



KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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Transforming Mental Health and Dementia Services in Kent and Medway – Update

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1. Introduction

1.1 Following a presentation to the Kent HOSC in June 2021, this paper provides an update on the following areas:

- The transformation of the wider mental health services, in particular the transformation of community mental health services and urgent and emergency care mental health services
- The transformation of dementia services, including the redesign of dementia services for people with complex needs.

2. Current Activity

2.1 In June 2021, we updated the committee on the increased demand for mental health services in the context of the COVID-19 pandemic. Kent and Medway NHS Partnership Trust (KMPT) continue to experience increased demand for services. It is unclear if this will continue post the lifting of Covid restrictions however indications nationally are that that this will be a sustained increase.

2.2 Whilst contacts to the open access crisis line provided by KMPT were very high during the early stages of the pandemic (with increases up to 65%), numbers began to stabilise from April 2021. The crisis line is now receiving an average of just over 3000 calls per month. This is a rise of 23% when compared to January 2020. This change was to be expected as the crisis line moved to be a public facing service

rather than solely a referral access point for KMPT; investment was made to ensure the service can operate safely.

2.3 Following the increase in demand, there has been significant transformation of the crisis line service. Additional capacity has been created through expansion of the workforce alongside redesign of the clinical model. A number of initiatives have been put in place to improve the caller experience on the line and call performance has significantly improved in the past year. For example, in February 2021 there were rates of abandoned calls up to 50%. However, from April to December 2021 there was an average rate of abandonment of just 4%.

2.4 All sectors of the NHS are experiencing delays in discharging patients from inpatient care as the impact of the pandemic affects the ability to secure care packages in the community. KMPT are working closely with local authority colleagues and have implemented several measures to ensure significant overview of any delayed transfers of care. Key actions:

- Twice weekly meetings with the Social Care inpatient in reach teams
- Daily escalation reports highlighting delayed social care cases across the system.
- Appointed a dedicated Older Adult Senior Discharge Coordinator.
- Co-funding a Project Manager with KCC to support reducing the number of Social Care/Joint (Health and Social Care) delays
- Hosting a Multi-Agency Discharge Event (MADE) to review each discharge plan and identify areas for review and improvement going forward.

3. Inpatient Transformation

3.1 Eradicating Mental Health Dormitory Wards – Following a programme of formal public consultation in 2021, plans are being implemented to relocate Ruby Ward, an old style dormitory ward for older adults currently based at Medway Hospital, to a purpose built facility in Maidstone. Construction work is due to start on the site in March 2022, with the new unit open and operational in early summer 2023.

3.2 Therapeutic Acute Mental Health Inpatient Care - The therapeutic offer from inpatient mental health services is being improved through increased national investment; this will see improved therapeutic outcomes for people requiring admission or Home Treatment

Some changes are already in place such as expert gym instructors and further workforce plans are in development with particular focus on increasing access to ward based psychological therapy

3.3. As a result, patient outcomes and experience in hospital will likely improve and contribute to:

- Improved clinical outcomes and reduced readmission rates;
- A reduction in length of stay in adult acute inpatient mental health settings;
- Fewer out of area (acute) placements for people with specialist care needs where there are no Kent and Medway commissioned services.

4. Community Mental Health Transformation

4.1 The Community Mental Health Transformation Framework for Adults and Older Adults aims to enhance and improve the quality and experience of care for some of the most vulnerable people in our communities by involving all aspects of community support through the voluntary and community sector, social care, primary and secondary health care services. This programme will see community mental health teams transformed, working alongside local authority and third sector services in new and innovative ways.

The transformation programme is a national requirement of the NHS Long Term Plan for Mental Health. Following a deep dive in February 2022, NHSE gave the programme a positive report stating it was meeting the requirements at a strategic level.

4.2 Since the last report to committee key progress points include:

- Workshops and focus groups have taken place and engagement with service users to develop the core model, ensuring care is centred on the person, their family and local community.
- The governance, as a provider collaborative model, is in place to ensure well documented decision making across providers and in collaboration with commissioners in Kent and Medway
- Progress is being made on a number of key work streams including the Complex Emotional Difficulties pathway, Service User Network (SUN) model, Eating Disorders and Community Rehabilitation services

4.3 The programme is about to roll out implementation with three Primary Care Networks (Medway Central, Sittingbourne, and Medway South and Rochester) in the Medway/Swale Health and Care Partnership area from April 2022.

As the programme moves into different areas of Kent and Medway, this will allow for localisation of the model bringing GPs and lived experts into consideration of meeting local need.

5. Improving Mental Health Urgent and Emergency Care

5.1 The Mental Health Urgent and Emergency Care (MHUEC) Programme is the Kent and Medway programme of work addressing both the NHS Long Term Plan and locally agreed system wide mental health urgent and emergency care priorities. Projects are all-age and are multi-agency. There are a number of programmes of work/projects that are improving access and outcomes.

