

East Kent Adult Mental Health Strategy 2016-2021

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Author: EK Mental Health Commissioning Team

This strategy sets out the four NHS Clinical Commissioning Groups (CCGs) and Kent County Councils priorities for improving mental health for the adult population of east Kent for 2016 to 2021.

Introduction

This East Kent Adult Mental Health Strategy sets out the four NHS Clinical Commissioning Groups (CCGs) and Kent County Councils priorities for improving mental health for the adult population of east Kent for 2016 to 2021.

The strategy was informed by the Mental Health Taskforce recommendations in the 'Five Year Forward View for Mental Health' (FYFV) (Feb 2016) and a series of meetings and engagement events with service users, carers, professional and strategic partners held across April and May 2016. The timetabling of the areas for action for the strategy have been informed by responses to the East Kent 'Mental Health; Have Your Say' 2016 survey, for more information and the survey results go to: liveitwell.org.uk/mental-health-east-kent.

The adult population of east Kent is 642,000 and at any one time;

- **92,946 (14%) will have a common mental health problem such as anxiety and depression.**
- **34,632 (5%) will have longer term and more complex mental health problems.**
- **45,454 (7%) will have mental health problems associated with their physical health needs.**¹

The Mental Health Taskforce recommendations focus on key priority areas which are reflected in local sustainability and transformation plans (STPs), these include:

- Access to high quality services close to home
- Equal priority given to mental and physical health (parity of esteem)
- Better service user and carer engagement (co-production)
- Early intervention
- Improved care for people in crisis
- Improved experiences and outcomes
- Greater integration across agencies

This strategy forms part of the wider East Kent Strategy Board programme, and aims to ensure that mental health is integrated across all health and social care strategy development in east Kent over the next five years.

¹ Kent Public Health Observatory Mental Health JSNA 2014

Executive Summary

In *The Five Year Forward View* the Government sets out its commitment to achieving parity of esteem for mental health. It also emphasised the need for early intervention and prevention and the need for services to be integrated and work together to deliver high quality services close to home. Historically most mental health services have been delivered in secondary care, with the vast majority of funding and resources given over to specialist secondary care mental health services which required people to be referred, experience multiple assessments of their needs and then have considerable waits for intervention and treatment. This has always been the picture for east Kent, however we know that whilst 85% of mental health funding has traditionally been given to secondary care mental health services, over 80% of demand for mental health support and intervention has been in primary care, with people seeking help from their GP or looking for advice and support close to home. This strategy outlines our vision for changing that picture through a transformation approach that will see more mental health provision in primary care, allowing specialist secondary care mental health services to focus on complex and specialist interventions.

Over the next five years we will work to realign the provision of mental health interventions and support in order that people who require it can access the appropriate interventions quickly, in an environment that is easy to access and convenient to them. We will ensure that services are increasingly developed and provided in primary care settings, allowing specialist secondary care services to focus on what they do best, supporting those individuals with who have complex mental health needs. We will transform services to be able to deliver both mental and physical health interventions in a way that recognises the effects of poor mental health on physical wellbeing, but equally importantly the psychological effects of long term health conditions, thus really delivering parity of esteem for the people of East Kent.

The task of transforming the way we design and deliver mental health services is challenging, however we are committed to realising the vision of the *Five Year Forward View* across east Kent in way that will make a genuine difference to the population, and vital to this work will be the engagement and involvement of people who have experience of using mental health services, who have cared for people who have received support from services and also other partners and agencies involved in the delivery of mental health support and interventions. This strategy is underpinned by feedback received from all of the above groups and will be taken forward with a co-production approach thereby ensuring that all of our redesign and transformation work is fully informed by the public and people with experience and understanding of 'what good should look like'.

Work has already begun, and this strategy aims to build on the current development of primary care mental health support already available, such as Improving Access to Psychological Therapies (IAPT), the new 'Live Well' service and the emerging development of Primary Care Social Care and Primary Care Mental Health Specialist Services, and it is vital that emerging new models of health and social care delivery such as the Integrated Accountable Care Organisations (IACOs) and Multispecialty Community Providers (MCPs) have mental health as an integral part of their delivery model.

This is an important opportunity to genuinely transform the way that we deliver mental health support and intervention in an integrated and holistic way, this five year strategy outlines how this will be achieved for the adult population of east Kent.

