

## 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><b>Improving Access to Psychological Therapies (IAPT)</b> 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><b>The Government target is that 50% of eligible referrals to IAPT services should move to recovery.</b></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. Providers have reviewed national improvement models and implemented learning from audits completed with a view to increasing recovery rate outcomes. In addition, 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><b>1. Liaison Psychiatry</b> Core 24 model in place by 2020/21 This model provides 24/7 acute hospital based service with rapid response to the A&amp;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>Following release of funding by NHS England for implementation of the Core 24 standard, a team will be in place to deliver the Core 24 standard at Medway Maritime Hospital later in 2017/18. Recruitment to the team is currently underway and the Core 24 service is expected to commence in quarter 3 (October – December) of 2017/18.</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 from 9 to midnight 7 days a week.</p>

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	<p>CYP secondary care services continue to in-reach to both acute trusts to respond to patients under the age of 18 attending A&amp;E with a mental health need. North East London Foundation Trust commence the new CYP contract on 1 September and work is currently taking place on the future crisis pathway model across the county.</p>
<p><b>2. Crisis Resolution Home Treatment Teams (CRHTT)</b> 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>A service development improvement plan has now been prepared with KMPT to work towards increasing CRHT capacity so that they can support people at home who would otherwise need hospital admission. NHS England is due to release implementation guidance for crisis care by end of Summer 2017.</p>
<p><b>3. Alternative Place of Safety</b> 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 are currently reviewing a proposal for the S136 pathway in response to the Police and Crime Bill which is due to be signed by Government in Autumn 2017/18.</p>
<p><b>4. Reduction in the use of private beds out of area for non-specialist acute MH inpatient care</b></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 patients admitted to out of area beds.</p>

<p><b>5. A Local multi-agency suicide prevention plan to help reach the 2020/21 ambition for a 10% reduction in suicide rates</b></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><b>6. First Episode of Psychosis</b> 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>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 achieved 100% in June 2017 and DGS achieved 33% in June 2017. The dip in DGS performance is due to patient choice where appointments offered have not been accepted in the two week assessment requirement. The numbers of patients are small and therefore variation is greater.</p>
<p><b>7. Perinatal Mental Health</b></p>	<p>A perinatal community development fund application based on the Kent and Medway STP footprint was successful in Oct 2016 was successful and the provider</p>

<p>National directive to support additional 30,000 women each year to access evidence- based specialist perinatal mental health treatment</p>	<p>has recruited a 0.5 wte consultant for DGS and is recruiting an 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>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><b>8. Eating Disorder Service</b></p>	<p>A new all age service contract commences on 1.9.17. Providers for the current and the new contract 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><b>9. IAPT access target</b> is to increase from 15% to 25% by 2020/21 and accelerate access over the next 5 years. <b>The expansion of IAPT to include those with long term physical health conditions</b> 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><b>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</b></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><b>11. Children and Young People (CYP) MH Emotional Wellbeing Service</b></p>	<p>From 1 September 2017, people of any age with an eating disorder, and children and young people in both Kent and Medway who need specialist mental healthcare will all get their services from the same organisation.</p>

	<p>We believe the new services, which are really clear about what our children, young people, and people with eating disorders in Kent can expect, will make a real difference, improving care and people's chances of making a full recovery. We think that in the medium term they will also reduce the number of people who need long-term support, reducing waiting lists and improving patient experience.</p>
<p><b>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</b></p> <p><b>By 2018 all services should be working with the CYP IAPT programme leading to more staff being trained by 2020/21</b></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 CYP LTP is available to view on the Live it Well website - <a href="http://www.liveitwell.org.uk">www.liveitwell.org.uk</a></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>