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

Transformation of Mental Health Services

Report prepared for:

Kent County Council [KCC]
Health Overview and Scrutiny Committee [HOSC]
25 November 2016

Version:	2.0	**Reporting Officer:**	Ivan McConnell Executive Director Transformation and Commercial Developments, KMPT
Date:	10 November 2016	**Report Compiled By:**	Sarah Day Programme Management Office [PMO] 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 transformation of mental health services in Kent.

1.2 This report will provide an update on five areas:

i. Context, national and local drivers.

ii. Kent and Medway Sustainability and Transformation Plan [STP] – Mental Health Overview.

iii. National mental health priorities.

iv. Transformation of mental health services 2016 and beyond.

v. The future of dementia specialist mental health care.

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

2. Context, national and local drivers

2.1 The Trust is the only county-wide provider of health services in Kent, working to a set of county-wide policies applied at a local level.

2.2 Building on this unique position, it is the Trust's vision to create an environment where mental health is everyone's business, where every health and social care contact counts, where everyone works together to encourage and support children, their parents, young people and adults of all ages with a mental health problem or at risk of developing one to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.

2.3 To achieve this the Trust is committed to working with its partners, commissioners and other care providers to ensure:

2.3.1 All service users irrespective of age, and their carers, are treated with respect and dignity in the least restrictive, most appropriate setting of care to meet their needs.

2.3.2 All services operate across organisational boundaries to deliver care in a more effective manner through collaboratively and partnership working with community and voluntary bodies and more integrated working with primary and community health services thereby promoting wellbeing and enabling individuals with a mental health problem to live in their own community with access to care closer to home.

2.3.3 All developments and services support service users in their journey to recovery by allowing individuals to own and drive their care and treatment through an agreed integrated care planning approach that will promote the use of self-help and deliver collaborative and integrated physical and mental health services in which the

[1]KCC (24 October 2016) Lizzy Adams (Scrutiny Research Officer Strategic and Corporate Services (Governance and Law), KCC) email to Helen Greatorex (Chief Executive, KMPT).

reliance on an inpatient admission as the default response to urgent and emergency care is the exception and not the rule.

2.4 . These commitments are set within the parameters of national and local policy, namely:

2.4.1 Government plans and national policy[2] to put mental health at the centre of health reform by recognising the individual service user as a whole-person, and thereby seeking to close the gap between mental and physical health services – that is delivering mental health investment standards.

2.4.2 Local system-wide plans for 2016/17 and beyond – that is the Kent and Medway Sustainability and Transformation Plan [STP], which sets out the overarching vision and framework for the delivery of improved mental health services by 2020/21.

2.5 The projects that underpin the overarching Kent and Medway STP have been developed with a particular focus on improving clinical effectiveness. For mental health, three core areas of focus have been identified, namely promoting wellbeing and reducing poor mental health, delivering integrated physical and mental health services, and delivering improved care for individuals and their carers at times of crisis.

2.6 These work streams provide a platform for the implementation of new and innovative ways of working in partnership with partners, commissioners and other providers and are set in the STP context that the delivery of future services county-wide must include a financially sustainable health and social care system, integrated models of care, and improved prevention and reduced reliance on secondary and tertiary models of care.

3. Kent and Medway Sustainability and Transformation Plan [STP] – Mental Health Overview

3.1 The STP sets out:

3.1.1 An agreed vision for mental health services.

3.1.2 A framework for the delivery of improved out of hospital services focussing on the promotion of well being and reducing poor mental health and delivering more integrated physical and mental health services.

3.1.3 A framework for improved acute services which meet the needs of service users and carers when they are in a crisis.

3.2 Kent and Medway has a solid platform from which it can develop and deliver improved mental health services within primary, community and secondary care. Examples include:

[2](2014) HM Government *Mental Health Care Crisis Concordat: Improving outcomes for people experiencing mental health crisis* which sets out how public services should work together to respond to people who are in mental health crisis; (2014) NHS England [NHSE] *NHS Five Year Forward View* which sets out a new shared vision for the future of the NHS based around the new models of care; (2014) Department of Health [DH] *Examining new options and opportunities for providers of NHS care: the Dalton review* which sets out new options and opportunities to help the organisations in the NHS to do more for patients; (2015) DH *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Carter)* which sets out how large savings can be made in the NHS; (2016) NHSE *The Five Year Forward View for Mental Health* which sets out three main areas for improvement to better support people with mental health problems, namely improved access to high quality services; integration of physical and mental health care services; and promoting good mental health and stopping people from having mental health problems.

3.2.1 Live Well – a partnership between community, voluntary, arts and leisure, technology, housing and social care to promote emotional wellbeing and improved mental health.

3.2.2 Peer-Supported Open Dialogue [POD] – an international research project focused on providing holistic family intervention for people experiencing their first episode of psychosis.

3.2.3 Encompass Multi-Speciality Community Provider [MCP] Vanguard – an opportunity for community, primary and secondary care services to deliver more integrated physical and mental health services within a locality base.

3.2.4 Therapeutic staffing model – which has delivered significant change in how acute mental health wards are staffed and the number of therapeutic interventions that are available to all inpatients on a daily basis thereby reducing length of stay and promoting a recovery focussed approach.

4. National mental health priorities

4.1 NHS England [NHSE][3] has set out its expectations on how two year contracts and the STP plans should reflect the imperatives for mental health. The key priorities set out are themed under the following headings:

4.1.1 Commissioning additional psychological services to increase the numbers of people accessing treatment for anxiety and depression.

4.1.2 Commissioning additional children's and young people's mental health services to meet new national waiting time standards.

4.1.3 Increasing access to evidence based specialist perinatal mental health services.

4.1.4 Implementing suicide reduction plans.

4.1.5 Ensuring that people experiencing a first episode of psychosis receive national Institute of Clinical Excellence [NICE] concordant care within two weeks of referral.

