



Canterbury and Coastal
Clinical Commissioning Group

Report to:	Canterbury MHAG
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Mental Health work stream, Canterbury and Coastal CCG

The mental health work stream continues to be clinically led and the next MH Local Operational meeting will be held on Friday 8th January 2016. The CCG is ensuring that feedback received at the MHAG is fed in to these meetings to ensure that there is a true local flavour.

KMPT Operational Update - National Access Targets

KMPT are currently meeting national access targets for younger adults in the Canterbury area with 95% - 98% of referrals being assessed within 28 days. This is an improvement on the last two months of this year where this target was not being achieved. We are managing to see routine referrals within 21 days for most service users. For older adults the 95% target is not being achieved and we are working with KMPT to understand the issues and support possible solutions.

Vacancy Rates

These remain slightly above Trust target at 17%. The Trust still have a Band 5 and a Band 6 vacancy but unfortunately no one turned up that was shortlisted for the interviews. A band 6 second round of interviews will be held on 6th January 2016.

Social Care vacancies. The Trust have a KR11 vacancy and interviews took place for this post but no one was appointed to post. Further interviews will be held on 6th January 2016. The Trust have filled two KR8 posts and are out to advert for a part time KR9 and 1.5 social work assistant.

KPIs – the Trust are now meeting the 4 week wait and 18 week pathway and crisis plans and just under target in other areas. Staff are working very hard on reducing caseloads and as this happens and the vacant posts are filled we will then be in a position to meet all targets.

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

Current figure show little out of area bed use due to capacity issues for Canterbury patients. East Kent weekly Sitreps for week ending 31st December 2015 are as follows:-

PICU. There are currently 2 OOA who continue to require PICU beds and these patients will be repatriated as soon as possible.

Young People. There was 1 patient in an external bed with no Out of Area (OOA) bed usage.

Older people. There was no use of private or external beds. There is 1 delayed transfer of care awaiting residential placement.

There has been a slight seasonal increase in use of out of area beds which has led to some patients being placed out of area on a temporary basis, but the CCG are working collectively with the health and social care economy to repatriate these patients as soon as possible

KMPT have now resumed twice weekly teleconference calls to discuss issues that have led 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.

Primary Care Mental Health Specialists Pilot

The pilot continues to successfully manage secondary care clients with significant mental health conditions with their GP's in the community. There have been high levels of client, carer and GP satisfaction with improved healthy functioning as suggested by levels of meaningful community activity and sustained periods of voluntary employment.

At present there are approximately 80 clients on the current caseload, and the PCMH are actively working towards aiding and supporting clients working towards their recovery and to engage in community activities and other third sector organisations such as Shaw Trust, Porchlight etc. the 2 PCMHs have been revisiting the GP surgeries across the CCG and have recently given a presentation to Northgate surgery where the majority of their service users are registered to update the GPs and other practice staff regarding the progress of the pilot to date. They have also met with the GP partners at Whitstable Medical group practice to provide an update regarding the service. There are further meetings booked in with other surgeries in the Canterbury and Coastal area and the PCMHs continue to meet with the Community Mental Health Teams to identify appropriate clients for future transfer to the service.

A meeting will be arranged in early February with Kim Horsford, Chief Executive, Invicta Health, to discuss the future of the Primary Care Mental Health Specialist service from 1st April 2016.

Take Off

The Eating Disorders, Borderline Personality Disorders and Long Term Conditions (both physical and mental health-related) Self-help Groups are currently running once a month and are well-attended. Members of the Eating Disorders Group are planning to increase the number of meetings to twice a month.

The Student Anxiety and Depression Group started this week. New members for any of the groups are always welcome and individuals can self-refer or be referred via the website/office phone number. Take Off are looking to develop a PTSD Group, Survivors of Sexual Abuse Support Group and Carers Support Group.

Cycle Recycle has also opened at Take Off, where individuals can help to repair bicycles that have been donated to us. The bikes can also be bought at very low prices.

The Peer Support Crisis Group will soon be opening on Sundays from 6pm to 10pm. This will offer an empathetic and pro-active environment for individuals to talk to peers who may have had similar experiences and will support positive steps forward. This will be accessed by referral only, via CMHTs, Crisis Team or GP.

Take Off Peer Support will begin in 5 'Hub' surgeries in the Canterbury and Coastal CCG area where GPs and nurses can refer an individual to talk to a Take Off Peer Worker. The service user can meet the Peer Worker for up to 6 sessions to discuss their difficulties, how to make positive changes and how to take charge of their own health and wellbeing.

More information on our services can be found at www.takeoff.works ; individuals can contact us via the website or office phone number.

Out of Area Treatments agreed following Panel process

Locally it is recognised that the current system for reviewing specialist cases, that cannot be offered treatment locally within the KMPT contract, is not as timely as it could be. As stated earlier this is having a negative impact on flow within other areas of the system. Commissioners are working closely with our colleagues in the Placement Team in the South East Coast Commissioning Support Unit (SEC SU), who manage this process on our behalf, to rectify this.

A review of the Out of Area Placements Panel will be undertaken in due course to look at current caseload management and how this information is reported back to inform the MHAG's.

National Agenda

Dementia Diagnosis Rates

Canterbury and Coastal CCG has put in place a detailed Action Plan to achieve the 67% target that has been set for the CCG, and we will be working with GP Member Practices., KMPT and voluntary sector to provide support for dementia diagnosis. The CCGs diagnosis rate has risen from 63.51% (April) to 66.3% (October). Further quarterly figures are due at the end of January 2016 and will be reported at this time.

IAPT Access and Recovery

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

Access to support for depression is a priority for CCG and at a joint clinical event recently it was agreed to explore further the need for community based support pre IAPT, with particular need identified with 15-18 year age range.

St Martin's Hospital S136 Place of Safety

The refurbishment of the Suite 136 Place of Safety at St Martin's Hospital has now been completed. It has been noted that Section 136 detentions have dropped since it's reopening.

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.

Sussex Partnership Trust Operational update

The wait time for ASD 8-11 year old assessments. The backlog has almost been cleared with a 6-7 month wait, which is an improvement on where the CCG were previously. Pscion will continue to pick up referrals for these assessments until the end of March 2016. The new service specification will reduce the current age to 17 year olds which was previously only for 18 year olds.

The CCG are currently looking to align elements of the service within the new neurodevelopment and CAMHS Service Specification. The CCG are currently in talks with providers to deliver status quo in service delivery until March 2016.

IAPT Specification Review

The new contracts for IAPT services commenced on 1st January 2016. All providers have now signed the contracts and mobilisation plans are now in place. Monthly performance meetings will be undertaken with providers and commissioners across the for Canterbury and Coastal locality on a monthly basis for the first six months with a review thereafter.

Local Engagement

The CCG continue to meet regularly with the local MHAG Co Chairs, who are also invited to attend the monthly local performance meetings with KMPT. 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.