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Report to Ashford Mental Health Action Group May 2016

KMPT Operational Update

1. National Access Targets

KMPT are not currently meeting national access targets for younger adults in the Ashford area with 61% assessed within 4 weeks and 100% treated within 18 weeks. This position is improving, but reflects the increased number of urgent referrals the team are experiencing.

2. Vacancy Rates

Social Care. The Team will shortly lose one social worker who will be moving to the Primary Care Mental Health and Wellbeing service. Another social worker will be joining the County AMHP service and the post will transfer with her.

Nursing staff.

Senior posts

The Team has lost one Band 7 operational team leader although there is a seconded senior from another team in post. The substantive post is to be advertised shortly.

Band 6 posts

One Band 6 nurse will be going to the Single Point of Access team and this post will transfer with him.

One Band 6 nurse has obtained a job in a team closer to home and will be leaving although the vacancy is being advertised shortly. A further post will also be advertised following the release of a post vacated when a colleague was promoted to a Band 7 post

Band 5 post

There remains one Band 5 nursing vacancy and this post will also be transferred to the Single Point of Access service. Therefore the Team are left with only 3 nurses across the service, down from a team of 13. The 28 day assessment deadline is now slipping.

Summary

2 nurses and 2 social workers currently in post to leave over next 6 weeks.

1 band 7 post to be advertised

2 nursing posts deleted.

3 band 6 posts to be advertised.

1 social work post to be deleted

2 social work posts being advertised – no interest thus far.

1 vacant STR post to be advertised.

Caseload impact

The new single point of access (SPOA) service has started to affect referral rates generally, although the CMHT is required to follow up those referred who they cannot access, which has increased the burden on the team, as has the increase in referrals from the psychiatric liaison service, all of which have to be assessed within 72 hours.

Service reconfiguration

We are required to move to a pod system, whereby 1 consultant will work with a specific group of practitioners and work with service users relating to a specific group of GP practices. All new cases will be worked within these 2 pods with group responsibility. Inevitably the pods will be small initially.

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 Delayed Transfer of Care (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 ending 24 April 2106:-

Younger adults - 1 YA patients remains in an external bed but there were no DToCs.

PICU - there are currently 2 patients requiring private or external beds.

Older Adults - there was 1 older adult placement in an external bed but they have now been repatriated and 2 patients with a delayed transfer of care (DToC). Social Care continue to have difficulty in identifying a placement for 1 patient who is subject to 117 and 1 patient is awaiting a placement which is yet to be confirmed and the Central Placement Team continue to continue to look for an alternative without any success.

KMPT have now re-instigated 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. Shaw Trust

The Live Well Kent new Community Mental Health and Well-Being Service launched on 1st April 2016. The service is there to help people improve their mental and physical health and wellbeing. It is a free service for anyone over 17 years of age. Live Well Kent is delivered on behalf of Kent County Council and the NHS by two charities across Kent - Shaw Trust will be operating in East Kent across Canterbury and Ashford localities and Porchlight will be covering Thanet and South Kent Coast areas.

5. Update on Well Being Café

The Café was well received at the recent Health and Wellbeing Board. The Board gave their support to continue to fund the café this year. The CCG will continue to fund until September/October 2016 after which a joint Post Implementation Review will be undertaken. The CCG will meet in June with Ashford Borough Council, KCC and Public Health to secure funding to continue this service until March 2017.

6. East Kent MH Strategy

The East Kent Mental Health Commissioning Team are keen to involve people in developing their work and are keen to hear from people who have experience of local mental health services, or are close to someone who has used these services.

The on-line survey is running from 1st April 2016 – to 31st May and has been circulated to service user and carer groups, patient engagement groups, Health Providers and Stakeholders, GP surgeries and NHS staff. To date there have been over 124 responses.

The survey and further details can be found here:

<https://www.surveymonkey.co.uk/r/EKMHComm>

7. Joint working

The Psychological Therapies providers (IAPT) and secondary care providers met on the 27th April 2016 to look at how to support the implementation of the stepped care model and improve services for patients. Discussions were also had around ensuring that there are clear criteria for IAPT providers and secondary mental health services, to agree referral protocol/referral forms and to ensure patients access the right service following referral.

8. KMPT Service Development Improvement Plan (SDIP) 16/17

The SDIP has been developed and shows that KMPT are currently on track to deliver. Further highlights will be shared in the next commissioner report.

9. Transformation Money

The CCG have received ring-fenced money from NHS England (NHSE) to support the transformation of Children's Mental Health services. The East Kent Transformation Plan for Children, Young People and Young Adults has been published on the Live It Well website. further details can be found here: <http://www.liveitwell.org.uk/latest-news/the-kent-transformation-plan-for-children-young-people-and-young-adults/>

The CCG have also secured ring-fenced funding for the Eating Disorders Service (EDS) and continue to work jointly with the voluntary sector and our current providers to help improve services for patients.

10. Local Engagement

The CCG are now meeting bimonthly with the Mental Health Clinical Lead and will also include The Shaw Trust, MHAG Chair, 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.