5.2 Of particular importance is the focus of work with Acute Trusts, Police and NHS 111 colleagues to ensure mental health presentations at emergency departments are only made when necessary.

5.3 **Section 136 detentions** – A significant success of the collaboration across organisations, especially the police and KMPT, is the reduction in the number of Section 136 detentions under the Mental Health Act.

5.15 The impact of this work has seen a sustained and statistically important downward trend in use of Section 136 by the police; it equates to a 27% decrease in S136 detentions compared to 2020 and a 36.6% decrease compared to 2019. 2021 has recorded the lowest figures since 2017. The table below shows the changes over time.

S136 figures from January 2018 - December 2021				
Month	2018	2019	2020	2021
Jan	117	152	146	110
Feb	101	148	155	144
Mar	152	155	138	132
Apr	147	161	113	99
May	141	205	160	125
Jun	146	149	150	128
Jul	159	200	189	117
Aug	166	194	201	112
Sep	146	196	157	96
Oct	156	200	150	89
Nov	139	170	125	84
Dec	127	136	114	74
Total:	1697	2066	1798	1310

5.4 **Open Access Crisis (NHS 111 and 24/7 Mental Health Triage)** – Building on the development of the Open Access Crisis Line, phase 2 of this work is for NHS 111 to be the first point of contact for anyone in a mental health crisis. The development

is a joint piece of work with SECAMB, commissioners, councils, third sector and KMPT which aligns to national requirements set out for delivery of urgent crisis pathways for whole populations. A key aim will be to bring all the open access crisis services into a clear, comprehensive pathway to eradicate confusion for the public and professionals when there is a need to access advice, guidance and expertise regarding mental illness at a time of crisis

5.5 A new development, using winter funding, has been the Professional Bypass Line, delivered by KMPT in the open access crisis service, for Urgent Treatment Centre and SECAMB clinicians. The bypass line is available as a direct route for a clinician to clinician discussion. The KMPT clinician offers a brief screening of presentation and immediate risk and provides advice and/or signposts to another service or can accept a referral for KMPT services. The service is under review as funding ceases at the end of March and a decision needs to be made if use of the line has met the required outcomes set out against this project against the spend.

5.6 **Community Crisis Alternatives** - project to expand community alternatives for crisis response across Kent and Medway. In addition to the five Safe Havens operating in 2021/22, additional investment was secured from NHSE to sustain and develop:

- Staying Alive App,
- SHOUT Text Service, and
- 24/7 Mental Health Matters Helpline (additional 10,000 calls)

5.7 **Participation Workers (18-25 year olds)** were launched November 2021. The project is committed to ensuring that it works across the statutory, voluntary and community sectors to listen to as broad and diverse a group of people as possible.

5.8 This has been largely successful, with many organisations keen to work collaboratively to hear the experiences of the 18-to-25 group and to co-produce changes within Crisis Services.

5.9 Examples of organisations actively worked with:

- Porchlight's BeYou Team,
- Canterbury Christ Church University – Suicide-Safer Community Group,
- Kent and Medway Suicide Prevention Team and the Kent and Medway Suicide Prevention Network,
- Medway Council Participation Team,
- Living Words and Living Warriors Project,
- Emotional Wellbeing Participation Team (KCC), and

- We Are With You

5.10 NHS Safe Havens Safe Havens. Safe havens operate from 6-11 pm, seven days a week and are currently available in:

- Canterbury
- Maidstone
- Medway
- Thanet
- Folkestone – now accessible for 16+

Other key offers include:

- Kent Refugee Action Network (KRAN)
- PALS Teams across Kent and Medway
- Involve Kent
- Mind groups across Kent and Medway

5.11 Peer Support Service for people with Autistic Spectrum Conditions in mental health crisis was introduced in August 2021, and since that time the service has developed a model which provides effective, flexible, and scalable crisis alternatives support to adults aged 18 and over, living in Kent and Medway who have a diagnosis of, or are awaiting assessment for, autism/Asperger's. The Touch Base service is delivered by Advocacy for All. To date, the service has supported almost 30 individuals, with a blend of one-to-one self-advocacy and peer support groups.

5.12 The Liaison Mental Health Services (LMHS) are provided by KMPT and commissioned to operate 24/7, as an on-site distinct service in general hospitals with an Emergency Department. They provide a response within one hour to emergency referrals from wards or the Emergency Department and within 24 hours for urgent referrals from inpatient wards.

5.13 An audit was completed in July 2021 to identify compliance with nationally recognised service standards. The recommendations from the recent audit are currently being actioned and focus on:

- Workforce (structure and skill mix in line with NICE guidance)
- A consistent approach to recording and reporting data response times:
- Alignment of historical commissioning agreements to ensure a consistent approach across Kent and Medway.

