

Mental Health Commissioners Update

DGS and Swale CCGs

Commissioners continue to work with providers to prepare for the new national standards which assist the transformation set out in 5YFV and STP for mental health. The national planned standard and the progress since last MHAG update is set out and highlighted below.

Planned Service Standard	Commissioning Intention and Plan
<p>Improving Access to Psychological Therapies (IAPT)</p> <p>IAPT access target is to increase from 15% to 25% by 2020/21 and accelerate access over the next 5 years. The expansion of IAPT is to include those with long term physical health conditions and medically unexplained symptoms and co located with physical health services.</p> <p>Recovery in IAPT is measured in terms of ‘caseness’ – a term which means a person has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (‘at caseness’) and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. The Government target is that 50% of eligible referrals to IAPT services should move to recovery.</p>	<p>In 2018-19, IAPT Providers will be undertaking the mandatory training in IAPT LTC and working with Physical Health Providers to deliver physical and mental health integrated services. In April 2018, IAPT and Diabetes Structured Education Providers held a joint education workshop to share one another’s roles and responsibilities and determine how they could work together this year. In Swale there are 2-3 Structured Education courses held each year and in DGS there are 6-7 and so, in summary, IAPT Providers will rotationally attend the last hour of the Structured Education classes to share with the patient’s further information about IAPT and how it could support their physical health.</p>
<p>1. Liaison Psychiatry 50% of acute trusts to have in place a Core 24 model by 2020/21</p> <p>This model provides 24/7 acute hospital based service with rapid</p>	<p>The Core 24 service based at MFT launched on 10 October (World Mental Health Day). The Core 24 service builds on the existing 24/7 service through increasing and enhancing workforce, responding to referrals from ED and from the wards within 1 hour for urgent and 24 hours for routine. Performance data to date indicates that</p>

<p>response to the A&E as well as the wards. It responds in the main to emergency and unplanned care pathways and provides the acute trust hospital a single point of contact for general hospital clinicians</p>	<p>the targets are being met and MFT are reporting a positive improvement in patient flow. The CCG is working in partnership with KMPT and MFT to look at the whole urgent mental health care pathway opportunities with the Urgent Care Redesign work and the progression of the Core 24 Liaison service.</p> <p>CYP secondary care services continue to in-reach to both acute trusts to respond to patients under the age of 18 attending A&E with a mental health need. North East London Foundation Trust commenced the new CYP contract on 1 September and work is currently taking place on the future crisis pathway model across the county.</p>
<p>2. Crisis Resolution Home Treatment Teams (CRHTT) There is an agreed plan to ensure the 24/7 team is operating effectively and in line with best practice to support those in crisis and at risk of hospital admission and to support discharge as soon as clinically safe. KMPT completed a national benchmarking audit of their CRHTTs with analysis outcomes of their work due imminently. The STP mental health workstream will be focusing on the development of the CRHTTs across Kent during 2018-19.</p>	<p>NHS England is due to release implementation guidance for crisis care imminently, this guidance will inform the workplan for commissioners to implement with local providers. A draft version has been made available but requires formal national sign off.</p> <p>West Kent CCG are leading a Task and Finish Group review of S136 operating standards for the use of Emergency Departments, in the absence of a Place of Safety being available, in response to the requirements laid out in the Police and Crime Bill which was passed by Government on 11 December. The final agreed operating standards will go back to the Kent wide strategic Crisis Care Concordat group and subsequently to the A&E Delivery Boards.</p>
<p>3. Alternative Place of Safety In 2014 the Home Office and Department of Health published recommendations following their joint review into the operation of sections 135 and 136 of the Mental Health Act 1983 (the legislation that allows people to be detained against their will). This report looked at how to improve access to mental health interventions for those detained with an emphasis on the NHS and CCGs to develop and co-design innovative solutions. It also set out legislative recommendations to amend the “list of possible places of safety so that anywhere considered suitable and safe can be a place of safety”.</p>	<p>West Kent CCG are leading a discussion and proposal with NELFT, the children’s mental health provider regarding Place of Safety arrangements for people aged under 18.</p> <p>Working together, the Kent Police and SECamb Countywide Street Triage service is intended to provide guidance and assessment for anyone suffering from a mental disorder in a public place. There is a strong focus on diversion rather detention; however the primary focus is providing a service that is right for the individual and supporting identification for the most suitable pathway at the earliest opportunity.</p>

