

# 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]  
27 January 2017

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*respect ♦ open ♦ accountable ♦ working together ♦ innovative ♦ excellence*

## 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 an update about mental health services in Kent.
- 1.2 This report aims to update Members on current activities and priorities and new initiatives and opportunities.
- 1.3 This report will be presented under the following set of headings:
- Current activities and priorities.
  - New initiatives and opportunities.
- 1.4 The Committee is asked to note the content of the report and provide comment.

## 2. Current activities and priorities

- 2.1 The Trust continues to experience a high demand for its services. The table below provides a summary of contacts within the Kent teams for quarter 1 (1 April 2016 to 30 June 2016), quarter 2 (1 July 2016 to 30 September 2016), quarter 3 (1 October 2016 to 31 December 2016) and quarter 4 to date (1 January 2017 to 5 January 2017).

Type of Contact	Quarter 1	Quarter 2	Quarter 3	Quarter 4 (to date)
Crisis Resolution Home Treatment [CRHT] episodes	727	755	611	5
Community Mental Health Team [CMHT] contacts following assessment	30,937	28,142	25,965	1,046
Liaison Psychiatry referral / attendance	2,046	2,149	1,943	75

- 2.2 Kent is also a high area for Section 136<sup>2</sup> activity. In the period 1 January 2016 to 31 December 2016 Trust records<sup>3</sup> indicate 943 people were detained and taken to a place of safety (mental health section 136 suite, Police custody or accident and emergency department [A&E]), for further assessment under Section 136 powers in Kent. Of these people when a full clinical assessment was carried out by a local authority approved mental health practitioner [AMHP] and section 12 approved doctor the outcomes showed that 8.17% required admission to an acute mental health bed for treatment and agreed to be admitted informally, 12.94% were admitted under a section of the Mental Health Act [MHA] to an acute mental health bed and approximately 78.90% were not admitted and could be supported through another form of primary care, crisis resolution home treatment [CRHT] or discharged with other types of social care and health support. In addition to those individuals detained by the police under Section 136, the Kent Police also receive a significant number of additional mental health related calls made by the public. As an example in the Thanet area alone for the period 1 April 2015 to 31 March 2016, of the overall number of 1,005 people detained by the police across Kent and Medway, 230 of these people were detained in public places within the Thanet area with 20-30% then requiring informal or formal admission to acute health services as an outcome following a full mental health assessment. During this same period for the Thanet area the Kent Police also recorded 440 mental health related calls being received specifically from the Thanet area.
- 2.3 In the same way the ambulance service is often the first response to those experiencing mental health crises who believe that the only way to receive help is to dial 999 to receive an emergency

<sup>1</sup>KCC (14 December 2016) Lizzy Adams (Scrutiny Research Officer Strategic and Corporate Services (Governance and Law), KCC) email to Helen Greatorex (Chief Executive, KMPT).

<sup>2</sup>A section 136 is a power under the 1983 Mental Health Act [MHA] (amended 2007) that 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).

<sup>3</sup>The information provided relates to the Trust's recorded Section 136 assessments. It differs from the data held by Kent Police and the Kent Approved Mental Health Professional [AMHP] Service. Work is underway to validate the information and ensure future reporting is accurate and agreed by all organisations.

response for their distress. This means that many people are being unnecessarily conveyed to an Emergency Department [ED] for a mental health assessment in the absence of a physical health condition. This not only places a burden on already stretched services but provides a poor patient experience.