4.1.6 Commissioning community eating disorder teams.

4.1.7 Commissioning effective 24/7 crisis care.

4.1.8 Delivering a Core 24 liaison psychiatry service.

4.1.9 Improving the integration of physical and mental health services providing access to NICE physical health care checks and interventions.

4.1.10 Increased liaison and diversion services within the criminal justice system.

4.1.11 Diagnostic and evidence based standards for dementia.

4.2 The Kent and Medway health and social care system has worked proactively to develop the mental health elements of the STP. The elements of the plan align to these national

[3](21 October 2016) NHSE letter from Claire Murdoch (National Mental Health Director) to all mental health trust Chief Executives

priorities. Further work is required to develop the implementation plan in detail and in partnership with all agencies. This is being facilitated through the STP process.

4.3 NHSE[4] has published its first ever mental health dashboard. This will evolve over time but had a primary focus on publication on mental health spend. The table below provides a summary of the analysis for Kent and Medway. The analysis highlights that all CCGs, with the exception of Dartford and Gravesham achieved the mental health parity of esteem standard for 2015-16.

Summary NHS Mental Health Dashboard: Finance Metrics Only	England	NHS England South	Ashford	Canterbury and Coastal	Dartford and Gravesham	Medway	South Kent Coast	Swale	Thanet	West Kent
Mental Health Spend 2015/16 - Planned Spend as Proportion of CCG allocation	12.50%	11.80%	10.00%	13.10%	10.00%	8.40%	11.70%	10.50%	11.90%	10.10%
Mental Health Spend 2016/17 - Planned Spend as Proportion of CCG allocation	13.10%	12.20%	10.80%	13.80%	10.10%	8.40%	12.10%	10.70%	12.50%	10.20%
Mental Health 2015/16 Outturn £k	9,148,314	2,075,799	143,74	34,274	30,958	28,869	32,349	14,535	24,575	54,077
Mental Health 2015/16 Planned Spend £k	9,490,781	2,153,823	15,673	36,388	31,505	30,328	33,922	15,237	26,324	56,714
Parity of Esteem Achieved 2016/17 - Planned Spend	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

4.4 KMPT and other providers will be working actively with all Commissioners during the 2017 - 2019 contracting round to ensure that the Mental Health Investment Standard is delivered within each of their contracts and that service developments align to the NHS England National Priorities.

5. Transformation of Mental Health Services

5.1 Mental health services are experiencing increased levels of demand. Voluntary, community and statutory agencies must improve their levels of collaboration and deliver more integrated services. The Kent and Medway STP will act as a catalyst for change in responding to this challenge. The STP will enable a focus on prevention, promotion of self care, early intervention and the delivery of integrated physical and mental health care plans for those people who have complex needs. The Trust will focus on how it makes use of community assets to improve service access and how it will support and develop its peer support workforce to deliver enhanced levels of service provision based upon their lived experience.

5.2 Analysis of performance data across Kent and Medway highlights that not only acute mental health services but partner agencies – social care, acute hospitals, police, ambulance and NHS111 – experience considerable demand from people when they experience a mental health crisis. The STP has a focus on ensuring that the Trust delivers a more integrated and improved service to people presenting in a crisis. This includes developing its liaison psychiatry model to deliver a Core 24 offering, improving the range of service available to people who have a personality disorder, improving inpatient flow, enhancing partnerships with Kent police to reduce section 136[5] detentions and ensuring that people who experience a substance misuse problem receive timely support and care.

5.3 Appendix A provides a summary presentation of the projects and work streams that together form the Transformation of Mental Health Services programme.

[4](October 2016) NHSE *Mental Health Five Year Forward View Dashboard v1.0*

[5](1983) HM Government Mental Health Act [MHA] - Section 136 of the MHA allows a constable to remove an apparently mentally disordered person from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital (often a special section 136 suite).

5.4 To promote wellbeing and reduce poor mental health there is a need to change the way community services are provided. Implementing a community recovery change programme within the Trust cannot be done in isolation and must include developing and implementing new ways of working that will deliver integrated physical and mental health services across multiple organisations. Whilst these changes will not necessarily require new services to be commissioned, they will require resources and expertise to be moved and arrangements to be put in place for the pooling of resources which may see a delegation of certain functions to the other partner(s) to enable an improvement in the way those functions are exercised. Acknowledging the complexity and risk involved in the programme, the Trust firmly believes by magnifying its expertise in this way, there will be greater opportunity to promote mental health education and awareness in primary and community services thereby ensuring a greater focus on community emotional well being, mental health and recovery models.

5.5 To deliver improved care for individuals and their carers at times of crisis, there is a need to further improve the integrated acute pathway and create an environment in which an improved crisis response can be delivered. This must be all age and will be achieved through a focus on patient flow which includes working with the Police to reduce the number of section 136 presentations, implementing alternatives to admission in partnership with other agencies and with a particular focus on supporting those people presenting under Cluster 8 (with a diagnosis of personality disorder), providing a Single Point of Access [SPoA] telephone triage service across all providers, and implementing a Core 24 Liaison Psychiatry model.

6. Future of dementia specialist mental health care

6.1 There are currently a number of challenges facing providers in relation to the provision of specialist services for people with a diagnosis of dementia. In addition to demographic pressures and market factors, dementia care is too expensive and too fragmented to be person centred or efficient, with too much care provided in hospital and / or care homes. The Trust, like KCC, acknowledges whilst there are some strong services across the county, there is a lack of a clear integration strategy across the health and social care spectrum.