6. Deep Dive - Transforming Dementia Services

6.1 In response to the decision made at HOSC to ensure a full overview of all mental health provision across Kent and Medway, aligned to the Mental Health, Learning Disability and Autism Improvement Board, this paper provides a comprehensive overview of work underway to transform dementia services.

The progress to transform dementia services across Kent and Medway falls into four categories:

- The development of a system wide Dementia Strategy
- Improving Diagnosis
- Support after Diagnosis
- Care at Home, in Hospital and in Care Homes

6.2 **Dementia Strategy.** A strategy has been drafted following significant engagement with a range of stakeholders, including workshops with specific communities, i.e. care homes, BAME and learning disability, to hear from them about any specific challenges or issues in obtaining a diagnosis or post diagnostic support and how these processes may need to be tailored to their specific needs.

6.3 Key points which came out of the wider consultation include:

- Ensuring that there are appropriate services for people with young onset dementia (Kent and Medway has a higher rate of young onset dementia, when compared to the national average).
- The importance of care co-ordination and a single point of contact post diagnosis, for both the person with dementia and their families.
- Providing good support for carers, including short breaks, both in and away from the home and crisis support.
- Ensuring access to appropriate dementia awareness training for anyone who comes into contact with people with dementia, which includes care homes, domiciliary providers, health professionals and also carers.
- The need to explore the greater use of technology.

6.4 It is intended that the strategy is joint strategy between the CCG, KCC and Medway Council and is in the process of going through the various organisations' governance arrangements, with a final strategy being ready for implementation by May 2022.

6.5 **Improving Diagnosis** Progress continues to be made in the standards that relate to dementia diagnosis and the national dementia diagnosis rate (DDR) target (67% of people with dementia should have a diagnosis). In April 2021, Kent and

Medway's DDR was 54.16%. This has increased to 57.1% in January 2022 (the South East region rate is currently 60.18%).

6.6 There are a number of initiatives in place to increase the diagnosis rate:

- **Transformation of memory assessment pathway** to enable the majority of people to receive a diagnosis within six weeks of referral. This will be work across primary care and KMPT. From May 2022 KMPT Memory Assessment Service aims to provide a “one stop shop”; this will see assessment and diagnosis being made at the same appointment for as many people as possible. The approach will not be appropriate for everyone as some people’s diagnosis can be more complex and need further investigation. Also, some people may find receiving a diagnosis in one appointment more stressful and may wish to take longer.
- **GPs with an enhanced role (GPwER) with a special interest in dementia.** 10 GPs were recruited last year for this role; the GPs are currently undertaking a (virtual) course at Bradford University to enable them to make a diagnosis of dementia. On completion of the course in May 2022, they will be able to diagnose less complex dementias in primary care which will reduce the system wide memory assessment waiting list which currently sits with KMPT alongside support the system to reach the nationally prescribed dementia diagnosis rates.
- **The Enhanced Health in Care Home (EHCH) framework** was developed at a national level and had the aim of strengthening the support to people who live and work in care homes. Additional funding has been provided to Primary Care Networks (PCNs) who have signed up to deliver the EHCH service. It is estimated that 70-80% of people in care homes have dementia and the Kent and Medway service specification encourages the use of DiADeM, a tool to support GPs in diagnosing dementia for people living with advanced dementia in a care home setting. It has been developed by the Yorkshire and Humber Dementia Strategic Clinical Network and is supported by the Alzheimer’s Society. Two evening sessions have also taken place to introduce the use of DiADeM to GPs and to highlight the benefits of having a diagnosis.
- **Data Harmonisation.** In a number of cases individuals have received a diagnosis, but this does not appear on GP practice’s dementia register because the diagnosis has not been coded correctly, A data harmonisation tool which identifies uncoded diagnosis, has been developed and has been shared with primary care to ensure their data is as up to date as possible.

- **Neuro-Imaging.** An MRI scan is usually used to support a diagnosis of dementia, but the pandemic has created a backlog of people waiting for this investigation at the various acute trusts across Kent and Medway. Individuals who are referred to KMPT for a dementia diagnosis are being offered the opportunity to access an MRI scan at a private provider where the waiting time is significantly less.

6.7 Support after Diagnosis - Dementia Co-ordination - Engagement with people with dementia and their carers had highlighted that once a diagnosis has been received, it is often very difficult to access the right services at the right time, partly due to lack of knowledge of local services. In response to this, a dementia co-ordinator service aligned to the PCNs is being commissioned that provides a consistent point of access from the point of referral to end of life for the person with dementia and their carer. The co-ordinator’s knowledge of local services will ensure that the right service can be accessed at the right time.

6.8 A joint tender with KCC to procure a dementia co-ordinator service and a post diagnostic service (see below) has recently been completed and will go live from 1 April 2022.

