] Mental Health Liaison services.

2.3.3 Redesigning our care pathway for people whose primary diagnosis is Personality Disorder.

2.3.4 Reviewing and updating our services for Older Adults.

# 3. Private bed use and reduction plan

3.1 The Trust experiences significant pressures on its inpatient beds. The Care Quality Commission [CQC] highlighted this in 2015 and recommended that the Kent and Medway

[1]KCC (13 September 2016) Mike Angell (Chairman, KCC HOSC) letter to Helen Greatorex (Chief Executive, KMPT).

health economy should take urgent action to improve patient flow and reduce the use of private beds.

3.2 For the 2015/16 financial year the health economy spent approximately £11m on private beds for younger adults, older adults and Psychiatric Intensive Care Unit [PICU]. This represents a poor quality experience for service users and carers, a significant cost to a health system experiencing financial pressure and a potential loss of income to KMPT.

3.3 Whilst bed utilisation trends have been shown to be volatile over a two year period, evidence highlights that bed use is impacted by:

3.3.1 The ability of Crisis Resolution Home Treatment [CRHT] teams to home treat patients and support them in a community setting thereby reducing admission.

3.3.2 The ability of CRHTs to home treat when they undertake non-home treatment roles including section 136 assessment under the 1983 Mental Health Act [MHA][2].

3.3.3 Effective management of discharge from the point of admission.

3.3.4 Effective management of delayed transfers of care [DToCs][3].

3.3.5 Enhanced levels of therapeutic intervention during an inpatient stay to speed the process of recovery and discharge.

3.3.6 High numbers of service users presenting at an emergency department [ED] when in a crisis following a KMPT intervention[4].

3.3.7 High numbers of patients with a personality disorder being admitted for long lengths of stay [LoS][5].

3.3.8 High numbers of emergency readmissions following an inpatient stay.

3.3.9 The speedy repatriation of those patients placed within private beds to improve outcomes and experience as well as reduce cost.

3.4 To improve patient flow and reduce the use of private beds (acute mental health and PICU) the Trust has implemented a Patient Flow Programme[6], which will achieve, with the opening

---

[2]Kent has one of the highest levels of section 136 detention in the country. In addition provision of liaison psychiatry services across the county is variable. Six areas of the country do not have a 24/7 liaison cover within their emergency departments, which in turn impacts on the CRHT teams providing cover and undertaking MHA assessments.

[3]DToCs are those service users who no longer require acute inpatient care and are deemed fit for discharge from a Trust bed. These service users require other health or social interventions and continue to have a significant impact on the use of external beds.

[4]c30% of ED presentations have been seen by KMPT within the previous 7 days.

[5]National Institute of Clinical Excellence [NICE] guidance indicates hospital admission is not helpful for individuals presenting with an acute personality disorder, and that where hospital admission is recommended to manage risk this is brief. The Trust interprets 'brief' as normally kept to a maximum of 72 hours.

[6]This forms one of three work steams identified as part of the Trust's Implementation of a Target Operating Model [TOM] Programme which seeks to address the unwarranted variation the Trust experiences within and across services, and to deliver improved outcomes and financial balance. The implementation of the TOM will: (1) be set within the context of the Trust and health and social care economy strategic vision; (2) be driven by a case for change based upon current levels of performance and clinical outcomes; (3) be clinically owned and led; (4) reduce unwarranted variation in performance and improve outcomes; (5) reduce workforce variation and improve operational efficiency and effectiveness; and (6) deliver long term financial sustainability.

of Pinewood[7], a reduction in private bed usage to a maximum of 15 beds by end October 2016 and a further reduction in private bed usage to 0 by end December 2016 for acute mental health and PICU beds[8].

3.5 A number of work streams have been established to reflect the whole system approach needed to deliver the change and achieve the objectives. These work streams are reflected in a programme plan - a live document updated at a minimum weekly following the weekly Patient Flow Programme Board [PFPB][9] meetings.

3.6 Appendix A provides a summary of the work streams (as at 21 September 2016).

3.7 A programme trajectory for reduction in younger adult acute and PICU private bed usage has been defined. To date significant progress has been made with both acute and PICU private bed use having been reduced in line with trajectory, however it is recognised there is still much to do.

3.8 As at 26 September 2016, acute private bed use is 23 against a trajectory of 17, and PICU 8 against a trajectory of 13.