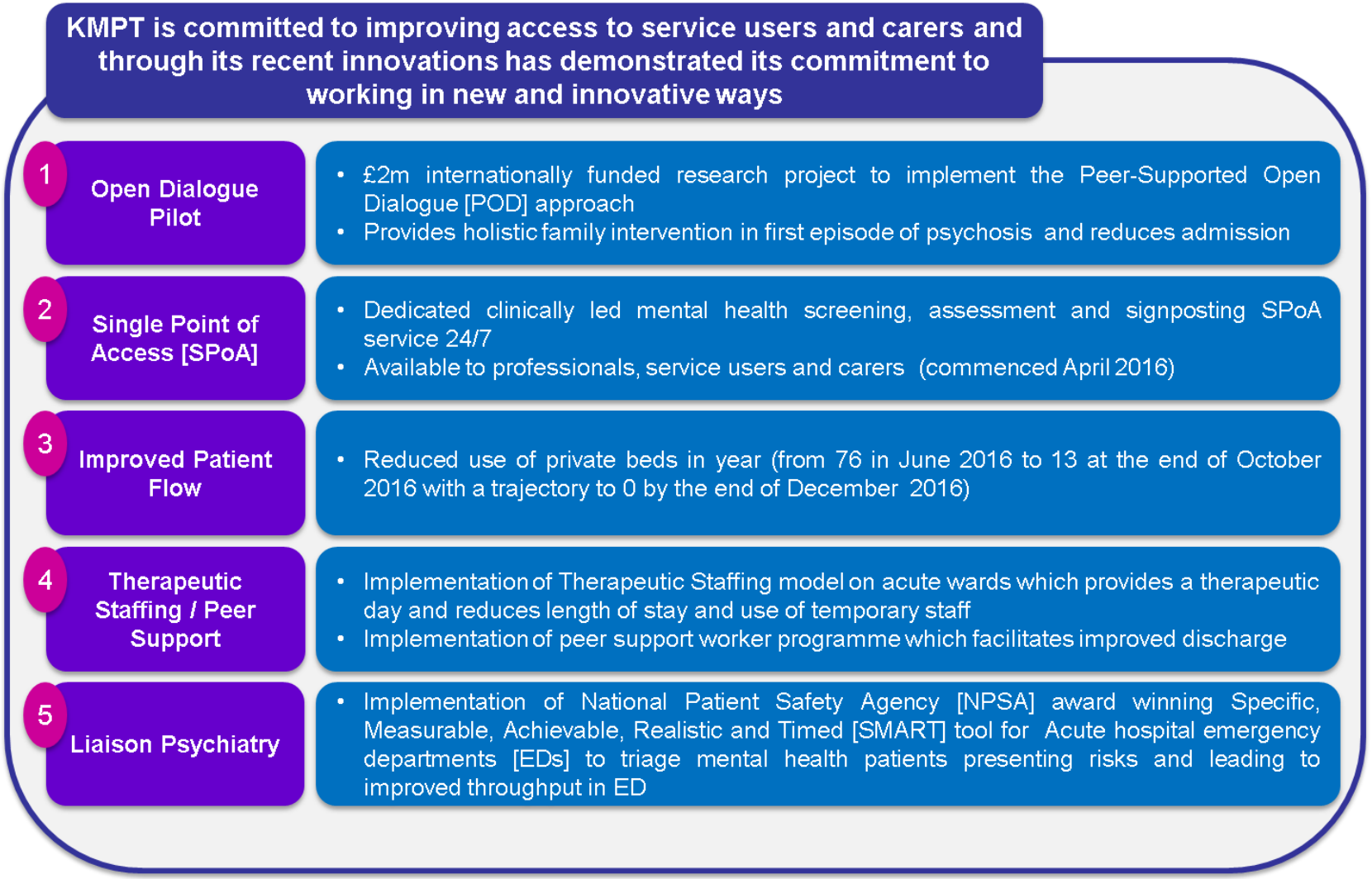
6.2 To address these challenges the Trust is actively engaging with KCC and its efficiency partner, Newton Europe, to make rapid, sustainable and quantifiable improvements that are cost effective and improve outcomes for people with dementia and their carers while meeting targets. The Trust welcomed the opportunity to participate in the recent Dementia Summit hosted by KCC which took place on 27 October 2016.

6.3 In addition the Trust has launched its own internal Older Peoples Services transformation programme. This programme seeks to work alongside partner organisations, to support older people with dementia, and other mental health problems, and their carers to live well in their own homes and communities with integrated support, meeting their physical, mental health and social care needs. Appendix B provides a summary of the projects and work streams that together form the Older Peoples Services Transformation programme.

7. Conclusion and Recommendation

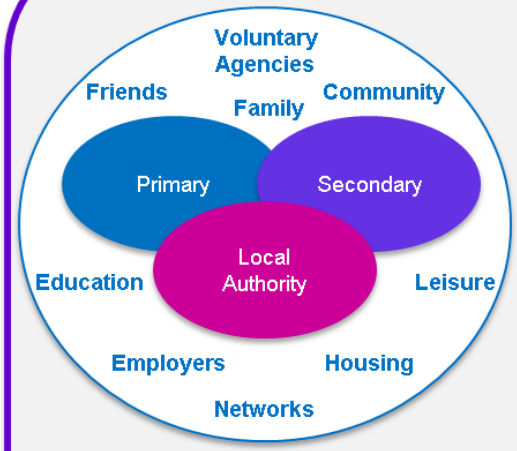
7.1 The KCC HOSC is requested to note the content of this report.

APPENDIX A : TRANSFORMATION OF MENTAL HEALTH SERVICES



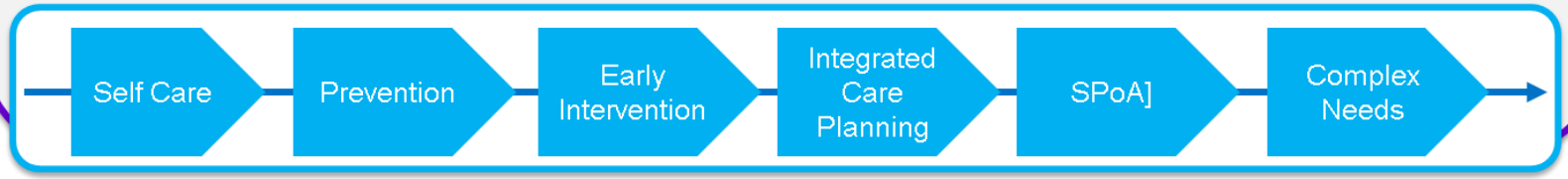
We must work as a system to sustain long term change in the provision of community mental health services