- 2.4 Furthermore the Trust experiences significant pressures on its inpatient beds. Pressures that are impacted by a number of factors including:
- 2.4.1 The ability of CRHT teams to home treat patients and support them in a community setting thereby reducing admission.
  - 2.4.2 The ability of CRHT teams to home treat when they undertake non-home treatment roles including section 136 assessment.
  - 2.4.3 Effective management of discharge from the point of admission.
  - 2.4.4 Effective management of delayed transfers of care [DToCs]<sup>4</sup>.
  - 2.4.5 Enhanced levels of therapeutic intervention during an inpatient stay to speed the process of recovery and discharge.
  - 2.4.6 High numbers of service users presenting at an ED when in a crisis following a KMPT intervention.
  - 2.4.7 High numbers of patients with a personality disorder being admitted for long lengths of stay [LoS]<sup>5</sup>.
  - 2.4.8 High numbers of emergency readmissions following an inpatient stay.
  - 2.4.9 The speedy repatriation of those patients placed within private beds to improve outcomes and experience as well as reduce cost.
- 2.5 To improve patient flow, the Trust's Patient Flow Programme, continues to meet weekly to monitor the use of acute mental health and psychiatric intensive care unit [PICU] beds and monitor progress against agreed work streams. These work streams reflect the whole system approach needed to deliver and sustain change.
- 2.6 Members will recall the Patient Flow Programme was established in August 2016 to focus on reducing the use of private beds in line with an agreed trajectory that identified a maximum usage of private beds to 15 by the end of October 2016 and to 0 by the end of December 2016. Having successfully delivered against trajectory at the end of October 2016 and with good progress maintained to deliver at the end of December 2016<sup>6</sup>, the focus has now shifted to sustaining this position in the longer term. To support this a number of new work streams have been identified. These include:
- 2.6.1 *Emotionally Unstable Personality Disorder [EUPD]*: this work stream seeks to ensure a pathway is developed to provide an alternative to admission for those service users with an EUPD. It is set within the wider strategic work to restructure the whole personality disorder care pathway. A Personality Disorder Care Pathway Strategy is currently being developed.
  - 2.6.2 *Liaison Psychiatry Services*: this work stream seeks to ensure the Trust is ready to deliver the recommendations of the National Institute for Health and Clinical Excellence

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<sup>4</sup>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.

<sup>5</sup>National Institute for Health and 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.

<sup>6</sup>Appendix C provides an illustrative representation of achievement against trajectory.

[NICE] and NHS England [NHSE] guidance<sup>7</sup> that recommends that liaison mental health teams should be available to respond to mental health crises within one hour.

2.6.3 *Section 136 (reduction in detention from 72 hours to 24 hours):* this work stream seeks to ensure the Trust is ready to meet the change in maximum length of detention under Section 136 from 72 hours to 24 hours which is scheduled to go live in April 2017.

2.7 Recognising improving the integrated acute pathway and creating an environment in which an improved crisis response can be delivered is only one element of a whole system approach to promoting well being and reducing poor mental health, the Trust is undertaking a targeted programme of support and recovery within the Community Mental Health Teams [CMHTs] as part of its Community Recovery Programme. Engagement events have taken place across all Kent localities and the Assistant Medical Director has spent three days in each locality to observe practice and operating processes. Following these visits each CMHT will have a local level status report and improvement plan, with tailored recommendations. As a supporting framework, a Trust Wide Target Operating Model [TOM] for Community Services will be issued. The TOM will define pathways and mandate a set of standard processes that include:

2.7.1 Eligibility and discharge criteria (including shared care arrangements).

2.7.2 Waiting list management.

2.7.3 Caseload review clinics.

2.7.4 Clinical governance arrangements.

2.8 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, supporting re-enablement, mental health and recovery models.

2.9 In addition there are currently a number of challenges facing providers in relation to the provision of specialist services for people with a diagnosis of dementia. To address these challenges the Trust continues to actively engage with KCC and its partners and 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.

### **3. New initiatives and opportunities**

3.1 The Trust continues to welcome the opportunity to develop new initiatives and opportunities to deliver its vision<sup>8</sup>. To achieve this, the Trust is involved in a number of projects in partnership with Local Authorities, Kent Police, other NHS organisations, community and voluntary sector providers. These include:

3.1.1 *Kent Police:* The Trust is working with Kent Police to develop a joint strategy to improve the joint response to people with crisis. The strategy is county-wide. The aim of the strategy is to provide the right care and support for people in crisis by:

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<sup>7</sup>(November 2016) NICE and NHSE *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent an Emergency Liaison Mental Health Services for Adults and Older Adults - Guidance*

<sup>8</sup>KMPT's vision is to create an environment within Kent and Medway 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.