Areas for Action

1. Community Services

Addressing:

Community mental health services effectiveness (waiting times, caseload sizes, quality care plans, ensuring recovery and outcome measures, appropriate interventions provided).

Ability of EIP service to deliver the required access and treatment targets for all first episodes of psychosis across all ages.

The current design and effectiveness of Rehabilitation services.

Mental health provision in primary care.

Joined-up working in relation to co-morbid mental health and drug/alcohol issues.

The current provision of services for people with a diagnosis of personality disorder.

Increasing the provision of psychological therapies.

Improving provision of care for older adults.

Improving services for adults who self-harm.

Outcome	What we will do	Outcome measure
Ensuring that patients are receiving the best possible support in the community. Ensuring approaches used are optimising opportunities for integrated care, anticipating and preventing patients from requiring crisis support and admission to acute in-patient beds wherever possible.	a) Community Mental Health (secondary care) services – Conduct a joint commissioner and provider review of the community mental health services for adults and older people to ensure proactive support and intervention is being provided, efficiencies are achieved and to inform opportunities for improved integration with primary care at pace with emerging new models of delivery.	- Improved waiting times. - Appropriate case load sizes. - Improved quality of care planning. - Agreed measurement/monitoring process leading to improved rates of recovery and delivery of NICE compliant care. - Revised service specification that supports integration. (FYFV; rec 23)
	b) Single Point of Access (SPoA) – Ensure full implementation of the SPoA in 2016/17 and to review ongoing progress.	- Improved access to secondary mental health response. - High quality and personalised mental health response. - Consistent and seamless quality of services and experience. - Improved GPs experience of SPoA.

Community Services Continued.	c) Early Intervention in Psychosis (EIP) – Review current service provision in order to meet required access and treatment targets. Develop plan for all age first episode of psychosis pathway. Plan for the further integration of services with Children and Young Peoples services, (CYP).	• 50% of people experiencing first episode of psychosis will receive NICE compliant care within two weeks. • EIP services available across all ages. • Plan for the further integration with CYP services. • (FYFV; rec 16)
	d) Rehabilitation Service – Conduct a joint commissioning, provider and social care review of the rehabilitation services to inform an integrated approach to Recovery and Rehabilitation services across provider partners.	• Increase in people receiving rehabilitation in community. • Increase in availability of step down and supported accommodation. • Revised integrated model of care for Recovery and Rehabilitation services. • (FYFV; rec 23)
	e) Dual Diagnosis – Full implementation of the dual diagnosis protocol agreeing clearly established integrated care co-ordination and service delivery responsibilities between all agencies.	• All service users are screened for substance and alcohol misuse. • All service users receive age appropriate integrated health care from mainstream services to deliver NICE compliant care. • (FYFV; rec: 4)
	f) Examine the effects of alcohol and drug use on the increased need for acute admissions to in-patient beds, making recommendations and changes as required.	
	g) Primary Care Mental Health – Increase the provision of mental health services in primary care, for health and social care, including primary care specialist mental health workers. Working with Kent County Council to increase the provision of the PCSC service.	• Increased provision and integration of specialist mental health and social care in primary care.
	h) IAPT – Increase access for people with common mental health disorders and increase recovery rates. i) Ensuring IAPT services work with hard to reach and vulnerable groups to reduce health inequalities. j) Psychological therapies available for people with psychosis, bipolar and personality disorder. k) Ensuring IAPT services offer interventions to people with long term conditions, older adults and mothers experiencing perinatal mental health concerns.	• Increase to 25% of people accessing treatment by 2020/21. • Increase in psychological therapies available for people with psychosis, bipolar and personality disorders. • Increase in the uptake of psychological therapies for people with LTC, older adults and perinatal mental health. • (FYFV; rec: 5, 14)