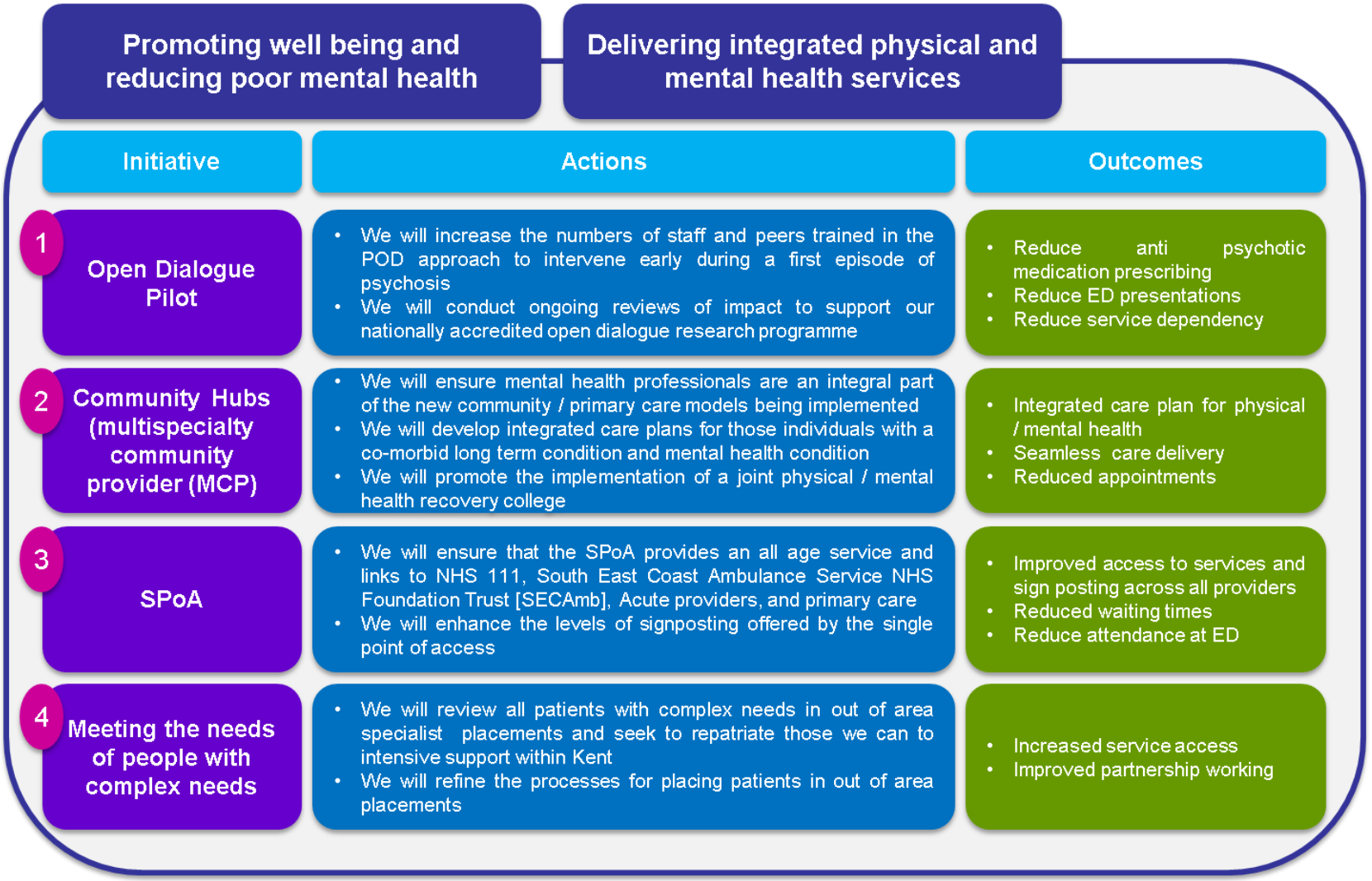
We must promote prevention, well being and deliver integrated physical / mental health services