- ✓ Reducing the number of people who reach mental health crisis in circumstances that require police intervention.
- ✓ Reducing the number of people who are detained under Section 136.
- ✓ Minimising the use of police custody as a place of safety except in exceptional circumstances where a person is violent, or has committed a crime or cannot be safely accommodated elsewhere in line with legislation and best practice.
- ✓ Reducing the time people spend in a police custody waiting for an assessment under the MHA where one is deemed as being required.
- ✓ Reducing the time and resources utilised by police officers, health and social care staff spent with detained persons who require assessment.
- ✓ Improving the pathways and services available for people suffering from mental health crisis before, during and after a crisis occurs.

To achieve this the Trust will work closely with Local Authorities, Kent Police, and other NHS organisations in Kent and Medway to develop effective and economically sustainable services for those in mental health crisis. The Trust will continue to work with the Crisis Care Concordat Group<sup>9</sup> to improve the service provided to those in mental health crisis. This means the Trust will:

- ✓ Develop Mental Health Street Triage teams in local areas with high activity at times of peak demand which will see a mental health professional working with Kent Police to provide advice on alternative suitable care people in crisis.

3.1.2 *Thanet Community Street Triage:* Subject to funding from commissioners, the Trust proposed street triage trial pilot, will commence in February 2017 in Thanet for a period of 12 months. This will see a mental health practitioner and a police officer in a dedicated (unmarked) vehicle responding to Section 136 call outs, providing an initial assessment and, with rapid access to information systems, being able to offer alternatives to detention under Section 136 where appropriate. The team will work closely with the Police's Force Control Room and the Trust's county-wide Single Point of Access [SPoA] team and the local Kent CRHT teams in order to facilitate a range of appropriate options for supporting those individuals in crisis. The service will operate during identified peak hours of Thanet Section 136 detention activity, that is Friday to Sunday evenings between the hours of 18.00 hours to 00.00 hours each week. The service will be for all age groups. For young people who present under the age of 18 there will be close liaison with the Child and Adolescent Mental Health Services [CAMHS] provided by Sussex Partnership NHS Foundation Trust [SPFT] for support, advice and possible assessment.

3.1.3 *Mental Health Triage Nurse:* In November 2016 the Trust launched a new development that sees a Trust mental health triage nurse based in the South East Coast Ambulance Service NHS Foundation Trust [SeCAmb] local control centre. The service provides additional clinical advice to call handlers with 999 calls where there may be a mental health concern. One of the key focusses of the new development is to improve the effectiveness of the response and patient experience. The triage team is funded to operate three nights a week with peak activity times identified as Sunday, Saturday and Monday respectively between 16.00 – 01.00 hours. The team has access to clinical systems and can see calls coming in and where police or ambulance services are responding. Data for the period 28 November 2016 to 23 December 2016 has demonstrated that the service is able to support non deployment of an ambulance on six occasions, A&E avoidance for 13 individuals (frequent callers) and section 136 avoidance on four occasions.

3.1.4 *Liaison Psychiatry Services:* Local Clinical Commissioning Groups [CCGs] are leading on the development of a bid for new transformation funding for urgent and emergency

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<sup>9</sup>Taking account of existing challenges, the county-wide Crisis Care Concordat Group seeks to engage all partners in ensuring the pace of deliverable change is increased and that this is supported by detailed planning. Current priorities include the changes required as a result of the Policing and Crime Bill (2016) and reducing the unsustainable demand on emergency services across the system. This includes the development of a number of initiatives to support improvements to pathways with an emphasis on early intervention and initially targeting those areas with high local activity.

liaison mental health services in acute hospitals. The closing date for bid submissions is 18 January 2017. This is linked with the NICE and NHS England [NHSE] guidance<sup>10</sup> that recommends that liaison mental health teams should be available to respond to mental health crises within one hour as part of the transformation of urgent and emergence care pathways nationally.

