

Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Mental Health Update

Report prepared for:

Kent County Council
Health Overview and Scrutiny Committee (HOSC)
1 March 2019

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1. Introduction

- 1.1. This report has been prepared at the invitation of Kent County Council's (KCC) Health Overview and Scrutiny Committee (HOSC).
- 1.2. This report will be presented under the following set of headings:
 - 1.2.1 Overview of services.
 - 1.2.2 Updates requested by the HOSC.
 - 1.2.3 Care Quality Commission (CQC) inspection progress and improvements.
 - 1.2.4 Current activities and priorities.
 - 1.2.5 New initiatives and opportunities.
- 1.3. The Committee is asked to note the content of the report and provide comment.

2. Overview of services

- 2.1. Kent and Medway NHS and Social Care Partnership (KMPT) provides secondary mental health, learning disability and substance misuse services as well as other specialist services to 1.8 million people across Kent and Medway. It is rated good overall by the Care Quality Commission.
- 2.2. Specialist services include a drug and alcohol misuse inpatient unit, forensic inpatient and community services including criminal justice and liaison diversion services and a new mother and baby ward and community services.

3. Updates requested by the HOSC

3.1. Staffing – recruitment, retention and wellbeing:

- 3.1.1 The annual staff survey has now closed and KMPT's staff returned their surveys at their highest number ever. Over the past two years our response rate has increased from 41% to 59%.
- 3.1.2 KMPT has a People Strategy and associated annual People Plan. The pillars are: recruitment and retention, succession planning and talent management, leadership, management and staff development and staff engagement. Each of these areas is reported to KMPT's Workforce and Organisational Development Committee, as a sub-committee of the Trust Board. In addition to the key performance indicators, qualitative information and updates on progress are also provided.
- 3.1.3 Recruitment and retention issues are included in KMPT's risk register. Reporting in January 2019 showed an overall vacancy rate of 13.6%. Initiatives to address this include: centralised recruitment for nursing staff, recruitment from Ireland and internationally, rotational posts in nursing, revised care models including advanced clinical / nurse practitioners and new roles such as the Certificate of Entrance to Specialist Register Fellowship model. Staff turnover, in January 2019 was 15.2%. In addition to Care Groups having their own tailored plans, KMPT is part of a NHS Improvement Retention Programme and is developing career development / path / career maps, holding retention calls, improving supervision, appraisal, succession planning and talent identification. The CQC in this recent inspection noted KMPT's "creative and proactive approach to recruitment and retention".

3.2. Performance targets including length of stay, waiting times:

3.2.1 Only a small number of mandatory performance targets are set by NHS England (NHSE) for mental health providers. KMPT however has established its own comprehensive performance reporting framework and identified key operational measures against which local thresholds have been established. The full performance report is published monthly on the Trusts website at <https://www.kmpt.nhs.uk/who-we-are/board-meetings.htm>. A number of metrics are discussed regularly with commissioners, and include.

3.2.2 **Early Intervention in Psychosis:** The NHS Five Year Plan (and latterly the updated ten year plan – the NHS Long Term Plan, published in early 2019) outlines the NHS desire for any patient who experiences their first episode of psychosis to begin treatment with a National Institute for Health and Care Excellence (NICE) recommended care package within two weeks of referral. For 2018/19 NHS providers were targeted to have 53% of patients seen within this timescale; KMPT to date has exceeded this target reporting 74.7%.

3.2.3 The new NHS Long Term Plan revises the target to 56%. KMPT is confident that it will continue to exceed this metric.

3.2.4 **Waiting times for assessment and treatment:** Because there is no mandatory mental health target, KMPT monitors performance against the mandatory physical health performance targets of 4 week wait for assessment and 18 week wait for treatment, both metrics are from the point of referral. The reported position between April 2018 and January 2019 is as below:

Locality by CCG	% assessed within 4 weeks of referral	% treated within 18 weeks of referral
NHS Ashford CCG	84.6%	87.6%
NHS Canterbury and Coastal CCG	82.0%	86.4%
NHS South Kent Coast CCG	81.1%	84.6%
NHS Thanet CCG	87.6%	92.4%
NHS Dartford, Gravesham and Swanley CCG	82.8%	93.6%
NHS Swale CCG	85.1%	90.1%
NHS West Kent CCG	76.5%	83.6%
TOTAL	81.6%	87.5%

3.2.5 KMPT sees the majority of patients referred within the local defined targets. Further work on demand and capacity is expected to improve the performance.