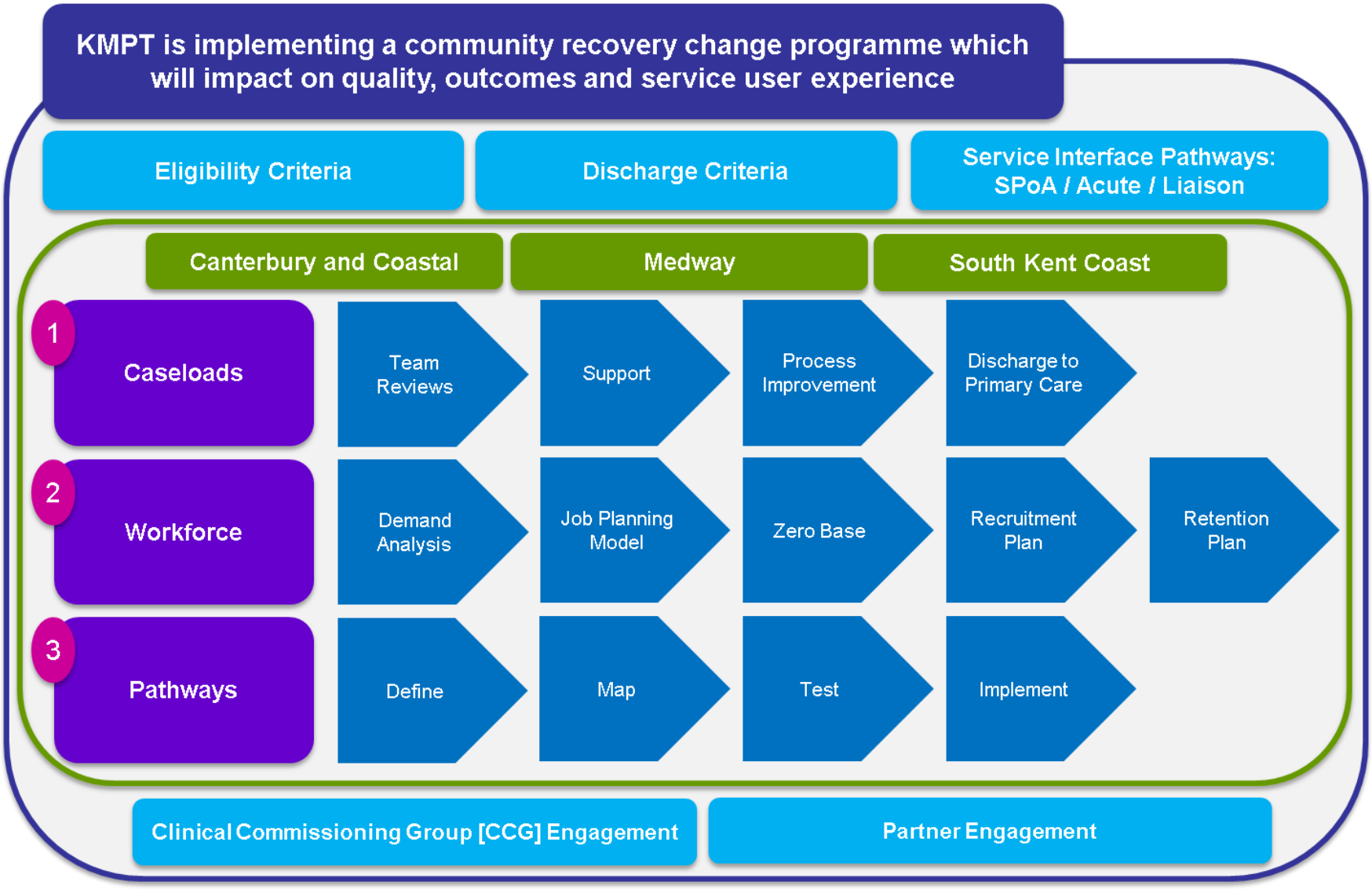


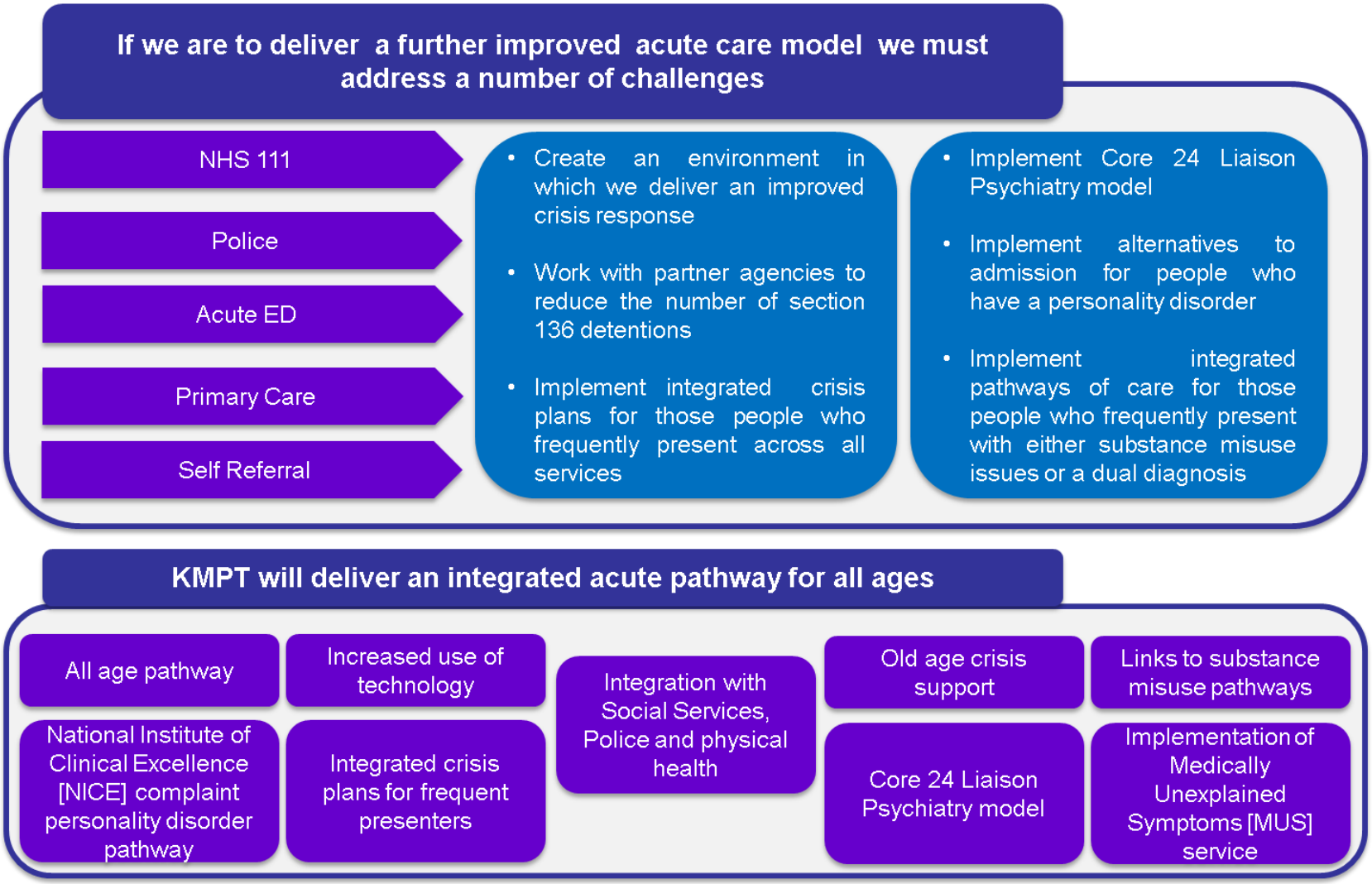
- Promote self management and prevention
- Improved access to mental health services in primary care
- Integrated pathways of care with physical health teams particularly for those people who suffer frommultiple co-morbid long term conditions