3.9 Appendix B provides an illustrative representation of achievement against trajectory.

3.10 In addition to the positive achievement against trajectory a number of other key successes have been achieved within the work streams. Each plays a significant role in supporting the positive reduction in private bed usage and changing culture within and across services to maintain and improve this positon.

3.11 Appendix C provides a summary of key achievements and success to date (21 September 2016).

## 4. Work with the community and voluntary sector

4.1 The Trust is actively engaged with a number of community and voluntary sector providers. These include:

4.2 *Healthwatch Kent:* Executive level discussions are taking place between the Trust and Healthwatch to look at how the Trust can better manage patient flow. Healthwatch has undertaken a review of the Trust's services, and is due to publish a report shortly. The outcome of this review will help inform better working between the Trust, its commissioners, Healthwatch and other voluntary and community sector organisations.

4.3 *Armed Forces Network Kent and Medway:* The Trust continues to proactively engage with the Armed Forces Network to ensure that mental health services for ex-armed forces personnel are responsive, accessible and timely. This includes working with ex-military

[7]An additional capacity ward at Little Brook Hospital, Dartford which is scheduled to open in November 2016 and will see current bed stock increase by 4.
[8]Older adult beds, subject to assurance and ongoing monitoring of the success of systems already in place in ensuring no private beds are used, and forensic beds because of separate commissioning arrangements and flow processes, have been excluded.
[9]The PFPB was established on 3 August 2016 and meets weekly. It is chaired jointly by the Executive Medical Director and Executive Director Operations, with clinical leadership provided by the Associate Medical Director Acute, and with cross service line (acute, community recovery and older adult) representation at a senior level.

personnel to ensure they have access to specialist trained practitioners and champions[10] to help and support them and their families. The focus of the Armed Forces Network joint working goes beyond that of mental health only and brings together a multitude of services, including armed forces charities, police and local authorities to name but a few. This collaborative working has proven successful in improving the lives of the whole armed forces community.

4.4 *Carers First:* The Trust remains committed to promoting the principles of the Triangle of Care [11], which recognises carers are vital partners in supporting an individual's recovery. In doing so the Trust continues to focus on a number of key elements of the Triangle of Care, that include strengthening processes to ensure: (1) carers and the essential role they can play is identified at first contact or as soon as possible thereafter; (2) staff are 'carer aware' and trained in carer engagement strategies; (3) policy and practice protocols around confidentiality and sharing information are in place and adhered to; (4) a carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway provided; and (5) a range of carer support is available. Every service line now has a nominated carer champion within each team who liaises with local carers and carer groups to improve services.

4.4 *Live It Well:* The Trust remains committed to promoting the principles of the Live It Well Strategy[12] by further developing and promoting the Live It Well Library, a joint collaborative between service users, carers, external agencies and the Trust, which challenges stigma, promotes understanding, offers hope and enables people to talk about their experiences of living with mental health issues. This valuable material is now used within the Trust's staff training and development programmes. In addition, the Trust continues to actively contribute to the Live It Well website and promotes The Six Ways to Wellbeing[13] material in training material and staff health and wellbeing initiatives. The Trust collaborates with partner organisations and Live It Well events such as the forthcoming Kent Mental Health Festival 2016[14]. The Trust has worked within the planning group for this event, ensuring Trust services have a high profile and showcase their innovative work, alongside 80 other Kent wide third sector and primary care providers.

4.5 *Moving On Group:* The Trust's occupational therapy [OT] service is forging closer links with primary care colleagues and third sector providers to enable a smoother transition back to primary care. A new group programme is being developed collaboratively with service users, third sector providers and primary care, which will be fully outcomed.

4.6 In addition a number of initiatives have been and are being taken forward as part of the Crisis Care Concordat[15] work, which has seen the development of a Kent and Medway multi-agency action plan to enable the delivery of core principles and outcomes with the Crisis Care Concordat. In all cases the Concordat recommends that where a pilot shows positive

---

[10]The Armed Forces Network Sussex offers award winning continuing professional development [CPD] accredited Champion Training. The first round of training is scheduled to commence on 18 October 2016. eLearning, facts and updates are currently available on the Sussex website with similar scheduled to go live for Kent and Medway in September 2016. In addition an Armed Forces Mental Health Event has been scheduled for 2 March 2017.

[11]Carers Trust (2013) *The Triangle of Care – Carers Included: A Guide to Best Practice in Mental Health Care in England (Second Edition)*

[12]NHS Medway (2010) *Live It Well Strategy 2010-2015*, extended to 2016 while the Kent health and well-being economy decides its next strategic direction.