3.3. Bed occupancy and out of area placements:

3.3.1 Historically, KMPT had been one of the highest users nationally, of private beds for general adult acute patients. At its height in June 2016, 76 patients were in private beds across the country. The cost was in excess of £1.3m per month. The new Chief Executive implemented a radical and ambitious programme, led by Senior Clinicians. The programme achieved its aim and eradication of private bed use within six months. The position has been sustained for over two years; patients and their families, and KMPT staff regularly report how much better care is a result.

Currently, there are only two patient groups whose admission will be out of area.

3.3.1.1 People whose needs are complex and who therefore require a specialist unit.

3.3.1.2 Women who require intensive care. KMPT is not currently commissioned to provide a female Intensive Care Unit. This is something that we are in discussion with commissioners about. On average, the Trust will have ten such female patients, each of whom is very closely supported by KMPT and recalled to a general admission bed as soon as clinically appropriate.

3.4. **Mother and baby unit:**

- 3.5.1 KMPT's specialist services were awarded the contract from NHSE to provide an eight bedded mother and baby unit for women from Kent, Surrey and Sussex. This was one of four new eight bedded mother and baby units across England. The unit, Rosewood opened on time and on budget in August 2018.
- 3.5.2 The unit, whilst complying with all the regulations of a hospital build and specifications of an acute mental health facility, has a very non-clinical feel and feedback from service users and their families has been overwhelmingly positive with one service user saying: "this is the best ward I have ever been on".
- 3.5.3 On the advice of NHSE the unit carefully and slowly increased its admissions after its opening. By week 6 the unit was full and has predominantly remained so since. In the 6 months since opening, KMPT's mother and baby unit has had 23 admissions, with an average length of stay of 30 days (national average 42 days).
- 3.5.4 The multi-disciplinary team comprises a consultant psychiatrist, a specialty grade doctor, a psychologist, an occupational therapist, nurses, peer support workers, nursery nurses, housekeeping staff, midwife and health visitor. A social worker post is currently out to recruitment.
- 3.5.5 Although predominately for women from Kent, Surrey and Sussex, as the unit is NHSE centrally funded women from anywhere in the country are accepted if a bed is needed by a mother and her baby.
- 3.5.6 KMPT's mother and baby unit has registered for Royal College of Psychiatrist's (the College) Centre for Quality Improvement accreditation. An initial informal NHSE compliance visit took place just before the unit opened in 2018 and a second review will take place by 31 March 2019.
- 3.5.7 Quarter 3 performance data has been submitted to NHSE with excellent results in terms of service user recovery, service user experience and satisfaction and with very positive feedback from referrers.

4. **CQC inspection progress and improvements**

- 4.1. The CQC's comprehensive inspection in January 2017 rated the organisation as Good overall and Outstanding for Caring. At the end of 2018, the Commission undertook a Well Led inspection, the results of which will be published imminently. Whilst as always, the Commission highlighted areas for improvement, their recognition of the significant progress made by KMPT since the last inspection was heartening.

"Every member of staff we spoke to, without exception, spoke of how much the culture had improved since our last inspection in 2017"

"Staff at all levels from a wide range of disciplines reported feeling proud of the care and treatment they provided to patients"

"Staff were motivated and inspired to improve patient care in every way possible"

The organisation is focused on delivering Brilliant Care through Brilliant People and has welcomed the Commission's recognition of our commitments to meet our promise.