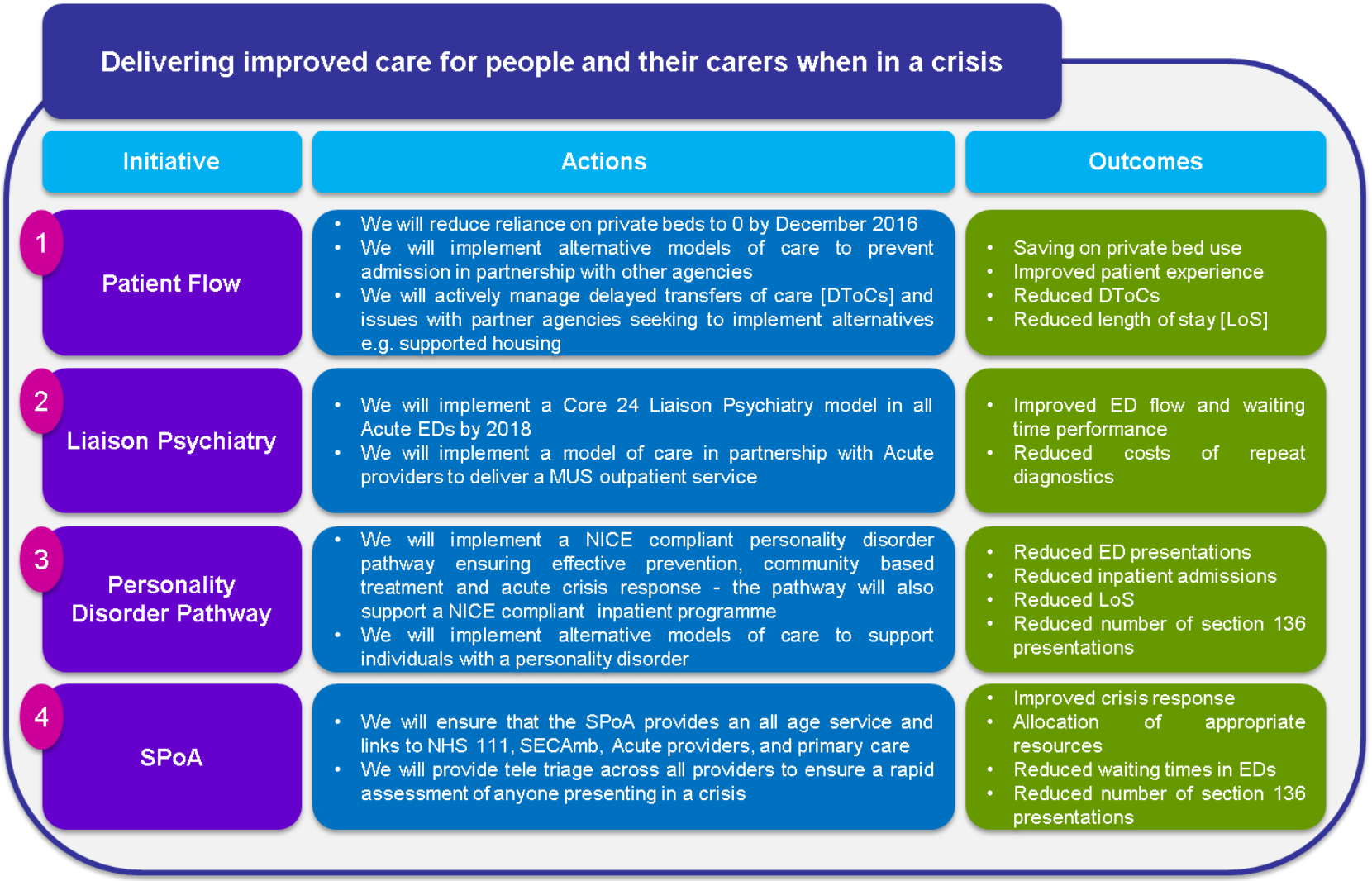
- Use of community assets to deliver improved access to mental health and well being support
- Promote mental health education and awareness in primary and community services
- Continue to develop our peer support workforce