	<p>The countywide service continues to run out of hour's when a senior Health Care worker is based in both the Police and SECamb control room and a qualified practitioner is available to carry out assessments across Kent. This service is provided on</p> <p>Sunday: 16.00 - Midnight Monday: 16.00 - Midnight Tuesday: 16.00 – Midnight</p> <p>Mental Health Street Triage service is currently being reviewed in line with the community street triage services in Thanet and Medway, the evaluation work is being led by KMPT which is due to complete by end Q1.</p> <p>The CCGs are currently researching and scoping options for an Alternative Place of Safety across DGS and Swale. Further consideration of a proposal will be considered by the Executives in 2018-19 prior to any formal work commencing.</p>
<p>4. Reduction in the use of private beds out of area for non-specialist acute MH inpatient care</p>	<p>KMPT continue to work together with other agencies to ensure that patients are not placed out of area for non-specialist acute inpatient care. At time of writing Swale have no younger adult patients admitted to out of area beds.</p>
<p>5. A Local multi-agency suicide prevention plan to help reach the 2020/21 ambition for a 10% reduction in suicide rates</p>	<p>This theme of the Mental Health Five Year Forward View will be key in the Kent and Medway mental health Sustainability and Transformation (STP) strategy. The joint Kent County Council and CCGs bid for national funding to support the Suicide Prevention programme was successful and across Kent over £600k has been awarded. A Programme Lead has been appointed to develop the projects submitted in the plan. Specific feedback from NHS England includes there being a strong public health focus with clear and detailed plan for cross agency working. A key element of the plan includes training for primary care and Swale CCG has been working with the Programme Lead in linking this work in to the plans we discussed locally regarding training for practice staff.</p>
<p>6. First Episode of Psychosis</p>	<p>Our service development improvement plan continues to focus on the steps</p>

<p>50% of those experiencing a first episode of psychosis will be seen within 2 weeks of referral and commence a NICE compliant package of care however this will need to increase to 60% by 2020/21</p>	<p>needed to meet the standard and has the processes in place to report over 2017/18 for those aged 14-35. From January, the service has increased access to ages 35 to 65 and information regarding this has been distributed by GPs by KMPT.</p>
<p>7. Perinatal Mental Health National directive to support additional 30,000 women each year to access evidence- based specialist perinatal mental health treatment</p>	<p>Following a successful bid to the Perinatal Mental Health Community Services Development Fund, the Kent and Medway NHS and Social Care Partnership Trusts' Specialist Mother and Infant Mental Health Service has received funding to develop its community perinatal mental health service across Kent and Medway. The enhanced service commenced on 1 November 2017.</p> <p>The main impact on the development of the service will be:</p> <ul style="list-style-type: none"> • Direct access to the MIMHS team. • Care coordination of patients subject to CPA • Care closer to home and better aligned with maternity and family support • Group provision – the additional staff recruited will enable regular provision of therapeutic and peer support groups in multiple community settings across the county. • Improved practical and occupational support to enable mental health recovery, development of parenting skills and maternal attachment, through dedicated nursery nurses and occupational therapy posts • Integrated access to highly specialist psychological therapies, through the new dedicated psychology posts <p>With direct access to the service, new referrals will no longer be required to go received through CMHTs. In addition to this MIMHS clinicians will be able to take on the care coordination role for anyone on CPA open to services.</p> <p>Kent and Medway have recently submitted a bid for wave 2 of the national funding</p>