- 3.1.5 *Dartford, Gravesham and Swanley [DGS] Section 136 Drugs and Alcohol Liaison Team*: A bid has been submitted to Health Education England (Kent, Surrey and Sussex) and DGS CCG to support the development of a section 136 drugs and alcohol liaison team at Darren Valley Hospital. The team would be part of the A&E liaison services and carry out specialist triage assessment of people brought in under section 136, provide support and onward referral to appropriate services and deliver practice development training to police, acute and ambulance staff. Subject to approval of funding the service could be operational by March / April 2017.
- 3.1.6 *Mother and Infant Mental Health Services [MIMHS]*: The Trust has been successful in securing more than £2m funding over the next three years. The funding will enable the Trust to recruit more specialist staff which will help the service to reach an additional 598 women per year county-wide. Care will become more integrated, comprehensive and seamless while, importantly, meeting NICE and Royal College of Psychiatrists [RCPsych) standards. The existing team provides a good foundation for development with a strong history of partnership working and training provision across the perinatal pathway. Thanks to the team, the Trust is highly visible within the regional and county-wide clinical networks where an integrated pathway is being developed. In addition Kent and Medway is one of four areas in England to test the Competency Framework for Perinatal Mental Health.
- 3.1.7 *Peer-supported Open Dialogue [POD]*<sup>11</sup>: The Trust continues to implement Open Dialogue at pace. Two POD teams are being developed in Canterbury and Medway - localities chosen as a result of the particular circumstances and unique challenges each offers. Work is ongoing to reconfigure existing trained practitioners from the Acute and Community Recovery service lines to form standalone POD teams in each of the chosen localities. It is hoped that the first team will start to take formal referrals in January 2017. The service has also secured further funding from Health Education England (£54K) to train another six practitioners in POD and support two clinicians to attend the Train the Trainers course in Helsinki. This training will ultimately contribute to the sustainability of the model and offer opportunities for Kent and Medway to be seen as a beacon of best practice for this approach. In addition and in recognition of this pioneering work the Trust won the 2016 National Social Worker of the Year award for Creative and Innovative Practice and was one of five shortlisted projects in the 2016 NHS England Positive Practice in Mental Health - Crisis Care award category.
- 3.2 The Trust continues to proactively work with a number of key stakeholders including Healthwatch Kent, the Armed Forces Network Kent and Medway, Carers First, Live It Well, Herne Bay Umbrella, . Details of the Trust's work with each of these groups was provided to Members in the October 2016 Mental Health Update report and is therefore not repeated here.

## 4. Conclusion and Recommendation

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

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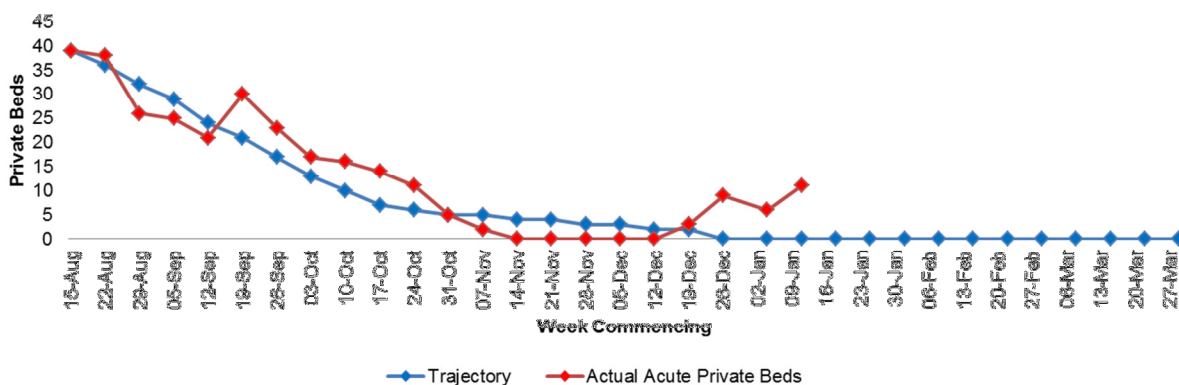
<sup>10</sup>(November 2016) NICE and NHSE *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent an Emergency Liaison Mental Health Services for Adults and Older Adults - Guidance*

<sup>11</sup>The Trust is one of four Trusts in England piloting and introducing the POD model. Developed in Finland the strong psychosocial POD model (open dialogue) focuses on following what the service users and their family want and 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%.

# APPENDIX A : PATIENT FLOW PROGRAMME ACHIEVEMENT AGAINST TRAJECTORY

(as at 11 January 2017)

## Younger Adult Acute Private Beds Reduction in Use Trajectory



## PICU Private Beds Reduction in Use Trajectory

