

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>The performance for Swale against the recovery rate standard indications suggest that this will be met when Month 5 national data is released in November. The CCG receives local data ahead of national data and this indicates an improvement. DGS CCG recovery rate is meeting the 50% target.</p> <p>Interdependencies between services and understanding of what the service provision available is, is important to ensuring people access the service at the earliest point to minimise the risk of deterioration of mental health. The MHAG can support this through engagement across services and awareness of options available to patients.</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 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. The service has been live for two weeks and early results indicate that the targets are being met and MFT are reporting a positive improvement in patient flow in ED.</p> <p>The bid for Darent Valley Hospital was not successful. A bid will be prepared in the next wave for funding in 2018/19. The service continues to operate</p>

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	<p>from 9 to midnight 7 days a week.</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 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>NHS England is due to release implementation guidance for crisis care imminently, this guidance will inform the workplan for commissioners to implement with KMPT.</p> <p>Crisis care is a key theme of the Crisis Care Concordat, in North Kent a local partnership group has just commenced with representatives from acute care, Kent Police, SECAMB, CCGs, KMPT, KCC, Medway Council.</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 to support the police and additional provision to prevent the deterioration of health which may lead to a crisis. 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 the last year detained by the police.</p> <p>Urgent Care Delivery Boards across Kent and Medway have approved the development of a proposal for the S136 pathway in response to the Police and Crime Bill which is due to be signed by Government in December 2017/18. A project lead has been appointed to commence work on the proposal which will go back to the Kent wide strategic Crisis Care Concordat group and subsequently to the A&E Delivery Boards.</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>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>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.</p> <p>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.</p> <p>EU funding has been awarded for the development of Men's Sheds in Kent.</p> <p>A new CYP Crisis Care Sub-Group to the Kent Transformation board is being set up in line with the CYP specialist mental health care contract and will include this target as a key area of focus in the work it will do for CYP.</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)</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 compliant package of care however this will need to increase to 60% by 2020/21</p>	<p>strategy.</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 access target to the extended age group (35 to 65) and to the NICE package of care.</p> <p>Swale and DGS CCGs achieved 100% against the performance target in August 2017.</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. Recruitment into the new team has been underway and the service will be ready to launch on the 1st 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

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	<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>Procurement of a Mother and Baby Unit was awarded to KMPT 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.</p>
<p>8. Eating Disorder Service</p>	<p>From 1 September, eating disorder services previously provided by Kent and Medway NHS and Social Care Partnership (KMPT) for adults and Sussex Partnership Foundation Trust (SPFT) for children, transferred to NELFT. Children (age 8+), young people and adults with eating disorders in Kent will receive:</p> <ul style="list-style-type: none"> • earlier support, with specialist assistance available when the first signs of illness are showing, rather than waiting until their BMI drops below 17, as now • continuity of care for those who need it, with no change of service when they turn 18.
<p>9. 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 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 16.8% by end 2017/18 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>10. By 2020/21 all NHS-commissioned mental health providers will have armed forces champions and a specific named clinician with an</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</p>

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expertise in military trauma	expected during 2017/18 to work with the Kent, Medway and Sussex armed forces network and contribute to the workforce training plan.
11. Children and Young People (CYP) MH Emotional Wellbeing Service	<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 will offer:</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 now 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>

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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 to show how extra funds will support trajectories to meet increased access targets for community, urgent and emergency response and care for CYP. The LTP will be published on the CCG websites in November.</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>