[13]http://www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing/

[14]The first Kent Mental Health Festival 2016 is scheduled to take place on 11 October 2016 at the Leas Cliff Hall and Channel Suite in Folkestone.

[15]HM Government (2014) *Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*

results to people at the point of crisis, that these pilots be expanded county-wide. The Trust is currently involved in a number of initiatives:

4.6.1 The county-wide Section 136 Group and the county-wide Concordat Group are supportive of the Shaw Trust's work with Maidstone and Mid-Kent [MMK] Mind around delivering a safe space provision in Maidstone and also in Ashford. As part of this work, there is the potential to work elsewhere if the Shaw Trust receives acceptable expressions from other local organisations in Canterbury and Faversham. This welcomed initiative, if successful, will help prevent crisis and escalation that frequently results in a section 136 being issued.

4.6.2 The Trust is now mentoring Herne Bay Umbrella, a centre that provides support for people in the Herne Bay community and surrounding areas who are experiencing mental health and / or associated learning disabilities. The Trust's Acute Clinical Quality and Compliance Lead is currently seconded to Herne Bay Umbrella for 8 hours a week to support the organisation in establishing more sustained services and express an interest to run a safe space in Herne Bay.

4.6.3 The Trust continues to work with external agencies to develop a crisis café in the Dartford area. Again this will provide an alternative to section 136 and a place within the community that provides a centralised point of support to those in crisis to help them to access the required pathway in a less restrictive manner. This initiative is being led by the Trust's North Kent on-site police officers based at Little Brook Hospital.

4.6.4 In addition the Trust's implementation of a single point of access [SPoA] service continues to enable closer working with community and voluntary sector organisations, such as Mental Health Matters Helpline and The Samaritans, by signposting people to these and other organisations as appropriate to meet an individual's needs.

## 5. Open Dialogue (Health Foundation Innovating for Improvement Programme

5.1 The Trust is one of four Trusts in England piloting and introducing the peer-supported open dialogue [POD] approach. This non-medicalised model focuses on what the service user and their family want[16].

5.2 Work has already commenced in Kent and Medway to participate in the largest worldwide randomised controlled trail [RCT][17] of the POD model within an NHS setting and in accordance with NICE guidelines. A grant bid has been submitted - the outcome of which is expected to be announced shortly. The Trust remains optimistic the outcome will be positive thereby enabling the Trust to be a lead delivery site attending and speaking at conferences and events worldwide[18].

5.3 In addition the Trust has also won a Health Foundation Innovating to Improvement Programme grant to support local set up and evaluation. This has enabled the Trust to continue to implement Open Dialogue at pace with the second cohort of Trust clinicians nearing the end of their POD training and the recruitment of a full time service manager and research assistant to

[16]Developed in Finland the POD model (open dialogue) has been shown to improve return to work / study rates for those with a first episode of psychosis by 78% and reduce relapse for that group by 19%.
[17]The £2.4m RCT is being led by University College London [UCL]
[18]Including Western Lapland, Ireland, Australia, USA and the UK.

drive forward the change, at a practice and system level, and to support robust analysis of the clinical outcomes.

5.4 Appendix D provides a summary of key achievements and success to date (14 September 2016).

## 6. Conclusion and Recommendation

6.1 The KCC HOSC is requested to note the content of this mental health update report.

# APPENDIX A : PATIENT FLOW PROGRAMME WORK STREAMS (as at 21 September 2016)

## Patient Flow Programme

### Work stream 1: Improving gatekeeping

To ensure that every new admission has a documented plan of care, including proposed discharge date, prior to a bed being found.

### Work stream 2: Daily patient flow calls

To ensure daily internal bed management calls to include all patients in external beds and their recall plans, all new admissions (after 48 hours), all patients who have exceeded their predicted length of stay, all patients on the 'to come in [TCI]' list.
*Incorporates work of closed work stream 4: Ensuring specialist multi disciplinary team [MDT] review of long stay patients which also includes the work of closed work stream 8: Reviewing PCU DToCs, and closed work stream 11: Bringing patients back from private be.*

### Work stream 3: Improving clinical communication around private admissions

To introduce a system to ensure that the community care co-ordinator, pod consultant and inpatient consultant are immediately informed about their current patient bed admissions, and of any subsequent admissions.