5. Current activities and priorities

- 5.1. **Clinical Care Pathways Programme:** KMPT launched its Clinical Care Pathways Programme in August 2018. The programme aims to develop and support the review and implementation of quality care pathways, expanding and developing the use of information management technology, and through a closer alignment of its built environment to the needs of services. These developments align with the national themes for the NHS as health and care systems are subject to increasing demand and downward financial pressure and are being taken forward through the development of a two year cost improvement plan, commencing in 2018/19 and being fully functional by the end of 2019. The programme will ensure that patient care remains the ultimate priority and focus and will draw on national work and pathways work completed in KMPT in 2016/17 to develop streamlined clinical care pathways affording efficacy and efficiency to meet a range of diagnoses. The programme is working with local clinicians, people that use services, carers, commissioners and local stakeholders to ensure developments meet local need in line with locality planning within the Sustainability and Transformation Partnership (STP). In addition and as part of the Clinical Care Pathways Programme, KMPT is seeking to build more robust links with partners and third sector providers, such as Porchlight, Live It Well Kent and Healthwatch, to ensure thinking is joined up and together, KMPT and its partners, deliver whole pathways that reduce the current fragmentation.
- 5.2. The Clinical Care Pathways Programme has three underlying principles: Right Pathways¹, Right Practice² and Right Place³. The development of care pathways will ensure people who need mental health services get the right support and treatment at the right time and know what is going to happen for them for the duration of the time they receive services. Care pathways will support clinical staff to know what is expected of them and provide both staff and people using the service clarity on treatment and intervention options to ensure people recover as quickly as possible and / or maintain their wellbeing.
- 5.3. The Clinical Care Pathways Programme work is progressing at pace. A number of pilots have commenced or are due to commence in the coming weeks across the county to test the change:
- 5.3.1.1 The **initial Interventions** pilot commenced in South Kent Coast Community Mental Health Team in November 2018. Initial interventions provides individual treatment for people requiring secondary care mental health treatment through 4 x 1 hour sessions on a fortnightly basis. It is based on cognitive behavioural therapy (CBT) and provides a guided self-help package focused on understanding difficulties, learning new coping strategies and coming away with a clear recovery plan. It is delivered by community mental health team staff, predominately support time and recovery workers. Training and weekly group supervision is provided by psychologists. Up to 35 patients are in the pilot and the first 20 will be formally evaluated as the test for change. The formal evaluation is expected to commence in April 2019. Early feedback is impressive including high rates of staff satisfaction. Following successful evaluation roll out is planned across all community mental health teams.
- 5.3.1.2 An **urgent care rapid response pilot** was launched in West Kent on 1 January 2019. Funded from NHSE monies attached to Core 24, the Rapid Response Team operates in West Kent only from 20.00 hours to 08.00 hours – the hours when the

¹ Right Pathways: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.

² Right Pathways: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.

³ Right Place: Working more flexibly and efficiently and minimising KMPT's investment in unnecessary buildings and offices, so that KMPT can support more people without compromising the quality and safety of the care it provides.

liaison psychiatry service does not operate in West Kent. It provides three nurses - one providing a 1 hour response to the Maidstone Hospital Emergency Department requests for urgent assessment, one providing a 4 hour response to the Tunbridge Wells Hospital Emergency Department (at Pembury) and the third remaining on site to provide home treatment and telephone assessments to people in crisis. KMPT is working closely with CCG commissioners and Acute Trust partners to evaluate the effectiveness of this enhanced approach and to consider how the priorities for delivering a Core 24 Liaison Model can be achieved across Kent and Medway in line with the Mental Health Five Year Forward View.

- 5.3.1.3 An **enduring conditions CBT for psychosis group (CBTp group)** pilot was launched at the South West Kent Community Mental Health Team, Highlands House (Tunbridge Wells) on 28 January 2019 and Albion Place (Maidstone) on 11 February 2019. The CBTp group seeks to help people who have experienced symptoms of psychosis and who want to find new and more helpful ways of coping with these symptoms. Group sessions take place weekly (each session is 2 hours) for 24 weeks. Through the shared experience of the group new learning is encouraged, reinforced and supported without judgement.
- 5.3.1.4 The **personality disorder change programme** pilot is due to be rolled out to the Canterbury and Coastal Community Mental Health Team in the coming weeks. The Change Programme pilot commenced in Medway in September 2018 for 8 patients (with staggered start times). It is a structured clinical management based intervention of 8 sessions over 8 weeks for people who are assessed. Evaluation will consider how the person was pre the programme, how they coped with the programme and how they are at the end of the programme.
- 5.3.1.5 The **personality disorder crisis programme** pilot is due to commence at the North East Kent Community Mental Health Team at the beginning of April 2019 for up to 12 clients undertaking 3 weekly sessions for 10 weeks with a psychotherapist and the crisis team.
- 5.4. **St Martin's West (Canterbury):** For completeness and clarity, Appendix 1 is the joint briefing written by Helen Greatorex, Chief Executive of KMPT and Caroline Selkirk, Managing Director of East Kent CCGs for NHSI and NHSE. It sets out in clear and simple terms, the background and next steps.
- 5.5. **KCC and KMPT Partnership Transformation Programme:**
 - 5.5.1 The KCC and KMPT Partnership Transformation Programme relates to the arrangements for the delivery of mental health and social care in Kent from 1 October 2018. The shared goal of the Partnership Transformation Programme is for KCC to secure full accountability for the social care workforce in community mental health teams from 1 October 2018 through the delivery of a new approach which ensures an integrated and seamless response to people and their carers across KMPT, KCC and wider partnerships, ensuring robust delivery of social care statutory responsibilities. The programme was split into two phases to ensure a smooth transition from the current partnership arrangements to the new, phasing the introduction of changes to reduce risk and ensure the safety of service users and protecting quality of care.
 - 5.5.2 All Phase 1 key deliverables were completed on plan on 1 October 2018. Notable highlights included all community social care staff, including Early Intervention in Psychosis staff, returning to the line management of KCC; implementation of a new collaboratively co-produced **Joint Delivery Model for Community Mental Health and Social Care**; implementation of the collaboratively co-produced **Caseload Handover Protocol** with caseload realignment completing for all community mental health teams by mid-January 2019; and implementation of an interim systems solution until KCC's new patient administrative systems, Mosaic, is implemented.

