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Report to Ashford Mental Health Action Group January 2016

KMPT Operational Update

1. National Access Targets

KMPT are currently meeting national access targets for younger adults in the Ashford area with 100% assessed within 4 weeks and 100% treated within 18 weeks.

2. Vacancy Rates

I have successfully recruited to the clinical lead nurse role and from this week have a full time seconded operational team leader. When the substantive post holder formalises her move, I will be able to recruit to the substantive post.

I am interviewing a prospective clinical lead occupational therapist on Thursday 14th - a well regarded person seeking promotion and the 3 days per week role and have appointed a band 6 occupational therapist from 25th January. She is already facilitating 2 recovery groups for us as a bank worker. We will be offering more group work within the context of helping people gain more skills and strategies for living more independently.

We now have a lead for psychological therapies, who I know will work well with me and help with sensible solutions to the long wait for psychological therapies and hopefully offer more realistic help for those with a personality disorder.

1 social worker remains on long term sick leave, but our newer social worker (1 month with the team) is taking on more work.

We are recruiting to a band 5 nurse role - this will be used for depot and clozapine responsibilities, releasing the current band 6 nurse for more appropriate work - including STEPPES groups.

We are making good progress with our physical health checks too.

Although staff are working extremely hard, I am hopeful that better processes and helpful leadership will lead to a more satisfactory workload.

3. Use of out of area beds due to local inpatient bed capacity issues.

Current figures show limited out of area bed use due to capacity issues for Ashford patients.

However, there remains to be national pressure on private beds as well as local pressures and DToC pressures due to national pressure on both NHS and specialist placements. This results in delays of patients being assessed, delays in placement waiting lists and delays in move from rehabilitation.

For week commencing 21st December 2015:-

Younger adults - 1 YA patient remains in an external bed.

PICU - there are currently 2 patients who continue to require private or external beds

Older Adults - there are currently no older adult placements in external or private beds but 2 patients with a delayed transfer of care (DToC) awaiting nursing placements.

Following the Christmas and New Year break, KMPT have now re-instigated twice weekly calls to discuss local issues that lead to delays with patients being repatriated or found suitable accommodation to meet their needs. The CCGs are joining calls to see what they can do to support and influence the wider system.

CCGs continue to work closely with secondary care colleagues to reduce and sustain the use of OOA beds and to support the provider where there are wider health economy issues and ability to repatriate patients.

4. Discharge process from secondary care to primary care - Mental Health Specialists

In Ashford we have still been unable to recruit to a Primary Care Mental Health Worker to support this work.

A meeting has been arranged in early February with Kim Horsford, Chief Executive, Invicta Health CIC, to discuss the future role of the Primary Care Mental Health specialist service from 1st April 2016.

5. Mental Health Street Triage

In Partnership with Kent Police and South East Coast Ambulance Service a model for the delivery of a mental health street triage service has been agreed. The objective of the Mental Health Street Triage service is to provide an improved response to persons in mental health crisis and reduce the time spent dealing with incidents.

The Mental Health Street Triage Service has two components:-

The day service will provide telephone advice and information to Police and Ambulance response units in that area when they have a request for a call out to a person that may have mental health issues. This service went live on 30 November 2015.

The night service will provide telephone advice and information to Police and Ambulance response units across Kent and Medway when they have a request for a call out to a person that may have mental health issues. The night service is available on Thursday, Friday and Saturday between 18:00 hours – 02:00hrs, staffed by a qualified mental health practitioner and 2 senior clinical support worker who will have access to the electronic mental health patient record. **Confirmation as to imminent go live date pending.**

The service is all ages. For young people who present under the age of 18 there will be close liaison with the CAMHS service for support, advice and possible assessment. Following any assessment the mental health triage practitioners will discuss with the individual the need to communicate outcomes with their carers/family.

6. Psychiatric Liaison Service

The CCG have received some government funding to be used by March 2016 to improve the psychiatric liaison service. East Kent have invested money in additional consultant time for KMPT to support patients in EKHUFT that were appropriate for transfer or discharge just before Christmas.

The CCG have also invested in SPFT. On 4th January an additional resource was given to the EKHUFT hospital sites for the assessment of children under 18 who present to A&E.

National Agenda

Dementia Diagnosis Rates

The CCGs diagnosis rate has risen from 59.8% (September) to 61.6% (November). Further quarterly figures are due in January 2016 and will be reported at this time.

IAPT Access & Recovery Targets

All Ashford providers are meeting current national access and recovery targets. The CCG continue to meet with all providers to ensure they continue to meet the new national targets of 75% patients receiving treatment within 6 weeks and 95% within 18 weeks.

Sussex Partnership Trust Operational Update

The wait time for ASD 8-11 year old assessments. The backlog has been cleared and we now have a 6 month wait which is an improvement on where the CCG were previously.

Local Engagement

The CCG are now meeting bimonthly with the MHAG Chair, Porchlight, IAPT providers, KMPT and patient representatives to respond to local needs. Moving forward it is planned to replicate this approach with CAMHS service provider, Sussex Partnership Foundation Trust. It is hoped that this will give the transparency and confidence that the CCG is working with the providers to improve the current mental health service provision.

Update on Well Being Café

The Café continues to be well received. The voluntary sector and the CCG will be sharing post implementation review at the Ashford Health and Wellbeing Board meeting in March 2016.

Additional resources for mental health

On 11th January 2016 the Prime Minister announced plans to invest almost 1 billion pounds in mental health services in hospitals across the UK over the next 5 years.