### Work stream 5: Improving clinical reviews for new admissions

To develop arrangements to ensure that all new admissions have a consultant psychiatrist review within 24 hours, applicable across 7 days a week (to be further developed to achieve a 14 hour review).

### Work stream 6: Introducing a cluster 8 (personality disorder) admission pathway

To introduce a NICE compliant standard admission and discharge pathway for all patients admitted with a diagnosis of personality disorder.

### Work stream 7: Improving care plans and crisis planning for patients with repeat admission

To ensure that robust care plans and crisis plans are in place for those patients who have more than one admission within a year.

**Work stream 9: Increasing clinical site management capacity**

To increase clinical site management out of hours.

**Work stream 10: Funding**

To ensure recovery of costs of overseas patients and those with no recourse to public funds.

**Work stream 12 Approved Mental Health Practitioner [AMHP] service / outcome of section 136 assessment**

To ensure greater efficiency in AMHP service and processing of section 136 assessments by implementing a culture of positive risk taking.

**Work stream 13: Specialist advice and training**

To ensure increase in the specialist advice and training made available to clinicians.

**Work stream 14: The use of rehabilitation beds**

To ensure improved interface between acute and rehabilitation services, to review admission and discharge criteria and to ensure rehabilitation beds are fully utilised.

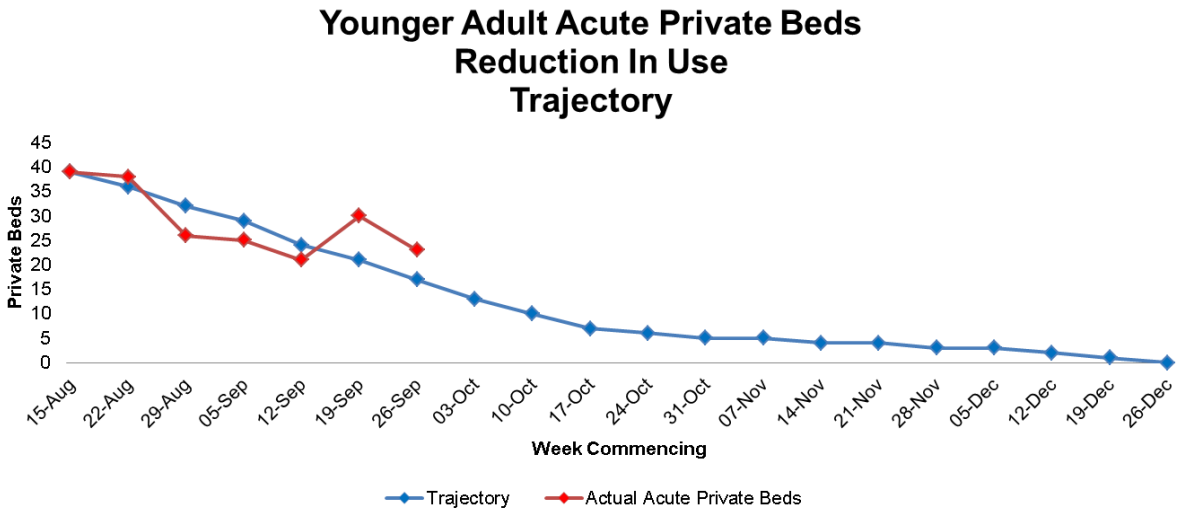
**Work stream 15: Bed management process**

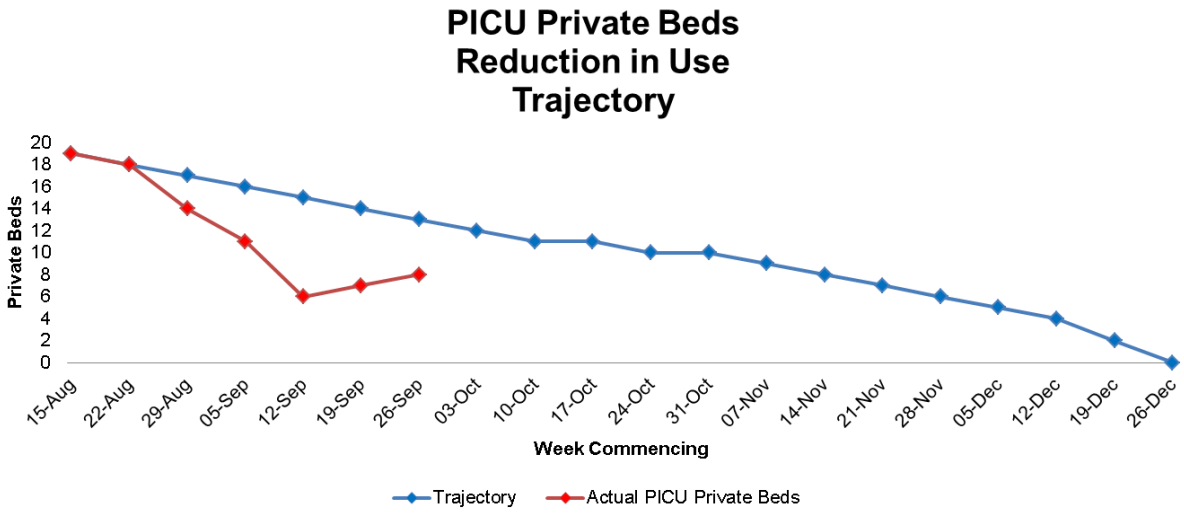
To ensure improved bed management process within the Trust through a review of current structures.