- 5.5.3 Work is progressing well against the Phase 2 key deliverables. The approved mental health professionals service is on track to return to the line management of KCC on 1 April 2019; the future legal / contractual framework has been agreed and a new service level agreement will be in place from 1 April 2019; accommodation and information technology requirements have been identified and changes will be in place by 1 April 2019.

6. New initiatives and opportunities

6.1. National Mental Health Strategy, Five Year Forward View and the NHS Long Term Plan

6.1.1 KMPT remains an active partner in the STP and particularly in the Mental Health STP Programme.

6.1.2 The Quarter 3 STP submission in January 2019 to NHSE showed that Kent is achieving 80% of the National Mental Health Strategy and Five Year Forward View delivery targets. This is subject to validation by NHSE in February 2019. The following summarises progress, achievements and challenges.

6.1.3 Progressing well:

6.1.3.1 **Crisis resolution home treatment:** A best practice evaluation has been completed for all four of Kent's crisis resolution home treatment teams. Clear messages were given by the teams about the demands put on them by the wider emergency and urgent care system which detracts from their core function of assessing and home treating those who are acutely mentally unwell and who ordinarily would be admitted to hospital. Commissioners and provider representatives have heard the feedback and developed a service development improvement plan. This includes milestones and trajectories to ensure the crisis resolution home treatment teams are operating with high fidelity to recommended best practice. It also includes establishing finance commitment by both commissioner and provider by 2020/21. This will be included in the 2019/20 KMPT contract and progress monitored.

6.1.3.2 Whilst crisis resolution home treatment provides an alternative to hospital for those who are mentally unwell, there needs to be alternatives for people who want urgent help with issues that cause them distress. For this reason the Mental Health STP Programme is progressing its urgent and emergency care workstream, where consideration of a range of options that allows people quicker access to advice, assistance or support. Often, causes of distress are linked to social not medical need, (Citizens Advice 2015), which is why integration needs to also focus on social models of health as well as medical ones. Statutory duties set out in the Health and Social Care Act 2012 promotes integrated care, requiring improved quality of care and reduced inequalities in health.

6.1.4 Biggest achievements are:

6.1.4.1 **Suicide reduction:** Kent still has higher suicide rates than national and regional averages, however data published in November 2018 shows there has been a slight fall in the suicide rates in recent years. In Kent over 2015/17 suicide rates fell to 10.5% with rates falling faster in Kent than nationally. This fall in suicide rate has occurred during the same period as the implementation of the Kent and Medway Suicide Prevention Strategy 2015/20.

6.1.4.2 During 2018/19 the implementation of the strategy has been boosted with £660k of additional funding from NHSE. This funding has been used to further roll out the Release the Pressure social marketing campaign, training over 1,500 individuals in suicide prevention and awareness, strengthening high risk points in secondary mental health services and awarding 27 community projects funding through the Saving Lives Innovation Fund.

6.1.4.3 **Early Intervention in Psychosis:** Kent has exceeded the target that 53% of persons requiring early intervention for psychosis receive NICE concordant care within two weeks of referral.

