



Health Overview and Scrutiny Committee

November 2016

Report on the transformation of mental health rehabilitation services for east Kent

This paper is seeking the HOSC's support for the transformation of mental health rehabilitation services in east Kent. Kent & Medway NHS Partnership Trust (KMPT), which runs the rehabilitation services, has consulted service users and our commissioners on these proposed changes. The changes that are outlined below are in line with national best practice, and KMPT is seeking the HOSC's support with the intended direction of travel, which will be better for those who use our services, their loved ones and all our budgets.

KMPT aims to return as many of those patients currently in long term residential placement outside Kent back to the county as soon as possible. The Trust plans to do this by enhancing the rehab community team to enable more intensive support to be provided to patients in their own accommodation. KMPT visited a trust in Sheffield that has developed a similar service and have been highly successful in returning patients to Sheffield from out-of-area beds. This has led to improve patient and their carer experience.

1. Background

This paper outlines proposals by KMPT to redesign the rehabilitation service for people with severe and enduring mental illness in east Kent. The vision for the redesigned service is that people are supported as close to home as possible, rather than through a variety of out-of-area placements. The redesigned service seeks to work in partnership with housing providers to ensure there is a tiered approach to supporting people into their own tenancy.

Rehabilitation services play a pivotal role within the mental health system as a whole, working in an integrated way with acute psychiatric wards, out-of-area treatments (OATS), forensic psychiatric services, community and third sector services. The primary aim of rehab services is to support service users to be as independent as possible. These services specialise in working with people whose long term and complex needs cannot be met effectively by general mental health services. Use of health and social care resources by this group can be particularly intensive and the process can take a number of years due to the user group's complex needs profile - compounded by co-morbidities like poor physical health, substance misuse or cognitive difficulties.

Around half of the total mental health and social care budget is spent on services for people with longer term mental health problems. Services need to be delivered via 'stepped', whole system integrated care pathways, with each step representing a progression towards independent living. Developing a long-term whole-system integrated pathway for

rehabilitation is essential to achieving good outcomes for people with severe and enduring mental illness in east Kent, as well as ensuring value for money.

2. Strategic Context

The Five Year Forward View for Mental Health and the East Kent Adult Mental Health Strategy (2016 -2021) both clearly identify the need for individuals to be able to access 'high quality services close to home', and the proposed rehabilitation service transformation supports this direction of travel. The strategy also lays out a trajectory for services to increasingly move away from a 'bed based' focus to a more community based intervention, and as such this proposal meets those criteria from a commissioning perspective. The East Kent Mental Health Strategic Improvement Group, on behalf of the four east Kent CCGs and Kent County Council, have considered this transformation proposal and support its objectives and will ensure that mental health commissioners will be involved in the strategic oversight of the process, also ensuring that there is active service user and carer engagement at all stages of the redesign of the service.

2. Proposed Method

The process of the redesign of the rehabilitation service will be undertaken in a number of steps.

1. The closure of the Davidson ward at the St Martin's site in Canterbury. The current patients on Davidson will be supported in the three other inpatient rehabilitation units in east Kent, and staffing will be increased in these units during this transition phase.
2. Clinical evidence supports the view that the patient population currently receiving inpatient care on Davidson would have their therapeutic needs better met in an adaptive stepped care pathway.
3. The development of a rehabilitation community team in east Kent.
4. Working with housing associations to develop a range of supported accommodation to support patients.
5. To return patients from expensive out of area placements to their local communities, and support them to maintain their placements.

The planned closure of the Davidson ward, this financial year, is the first phase of a plan of total redesign across Kent and Medway for rehabilitation services. The philosophy is driven by key documents including the Joint Commissioning Panel for Mental Health Guidance for Commissioners of Rehabilitation Services for People with Complex Mental Health Needs, which sets out a desire for patients with severe and enduring mental illness to be supported in community settings, close to their home, rather than in institutional wards. This supports a whole systems approach including a range of inpatient and community services.