6.9 The successful providers of the dementia co-ordinator service will be:

Area	Provider
West Kent	Alzheimer’s & Dementia Support Services
East Kent	Age UK Herne Bay & Whitstable
Dartford, Gravesham, Swanley, Swale and Medway	Alzheimer’s & Dementia Support Services

6.10 Support after Diagnosis - Post Diagnostic Support. Providing good support following diagnosis can help people with dementia remain independent for longer and can greatly improve the quality of life both for the person with dementia and their families. As indicated above, part of the recent joint tendering process with KCC, was the re-procurement of post diagnostic support commissioned by KCC.

6.11 The aim of the new service is to deliver a holistic service which supports people with dementia to continue participating in activities that they enjoy, and to maintain or establish new networks and support systems. However, whilst there will be flexibility in the delivery of the service specification, there will be a requirement to deliver the following:

- Dementia cafes for Individuals living with dementia and their carers;

- Dementia peer support groups where Individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice;
- Social opportunities (including day services – excluding where directly funded by Adult Social Care); and
- Befriending services

6.12 The post diagnostic support service will go live on 1 April 2022 and the successful providers of this service will be:

Area	Provider
West Kent	Age UK Herne Bay & Whitstable
East Kent	Age UK Herne Bay & Whitstable
Dartford, Gravesham, Swanley and Swale	Alzheimer's & Dementia Support Services

6.13 **Carers Support - Admiral Nurses** Admiral nurses in Kent and Medway are employed by KMPT. However, there are now a number of models nationally which locate Admiral nurses in the community or in primary care. Therefore, it is planned to review the Kent and Medway service to ensure that the service is delivered in the most effective way, particularly in light of other services which have now been commissioned more recently. The review will also seek to ensure equitable provision across Kent and Medway.

6.14 **Carers Support – Carers Strategy** KCC have also started a consultation on a revised Carers Strategy, which is being supported by the CCG. The consultation is due to end on 22 February 2022, with the aim of having a completed draft strategy by early Spring.

6.15 **Crisis Support in the Community** - the aim of this project is to implement an integrated service which can support both physical and mental health needs.

6.16 A pilot is being implemented in east Kent to test out an integrated approach to supporting people with dementia who need urgent care support. The pilot is a partnership between KMPT and Kent Community Healthcare Trust (KCHFT) and the proposal is to include mental health practitioners in KCHFT Home Treatment Team. The Home Treatment Team provide support to frail, elderly people in their own homes and in care homes, with the aim of preventing a hospital admission, where possible. The pilot will be small to begin with, targeting care homes in two areas in east Kent. Recruitment is currently in progress, although a consultant psychiatrist for older people is already in place and his early intervention has already prevented a small number of hospital admissions.

6.17 Step-Down Beds for People with Dementia and Complex Needs - The modelling work undertaken to support the development of a model of care for people with dementia and complex needs, identified the need for a number of step down beds which people could access for assessment and management of their longer term needs. This could be up to a period of six months.

6.18 A draft outline business case has now been produced which proposes establishing this provision at Broadmeadow, near Folkestone, which is an inhouse facility provided by KCC which provides beds for rehabilitation, respite and dementia. Although based in east Kent, the beds could be accessed from anywhere in Kent. Agreement is currently being sought from both KCC and CCG to consider the feasibility of the service and proceed to the development of a full business case.

6.19 East Kent Rapid Transfer Service - This service comprises a small number of dementia specialists who are employed by Kent and Medway Partnership Trust (KMPT) and work in East Kent Hospitals University Foundation Trust (EKHUFT) alongside Kent Community Healthcare Foundation Trust's (KCHFT) Rapid Transfer Service. The main aim of the team is to provide support for the transition of dementia patients to spot purchase beds in care homes for further assessment, for a period of up to six weeks. Whilst measurable data has been hard to obtain, anecdotally the introduction of the team has reduced length of stay in, and re-admissions to, the acute trust. The care homes are also more willing to accept transfers of care of people with dementia, because they are able to access support when necessary. The possible introduction of similar models across Kent and Medway will be explored with the Health and Care Partnerships at a workshop on 17 March 2022. A range of key stakeholders will consider and agree how responding to a patient with dementia in crisis can be integrated with existing crisis response work programmes for the frail elderly.

6.20 Whilst this dementia services transformation programme as set out above continues, the Frank Lloyd Unit in Sittingbourne remains closed. We recognise that this is a valuable community asset. As agreed, we will continue to update the HOSC on progress and detail how our changing model of care supports dementia patients with complex care needs in the community.

7. Conclusion

All areas of work described in this paper are ongoing, and we will continue to keep HOSC updated on our progress.

8. Recommendations

The HOSC is asked to:

- **Note** the progress update in this report
- **Agree** for regular updates on Kent and Medway's mental health and dementia improvement programme to continue to be brought for information and discussion to this committee.