6.1.5 **Challenges:**

6.1.5.1 **Improving access to psychological therapies:** There are workforce recruitment and vacancy issues for most of Kent's providers, which has impacted on the number of people accessing the service, recovery rates and waiting times. West Kent, Swale, and Dartford, Gravesham and Swanley CCGs have action plans in place with their providers. Dartford, Gravesham and Swanley CCG has also negotiated additional funding from NHSE to further assist their provider. However all seven Kent CCG providers exceeded the target for people to receive treatment within 18 weeks.

6.1.5.2 **Introducing a Core 24 liaison psychiatry service at 50% of general hospitals:** Currently there is only one Core 24 service in the county at Medway Hospital and commissioned by Swale CCG. East Kent has a 24 hour liaison service available at the Queen Elizabeth Queen Mother hospital, made possible by NHSE funding, however this service does not meet Core 24 specification. The service at Ashford's William Harvey hospital is not 24 hours, and a decision will be made shortly regarding funding. West Kent has liaison services at both Maidstone and Pembury hospitals however neither are 24 hours; additional funding through NHSE has been agreed to pilot a 24/7 service until March 2019.

6.1.5.3 **Maintaining the dementia diagnosis rate at 66.7% and improving post diagnostic care:** The Kent dementia diagnosis rate is 62.9% with only two of the seven CCGs exceeding the target. CCGs have submitted their actions to address this and collectively through the STP, health and social care commissioners and providers are also exploring ways to overcome the challenges with support from the South East Clinical Network.

6.1.5.4 **Introducing physical health checks to 50% of those with a severe mental illness who are well and under the care of their general practitioner only:** Commissioners have prepared business cases to secure additional resource to undertake the physical health tests and follow up when required as well as the systems to capture information and reporting.

6.1.5.5 **Introducing individual (employment) placement support for those with a severe mental illness:** There are some Individual placement support type services provided by the Live Well Kent contract, however further discussions between CCGs and KCC commissioners around how this will be progressed are needed, so Kent can report against this important target.

6.1.6 **Mental health in the NHS Long Term Plan:** Mental health is one of the top priorities in the NHS Long Term Plan. Headline messages so far include:

6.1.6.1 **Tenacity of purpose:** The Mental Health Five Year Forward View, a current overarching national strategy for mental health, has two years remaining: 2019/20 and 2020/21. The NHS Long Term Plan requires the STP to carry on and make good on all Five Year Forward View service priorities and deliverables.

6.1.6.2 Areas of difference between the two plans include the NHS Long Term Plan raising the bar on some existing Five Year Forward View commitments; adding new mental health service areas and standards; and changing the context in which the health and care work to improve people's mental health is done. Changing the context includes the shift towards integrated care - integrating physical and mental health

care and place-based systems; and a focus on population health, including mental wellbeing and illness prevention. Also, there are specific resolutions for primary and community services and acute services.

- 6.1.6.3 **Investment to reduce the mental health care gap:** The NHS Long Term Plan intends to grow NHS investment in mental health services faster than the overall NHS budget in each year between 2019/20 and 2023/24. Further, that children and young people's mental health services funding will rise even quicker, outstripping the rate of growth in both overall NHS funding and total mental health spending.
- 6.1.6.4 The upshot is that mental health investment will be at least £2.3b higher a year by 2023/24. The new money must be visible in delivery of the Five Year Forward View and NHS Long Term Plan mental health priority areas and standards and for the direct benefit of people who use mental health services. There will be special scrutiny of this, relating mental health spend, services activity and workforce. CCG mental health investment plans for 2019/20 will be subject to external review.
- 6.1.6.5 **Tackling the big issues for population mental health:** The burning ambition is to deliver world-class mental health care, when and where children, adults and older people need it. Among other things, the NHS Long Term Plan supports the following:
 - 6.1.6.5.1 Children and young people: significantly more children and young people aged 0-25 years will access timely and appropriate advice and help via NHS funded specialist mental health services and school or college based mental health support teams.
 - 6.1.6.5.2 Expectant and new mothers with a mental illness and their partners: more women will access specialist perinatal mental health services, and the period of care will be extended from 12 to 24 months after childbirth.
 - 6.1.6.5.3 People experiencing a mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community.
 - 6.1.6.5.4 Adults with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive and be supported to live a fulfilling life.
 - 6.1.6.5.5 Fewer people will die by suicide.