**Work stream 16: Community psychological services**

To ensure that repeat admission complex service users (cluster 8) are offered community psychological services as part of a focused time-limited treatment to help stabilise the individual and keep them out of hospital.

# APPENDIX B : PATIENT FLOW PROGRAMME ACHIEVEMENT AGAINST TRAJECTORY (as at 26 September 2016)



## APPENDIX C : PATIENT FLOW PROGRAMME ACHIEVEMENTS (as at 21 September 2016)

| Work stream | Achievement |
|---|---|
| | Programme Board established and meeting weekly with cross service line representation. |
| | Trajectory defined with positive progress reported weekly for both acute mental health and PICU beds. |
| 1 | Implementation of gatekeeping checklist. |
| 1 | Implementation of CRHTs gatekeeping all referrals for admission. |
| 1 | Implementation of process to ensure consultants reach agreement on which patients can be discharged early in the day and not later than midday. |
| 1 | Implementation of a 'floating consultant' in East Kent to ensure no slippage in planned discharges as a result of consultant leave. |
| 2 | Implementation of daily patient flow teleconference calls with acute and community recovery representation at senior operational and clinical level. |
| 2 | Implementation of virtual discharge planning meetings utilising audio visual technologies to reduce delays in discharge planning meetings taking place. |
| 2 | Implementation of a process to ensure 'green' PICU patients are discharged to a more appropriate acute bed to meet their needs as soon as an acute bed becomes available. |
| 3 | Implementation of a robust process to ensure community care co-ordinators, community recovery pod consultants and inpatient consultants are informed about their current Trust and private bed admissions. |
| 3 | Implementation of a process to ensure all patients in private beds have a named community and inpatient consultant and that accountability of each in ensuring continuity of care is clear and agreed. |
| 4 | MDT review of long stay patients included within daily patient flow calls. |
| 5 | Implementation of a process to ensure consultant reviews take place at weekends. |
| 6 | Implementation of a personality disorder pathway and prolonged stay justification form to meet NICE guidelines. |
| 7 | Implementation of Community Recovery (improving quality and reducing variation) programme which has within its work streams dedicated focus on improving care planning and crisis planning. |
| 10 | Implementation of a robust process to ensure contracts teams is made aware of all new oversees admissions and those not eligible for recourse to public funds. |
| 14 | Rehabilitation services more responsive to referrals, responding quicker with rehabilitation teams providing in reach services to acute wards, attending bed management meetings and undertaking joint ward rounds with acute consultants. |
| 14 | Implementation of short inpatient rehabilitation programme (4 – 6 weeks) to improve patient flow. |
| 15 | Expansion of community psychological service to provide focussed intervention for complex cluster 8 service users thereby avoiding admission for these individuals. |

# APPENDIX D : OPEN DIALOGUE PROGRAMME ACHIEVEMENTS (as at 14 September 2016)

| Achievement |
|---|
| Developed two POD teams in Kent – Canterbury and Medway. |
| Secured £65,000 from Health Education Kent Surrey Sussex [HEKSS] for training clinicians. |
| Secured £72,000 as part of a Health Foundation Innovating for Improvement grant award – runs for 15 months. |
| One of five shortlisted projects in the NHS England Positive Practice in Mental Health award in the category of Crisis Care – Award ceremony October 2016. |
| The Trust is identified by a number of staff in the project as one of the leading NHS Trusts nationally. |