

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) 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.</p> <p>The Government target is that 50% of eligible referrals to IAPT services should move to recovery.</p>	<p>Swale recovery rate towards the end of 2016 slipped below the target of 50%. Our providers have said people are not being referred soon enough and that this impacts on recovery rates. For this reason IAPT providers will be talking with GPs, Porchlight and KMPT regarding referral processes and closer working to ensure all are aware of when to refer someone with anxiety or depression for talking therapies.</p>
<p>1. Liaison Psychiatry Core 24 model in place by 2020/21 This model provides 24/7 acute hospital based service with rapid 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 result of our bid for national funding is awaited and we should know by the end of March if successful. This will fund a team to deliver the Core 24 standard at Medway Maritime Hospital later in 2017/18. The bid for Darrenth Valley Hospital was not successful and we are preparing to bid again in the next wave for funding in 2018/19</p>
<p>2. Crisis Resolution Home Treatment Teams (CRHTT)</p>	<p>A service development improvement plan has now been prepared with KMPT to</p>

<p>There is an agreed and funded 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.</p>	<p>work towards increasing CRHT capacity so that they can support people at home who would otherwise need hospital admission.</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>The number of people detained under a section 136 of the Mental Health Act across Kent has not reduced over the last year despite the introduction of initiatives such as street triage and crisis cafes to support the police. Canterbury Christchurch University has now been commissioned to undertake research to help discover the reason Kent is a national outlier for the number detained. Swale has had on average 4.8 people a month over a the last year detained by the police.</p>
<p>4. Reduction in the use of private beds out of area for non-specialist acute MH inpatient care and usage stopped by end of March 2017</p>	<p>High use of private beds out of area has continued to significantly reduce as a result of more efficient use of staff and processes. At time of writing Swale have no 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>A number of the Kent and Medway 2015-2020 Multi-agency Suicide Prevention Strategy actions have been taken forward and include: A suicide prevention social marketing campaign called Release the Pressure has been delivered mainly across Kent consisting of radio and internet advertising, as well as posters in service station toilets, pubs and on buses encouraging men who are feeling under pressure to call a 24/7 helpline. As well as the paid-for advertising, the campaign received significant media attention across TV, radio and newspapers. Early results suggest that the number of calls to the helpline have increased by 20%. KMPT has finalised their internal suicide prevention strategy which includes a new risk assessment framework and training has been given to GPs and Primary Care Staff as part of a recent ‘Protected Learning Time’ session.</p>
<p>6. First Episode of Psychosis 50% of those experiencing a first episode of psychosis will be seen within 2 weeks of referral and commence a NICE</p>	<p>Our service development improvement plan continues to focus on the steps needed to meet the standard and has the processes in place to report over 2017/18 for those aged 14-35 and identify progress towards both the increased</p>

<p>compliant package of care however this will need to increase to 60% by 2020/21</p>	<p>access target to the extended age group (35 to 65) and to the NICE package of care. Swale achieved 100% during Sept and Oct 2016. DGS 100% for Nov 2016</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>A perinatal community development fund application based on the Kent and Medway STP footprint was successful in Oct 2016 and will allow the provider to recruit a 0.5 wte consultant for DGS and additional 6.0 wte staff to begin to develop specialist teams and to improve quality, with a particular focus on areas of under-capacity.</p>
<p>8. Eating Disorder Service</p>	<p>Notice has been given to decommission the current Eating Disorder Services from 31.8.17 and a new all age service will be procured and implemented on 1.9.17. Until this time the Providers will be expected to continue collaborative working with each other, sharing resources and expertise. This new pathway has been co designed by service users and clinicians</p>
<p>9. IAPT access target is to increase from 15% to 25% by 2020/21 and accelerate access over the next 5 years.</p> <p>The expansion of IAPT to include those with long term physical health conditions and medically unexplained symptoms and co located with physical health services</p>	<p>In 2016/17 all IAPT services were required to prepare to build capacity and set trajectories to deliver greater access over the next 5 years. CCGs will achieve a minimum of 15% access rate by the end of 2016/17 and we are planning a stepped increase over the next 2 years; capacity will be made available through the use of online facility and different modalities.</p> <p>The two CCGs will go out to procure an expanded IAPT service in 2018 with a contract that will accelerate access to the new target by including long term conditions and be located in physical health care settings</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>The current provider will continue to prioritise veterans if their mental health presentation is in response to their armed service. The provider is expected during 2017/18 to work with the Kent, Medway and Sussex armed forces network and contribute to the workforce training plan.</p>

<p>11. Children and Young People (CYP) MH Emotional Wellbeing Service</p>	<p>The CYP MH emotional wellbeing contract led by West Kent CCG on behalf of the Kent and Medway CCGs will end on 31.8.17. Procurement is underway for a new contract with a go live date planned for 01.9.17</p>
<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>By 2018 all services should be working with the CYP IAPT programme leading to more staff being trained by 2020/21</p>	<p>During 2016/17 a number of CYP transformation pilots have been delivered with funding aimed at reducing stigma, supporting schools to recognise early signs and agencies to deliver CYP IAPT. These pilots will have prepared the way for sustainable transformation.</p> <p>Transformation for CYP will be delivered via the Kent Local transformation plan (LTP) which has been expanded, refreshed and republished 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>Delivering an increase will require workforce expansion and funding has been profiled to increase CCG allocations over time to support transformation and plan for recruitment of the additional workforce posts. 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>