7. Conclusion and Recommendation

- 7.1. KMPT is committed to playing its part as a system leader and driving up the quality of care it provides. Whilst it faces a series of challenges, it is clear about how to address them and believes in an open and collaborative approach.

Appendix 1

Joint Briefing re Cranmer Ward, St Martins Hospital, Canterbury

Prepared by:

Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Caroline Selkirk, Managing Director of East Kent CCGs

For NHSI and NHSE

11th February 2019

This briefing has been jointly prepared in order to ensure clarity on the background, current position and next steps for all parties.

Further highly detailed information is available from KMPT should that be helpful.

Background

- KMPT has sold to Homes England, the old St Martins (West) former hospital site.
- Of the many original wards, only one remains; Cranmer. Cranmer provides 15 beds for older adults.
- KMPT has until April 2020 to vacate the premises.

Current Position

- KMPTs Senior Clinicians have over the last twelve months worked on three key changes that will improve the quality of care and significantly reduce the need for beds across the whole trust.
- The three key changes are (please see attached appendix) :
 1. Extension and improving our Patient Flow Team to be 24/7
 2. Developing urgent care support and signposting service
 3. Achieving the recommended length of stay for older adults (it is currently double)
- There is an established track record of strong partnership working between KMPT and the CCGs.
- KMPT recognises that the CCGs may determine that public consultation is necessary as determined by statutory duties.
- The work to deliver the three key changes is well underway with results expected to be seen in April.

Next Steps

- The Accountable officers and their respective teams are working closely to ensure development of joint plans, developing two potential options for change:
 - 1) Proposal for maintaining the current inpatient bed base within the KMPT estate
 - 2) Proposal to support a net reduction of 9 beds by clearly evidencing the impact of additional services to reduce patient flow and length of stay.
- As this change will affect all Kent and Medway Commissioners it is agreed that the East Kent CCGs will lead the case for change given the geographical location of the St Martin's site.

- The CCGs will consider the case for public consultation in accordance with NHSE 'Planning, assuring and delivering service change for patients' guidance with decision by April 2019.
- The impact of the three key changes will be monitored as a key element of the case for change.
- A programme of engagement with patients, families, staff and stakeholders has commenced however comprehensive engagement plans will need to be agreed jointly and taken forward by KMPT and CCGs as a priority.

KMPT enabling projects and their key benefits

- **Reducing older adults acute length of stay**

In a study by Tees, Esk and Wear Valleys NHS Foundation Trust, a rapid process improvement workshop was used by a multidisciplinary team to observe ward processes and to identify areas of waste. 12 months after implementing changes across two wards, significant reductions were reported: in **length of stay (57%), bed numbers (21%) bed occupancy (22%), staff absence (63%), violent incidents involving staff (79%) and service user complaints (100%)**.

KMPT will be carrying out a Rapid Process Improvement Workshop (RPIW) in March. Orchards ward has been selected for the workshop due to its high variance in length of inpatient stay.

- **Extension and improving our Patient Flow team**

The patient flow team has had a highly-positive influence and been instrumental in achieving a reduction in the number of admissions, Delayed Transfers of Care (DToC) and reducing overall bed-occupancy levels. The team also plays a major role in keeping patients out of private beds. **Over the 9 months that the patient flow team have been in operation, admissions have gone down by 10.8%, bed occupancy by 2.1% and DToC days by 27.5% (when compared to the nine months prior).**

- **Developing urgent care support and signposting service**

A clinical audit of acute admission in April and November 2018 indicated that only 30-40% of admissions clearly met the clinical indicators for admission.

A key driver for this is that the person presenting is often presenting in an emotional crisis and/or with complex social issues that cannot be de-escalated in time frame available.

The lack of time and immediate relief that staff undertaking secondary mental health assessment can offer often means that staff feel they have to offer an admission as there is no other available or quickly accessible place for the person to have time to reflect and be proactively helped to manage their immediate distress, be offered quick practical plans and support to meet their social needs.

Based on the data analysis undertaken, provision of a 24/7 service would see 2-3 services users present each day for a 12-hour average length of stay. Key benefits of developing the new service are anticipated to include:

- **Decrease in length of stay of less than 7 days.**
- **Decrease in informal admissions following S136**
- **Decrease in referrals to CRHT following support and signposting**
- **Reduction in inpatient admissions following support and signposting**