	<p>with the aim to support the social work element of the perinatal service alongside recruitment of some peer support workers. We are currently awaiting the feedback for this bid.</p> <p>The 8 bedded Mother and Baby Unit is currently being developed by KMPT commissioned by NHS England; this will be for regional use across Kent, Surrey and Sussex but reflects a positive step in care for patients where this provision has previously been sparse across the country. It is due to open in July.</p>
<p>8. Eating Disorder Service</p>	<p>Kent and Medway CCGs have worked together to commission a new, improved eating disorder service. There was extensive public and patient consultation to determine what is important to local people when designing a new service. Included in improvements that people said that they wanted to see were:</p> <ul style="list-style-type: none"> • Early identification of eating disorders and earlier access to specialist services • No gap between children’s and adult services • No waiting lists • Care available closer to home • More support for families/carers <p>These areas are included in the new service specification and NELFT has been awarded a 3 year contract for delivery of an all-age eating disorder service across Kent and Medway. The new all-age model is now live. The contact number is 0300 300 1980.</p>
<p>10. By 2020/21 all NHS-commissioned mental health providers will have armed forces champions and a specific named clinician with an expertise in military trauma</p>	<p>KMPT will continue to prioritise veterans if their mental health presentation is in response to their armed service. KMPT is expected during 2018/19 to work with the Kent, Medway and Sussex armed forces network and contribute to the workforce training plan.</p> <p>NHS England commission mental health complex treatment services for veterans.</p>

<p>11. Children and Young People (CYP) MH Emotional Wellbeing Service</p>	<p>On 1 September 2017, all Child and Adolescent Mental Health Services previously provided by Sussex Partnership NHS Foundation Trust transferred across to North East London NHS Foundation Trust (NELFT) as the new provider. The service is now known as Kent Children and Young People’s Mental Health Services (CYPMHS).</p> <p>The children and young people’s mental health service in Kent offers:</p> <ul style="list-style-type: none"> • one number and website for GPs, schools, youth services (and other concerned professionals, parents, and children and young people themselves) to seek support for all types of emotional and mental health disorder in children and young people • support such as advice, guidance or a referral to a service, via the same phone number or website • signposting to other services for children and young people who do not need a referral • better urgent and emergency care, minimising the need for children or young people in distress to spend time in A&E • the opportunity to access support digitally in a way that best suits them. <p>The single point of access for Children and Young People’s Mental Health Services is up and running, and is offering advice, referring to the relevant specialist team where appropriate, and signposting to other services where they can better meet the child or young person’s needs.</p> <p>Patients and health professionals can contact the service on 0300 123 4496 from 8am – 8pm during the week and from 8am – 12pm on Saturday. If patients need to contact the service outside of the hours mentioned above, patients can call 0300 555 1000 for immediate short-term support.</p>
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<p>12. CYP Local Transformation Plan will require: Significant expansion in access to evidence based treatment by NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions AND Improved access to 24/7 Crisis Resolution Home Treatment (CRHT) and Liaison Psychiatry</p>	<p>Transformation for CYP will be delivered via the Kent Local transformation plan (LTP) which has been expanded, refreshed and republished in 2017 to show how extra funds will support trajectories to meet increased access targets for community, urgent and emergency response and care for CYP.</p> <p>The LTP is due to be refreshed in 2018 and the Transformation Board is working closely with NELFT who's role includes the Strategic Improvement Partner. The board recently held a successful away day for LTP partners and key stakeholders to focus on our priorities for 2018/19. This collaborative working will continue throughout the year to ensure our access rates to treatment increase, alongside increased awareness of wellbeing issues and support and a reduction in stigma.</p>
<p>By 2018 all services should be working with the CYP IAPT programme leading to more staff being trained by 2020/21</p>	<p>National programme funding has been indicated for crisis care model and workforce development</p> <p>In patient bed use should reduce overall which will release efficiencies however will not be realised by CCG as inpatients commissioned by NHSE currently.</p>