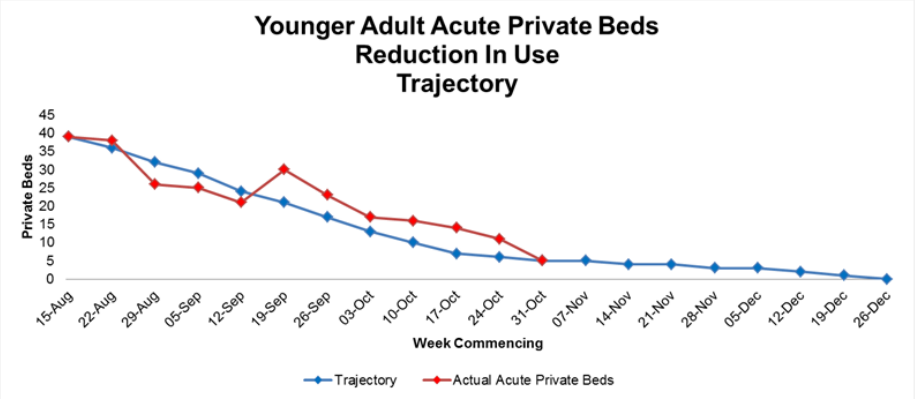


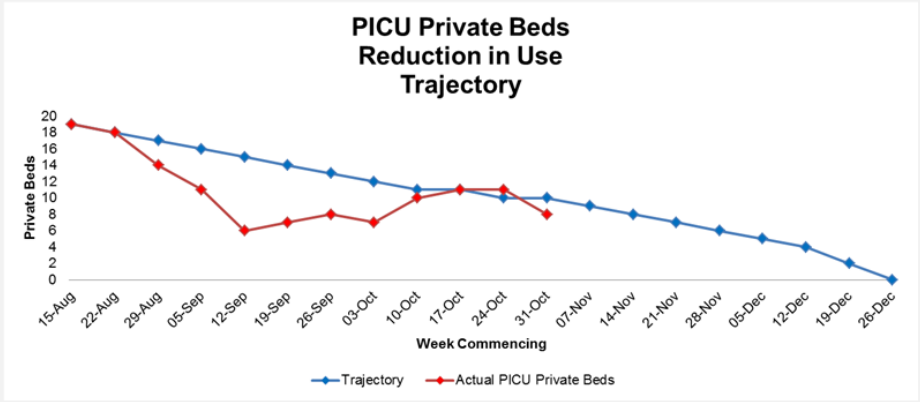


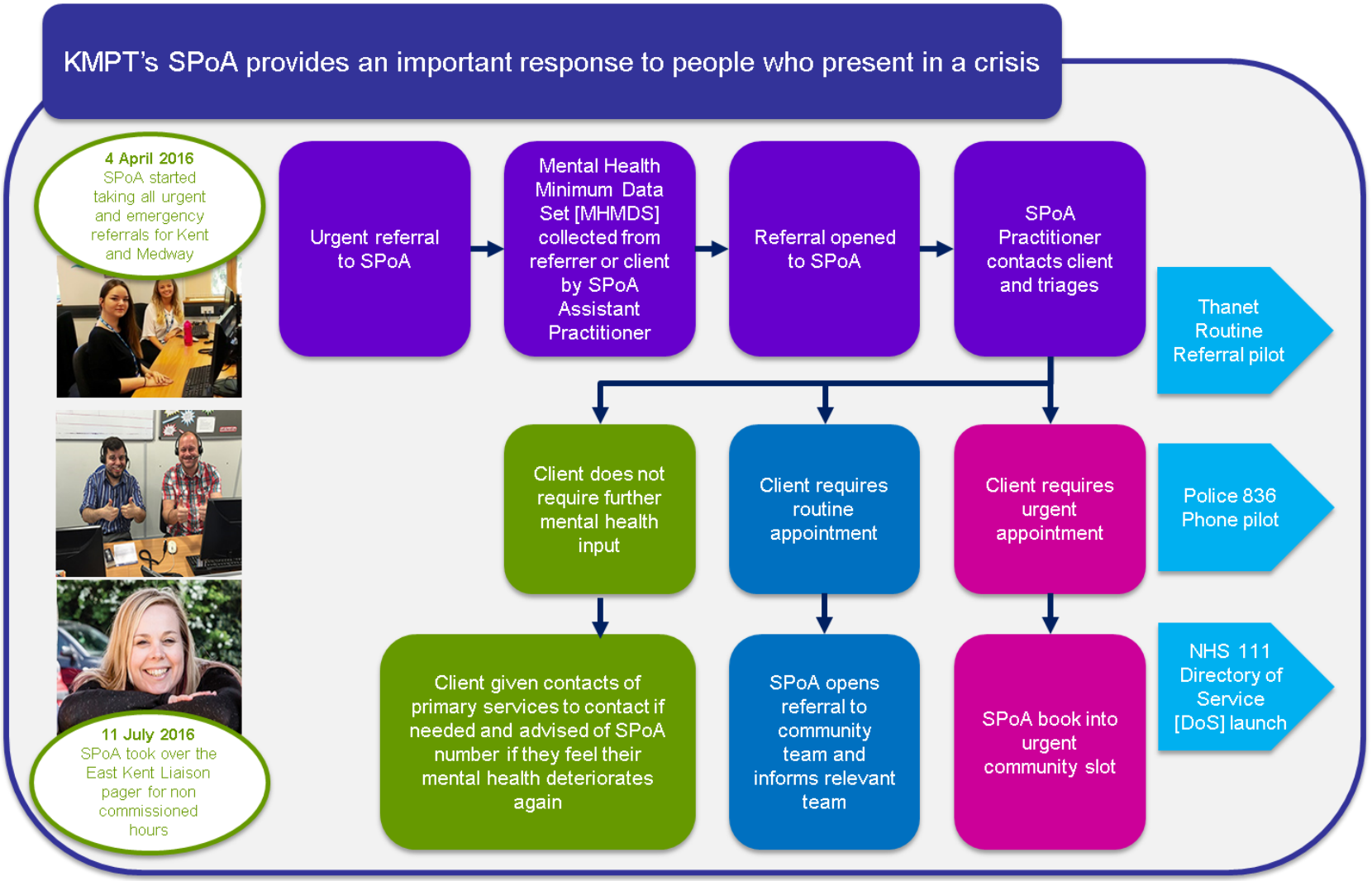
Improved patient flow will deliver benefits to services users, their carers and the health economy