<i>Community Services Continued.</i>	l) Personality Disorders – Review, redesign and implement the provision of care and outcomes for people with a diagnosis of personality disorder ensuring an integrated approach to care arrangements across primary and secondary care and in collaboration with IAPT providers.	• Improved care across primary and secondary care. • Reduction in treatment waiting times. • Improved outcomes of care received, outcomes to be determined through personality disorder service redesign project. • Access to psychological therapies for personality disorder in primary and secondary care. • (FYFV; rec: 14)
	m) Older Adults - Improving and integrating the provision of care and outcomes for older adults with functional mental health needs. With specific attention to the co-morbidity of cognitive, organic and physical health. Working with acute, community, IAPT and primary care providers to integrate care across Long Term Conditions and Frailty Care pathways.	• Improved outcomes of care received, outcomes to be determined through older adult redesign project. • Older adults with mental health needs receiving appropriate treatment, including psychological therapies. • Improved mental and physical health outcomes for older adults with multiple morbidity. • Older adults in physical health services supported to have mental health support as part of their care package. • (FYFV; rec 21)
	n) Self-Harm - Integrated working with public health and other agencies to ensure a seamless approach to working with adults who self-harm. o) Support the Public Health Suicide Prevention strategy and self-harm identified outcomes including the self-harm pathway. p) Work with CYP service commissioners to ensure that 0 – 25 service includes provision for self-harm. q) Perinatal Mental Health – integrated working with acute and community providers to raise the profile of mental illness in perinatal care.	• Reduction in numbers of people who self-harm. • Identified treatment pathways in adults and CYP service. • Improved outcomes of care received to be determined through self-harm pathway project. • Early detection and treatment or perinatal mental illness and prevention of unavoidable mental health crisis during pregnancy and post pregnancy.

2. Acute and Crisis Care

Addressing:

Numbers of adults who are admitted 'out of area' due to bed pressures.

Management of Delayed Transfers of Care (DToC).

Numbers of people requiring PICU admissions looking to review and redesign services where required.

Ability of CR/HT Services to provide home treatment due to conflicting demands.

Use of Section 136 by police.

Ability of Liaison Psychiatry Service to provide proactive response to acute hospitals in line with national targets.

Development of integrated mental health and social care decision unit.

Outcome	What we will do	Outcome measure
Improving patient experience and outcomes through the targeted reduction of admissions and out of area (Kent) admissions, length of stay and delayed transfers of care. To better detect and prevent mental health crisis. To provide 24/7 access to urgent care including liaison psychiatry services and support mental health and social care decision units.	a) Crisis Resolution Home Treatment – Joint commissioner and provider service review in the context of emerging new models of care delivery including integrated options for crisis detection and management.	- Reduction in acute inpatient admissions. - Increase in numbers of home treatment episodes. - Improved service user health and social care outcomes to be determined through the redesign of provision and engagement with multiple providers. - Intensive integrated home treatment service (FYFV; rec 17 & 23)
	b) Development of an intensive home treatment service across east Kent working with third sector, independent and social care providers to address the 'whole person' issues that trigger a mental health crisis.	
	c) Care Crisis Concordat – Implement recommendations of the action plan including Section 136 and mental health triage and alternative local models for health and social care crisis management, including alternative places of safety.	- Reduction in use of Section 136. - Reduction in number of people with mental health in police cells. - Increase in the use of mental health triage service. - Development of alternative cross agency places of safety.
	d) Develop an East Kent Crisis Concordat action plan which will link to the overarching Kent wide strategy but will detail east Kent specific areas of work in the context of emerging new models of integrated care.	
	e) Liaison Psychiatry – Review and redesign current service and establish 24 hour service by 2020/21 across all ages and in the context of emerging new	- Fully 24 hour compliant services by 2021. - Outreach liaison provision to improve access to mental health and psychological interventions for people with Long Term Conditions, Medically Unexplained

<i>Acute and Crisis Care Continued.</i>	models of integrated care.	Symptoms, mixed organic/psychiatric and physical conditions through integrated models of care. • (FYFV; rec 18)
	f) Acute In-Patient services – Review the number of acute in-patient beds required for east Kent, making changes as required. g) Development of east Kent plan for reduction of admissions under the Mental Health Act.	• Reduction in admissions and re-admissions. • Reduction in delayed transfers of care. • No acute admissions placed outside of Kent. • Reduction in length of stay. • Provision of out of hospital care in the context of emerging models of integrated health and social care. • Effective integrated 'whole person' transfer management plans. • (FYFV; rec 22, 23)
	h) Psychiatric Intensive Care Units – Review current commissioned number of PICU beds available for east Kent and redesign services where required.	• Targeted reduction in PICU admissions from acute inpatient units. • No PICU admissions outside of Kent. • Reduction in delayed transfers of care. • Reduction in length of stay. • (FYFV; rec 22, 23)
	i) Integrated Mental Health and Social Care Decision Units - Supporting the development of alternatives to mental health crisis within the context of emerging integrated new models of care.	• Rapid 'whole person' integrated assessment at time of crisis. • Reduction of mental health crisis care in hospital emergency departments. • Introduction of locality integrated alternatives to crisis management.