Clinicians and senior managers have undertaken visits in March 2016 to other rehabilitation services nationally which have been identified as providers of excellent care. These have been used as a basis for the proposed redesign and have shown the team the potential to deliver community-based rehabilitation services close to home. This has been strengthened

by the positive outcome of a recent pilot project undertaken by the service in clients' own homes. The pilot community rehabilitation team supported 24 patients in their own flats and supported accommodation. Benefits included:

- Reduced need for inpatient rehabilitation for a number of clients with settled accommodation
- Reduction in inpatient admissions for clients within the pilot
- Significant reduction in Community Mental Health Team and Crisis and Home Treatment involvement for clients within the pilot
- Facilitation of early discharge from inpatient setting (acute and rehab) for clients referred to the pilot
- Improved patient engagement and patient skill development due to treatment being offered in the clients own environment and dealing with 'real' issues
- Positive patient and their carer feedback.

5. Details of proposed change

The proposal is that Davidson ward is closed and the resources are reallocated to establish a fully responsive rehabilitation service within the community. Current patients from Davidson will be supported in the three other rehab units in east Kent. Staffing will be increased in the existing units during the transition period; the development of the new community rehab team will enhance and support patients' recovery into the community. The existing community-based services will be further enhanced, ensuring collaborative working with all agencies, including the third sector, to provide an effective, safe and seamless service.

The new rehab community team will include medical, psychological, nursing (both qualified and unqualified) and occupational therapy input. Consideration will also be given to social care support. The introduction of the rehabilitation team in the community will facilitate improved recovery for patients, closer to their homes with the aim to support patients to lead as independent lives as they can, according to need.

The enhanced rehab community team will also function as the patient's care co-ordinator, rather than this role being undertaken by the community mental health team (current function).

KMPT intends to further develop rehabilitation services to deliver a range of interventions appropriate at all stages of rehabilitation, both when stepping up or stepping down is required, and will be realised in the second phase of service redesign in the spring of 2016. This significant transformation will support the repatriation of out-of-area patients back into local services.

6. Working with housing associations

KMPT proposes working with housing associations to increase the range of supported housing to facilitate patients' rehabilitation and their recovery. KMPT is looking to develop a tiered range of supported housing, developed according to need; i.e. nursing lead units for people requiring higher support, and then working with housing associations to establish less intensive residential support. So patients will be able to access a range of supported housing, based on their need, with the aim of supporting them in their own home. KMPT will provide high intensity and supported rehab units, with housing associations providing more of a step down rehab unit, then the Horizons service providing flexible support and ultimately patient's own accommodation, all supported by the rehab community team.

KMPT has visited two other mental health trusts that have utilised housing association help in this way: Camden and Islington Mental Health Trust and Sheffield Mental Health NHS Trust. In both areas this system works well, leaving the mental health trust to focus on what it does well- complexity and risk - rather than estate management.

7. Returning out-of-area patients to Kent

KMPT aims to return as many of those patients currently in long term residential placement outside Kent back to the county as soon as possible. KMPT plans to do this by enhancing the rehab community team to enable more intensive support to be provided to patients in their own accommodation. KMPT visited a trust in Sheffield that has been highly successful in returning patients to Sheffield from out-of-area beds. This was their experience

- They originally had 60 out of area long term placements, now there are only 7 people with long term placements (these are complex learning disability and forensic psychiatric patients)
- Took the budget from the CCG managed it within the trust
- Challenged private placements (clinically-led)
- Saw the patient in the system, got to know patients
- Housing based approach
- Worked with a housing association who provided flats, whilst the trust team supported patients tenancies and ability to remain in the community
- Originally worked with 25 patients
- Identified flats (patient choice)
- Developed team to support patients
- Eight patients supported by small team of two community psychiatric nurses (CPN's) and nine support workers (originally 24/7, now 8 a.m. to midnight)
- Overarching rehab team, has medical, psychological and occupational therapy input

- Heavily supported by psychology, reflection and formulation, each member of staff has two hours session (as a group) per week, as most patients had a diagnosis of personality disorder or psychosis and co morbid personality disorder
- Senior medical and operational lead to embed change.

KMPT is currently working closely with the CCGs in east Kent to identify and understand the patients in out-of-area beds, and would now like to move to the next stage to identify a cohort of patient to return to the county, supported by the rehab community team.

Further information:

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