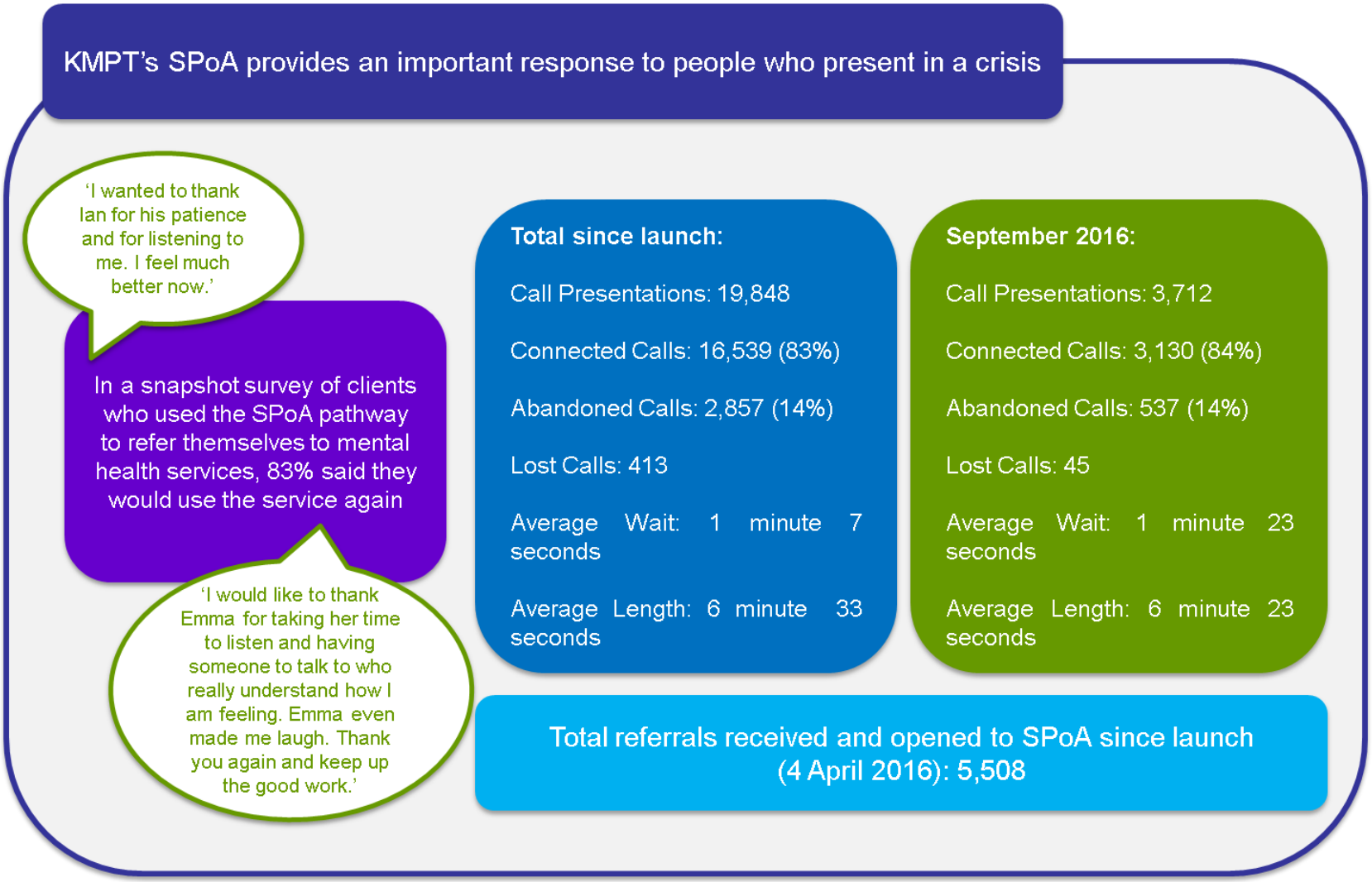
KMPT is committed to reducing private bed use to 15 by the end of October 2016 and 0 by the end of December 2016

- Gatekeeping
- Patient flow calls
- Improved discharge planning
- Improved care / crisis planning
- Improved clinical site management
- Senior clinical review









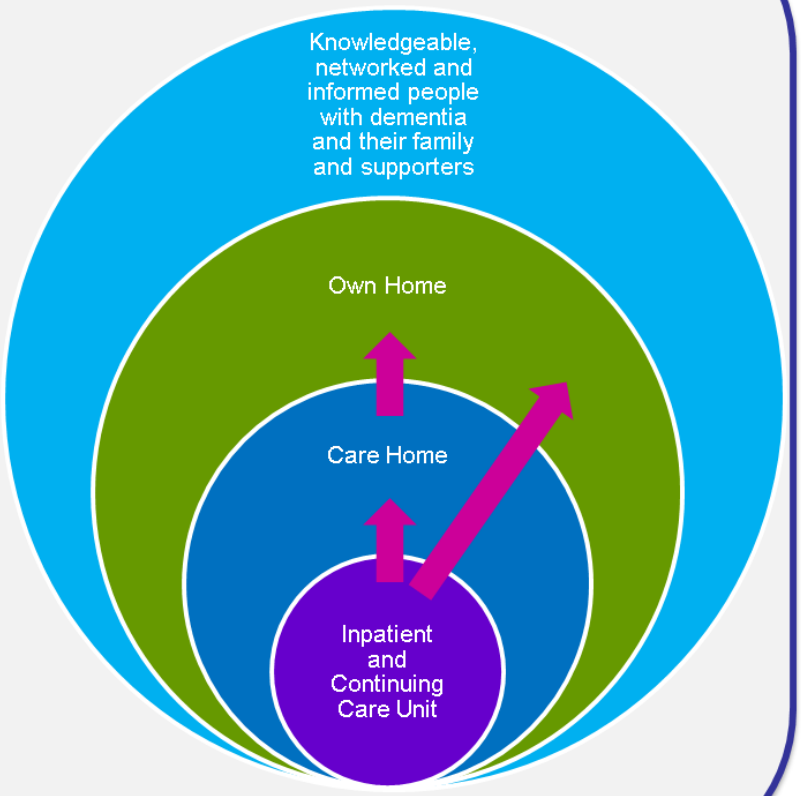
APPENDIX B : TRANSFORMATION OF OLDER PEOPLES SERVICES

KMPT is committed to supporting people with dementia and their carers to live well in their own homes and communities with integrated support, meeting their physical, mental health and social care needs

Principles:
All people with dementia should:
- Be included in decisions about them
- Be included in their communities
- Remain at home through support from cohesive services for them and their carers
- Access care home care that is valued, accessible, of a consistent high standard

Deliverables:
- Acute, Liaison and Continuing Health Care [CHC] models
- Community support and crisis services
- Integrated pathways

Outputs:
- Improved experience, pathways and outcomes
- Sustainable transformation plans



respect ◆ open ◆ accountable ◆ working together ◆ innovative ◆ excellence