3. Integration and Prevention

Addressing:

Integrated provision of commissioning and services across all agencies.

Early intervention and prevention.

Better supported accommodation.

Promotion of community based mental health services.

Promotion of suicide prevention strategy and Public Health's Mental Health Plan.

Communication across pathways, services and organisations.

Outcome	What we will do	Outcome measure
Improving integrated health and social care commissioning in relation to mental health and at pace with emerging models of integrated care delivery.	a) Work with NHS, public health, social care, district councils and other agencies to ensure integrated approach. b) Ensure joint working with CYP Service and PCSC. c) Ensure that future mental health commissioning and service provision is fully integrated into the developing Integrated Accountable Care Organisation (IACO) and Multispecialty Community Providers (MCP's) developments. d) Working to 'Make Every Contact Count' for people with mental health needs and their carers.	- Improvement in the co-ordination of care for patients across all agencies preventing avoidable ill health and resulting in greater value for money and improved outcomes. - Mental health as an integral part of IACO's and MCP's service delivery. (FYFV; rec 9, 25)
	e) To work with Kent County Council to integrate health and social care commissioning in east Kent.	Health and social care co-commissioned services.
	f) Public Health's Mental Health Plan integrated across all services.	Inclusion of public health Mental Health Plan outcomes across all commissioned services.
Continue to build on the multi-agency partnership work operating across Kent.	g) Continued attendance and support for multi-agency partnerships work and action plans. Includes: - Crisis Care Concordat Group - County wide MHAG 'Live Well Kent' service - HOSC - Health and Wellbeing Boards and Local Partnership Groups - Integrated Commissioning Boards	- Improved coordination and consistency of services across Kent. - Sharing of best practice in relation to commissioning of services. - Reduction in duplication of commissioning activities.

Working with District Councils and Kent County Council to provide quality supported accommodation for people with mental health needs.	h) Working with District Councils and Kent County Council to develop joint and sustainable approaches to a range of accommodation options and support for people with mental health needs.	• A range of better housing options and housing support options for people with mental health needs. • More step down and supported accommodation. • Increase in reported percentage of people in settled accommodation.
Working with Kent County Council, Social Care and Public Health and District Councils to promote the community based primary care services.	i) Promotion of 'Live Well Kent' community services to connect people with their communities ensuring they have access to the wide range of support that is available to them. j) Promote the primary care social care service. k) Promote the primary care link worker service and other care navigator services. l) Coordinated approach to mental health support and services in primary care (health, social care and third sector).	• Better user and carer outcomes reported and evidenced. • Seamless service availability across primary and secondary care. • Increased services available in primary care and enhanced primary care and out of hospital care models. • Increased variety and integration in community provision.
Suicide Reduction and Prevention.	m) Working in the multi-agency Kent and Medway Suicide Prevention Steering Group to reduce the number of suicides. n) Promotion of 24 hour mental health help lines. o) Promotion of Public Health campaigns to support the reduction of suicides.	• Reduction in suicide and para suicide. • (FYFV; rec: 3)
Communication across pathways, services and organisations	p) Working across all pathways, services and organisations to improve communications between organisations	• Improved information sharing. • Improved data sharing and transparency in accordance with national targets.

4. Specialist Services

Addressing:

The current provision of services for people diagnosed with an eating disorders, other specialist and forensic services.

Outcome	What we will do	Outcome measure
Improving the care and outcomes for people requiring care for eating disorders, neurological psychiatric disorders, other specialist needs and forensic services.	a) Eating Disorders – implement a Kent wide, all age strategy for east Kent in the context of new models of care delivery.	- Improved access to an all age eating disorder service. - Reduction in adult waiting times, and CYP service to be compliant with national standards. - Improved outcomes to be determined through redesign in the context of emerging new integrated models of care delivery.
	b) Deliver a comprehensive primary and secondary care eating disorder provision for ages 0 – 25.	
	c) Review other specialist services including ADHD/ASD, Neuro-psychology, Neuro-psychiatry and Chronic Fatigue to ensure quality and best value and redesign services where required.	- Improved access to specialist services by improving care pathways. - Reduction in waiting times. - Improved outcomes with the introduction of outcomes focused recovery pathways and a multi-agency approach in the context of emerging new integrated models of care delivery.
	d) Forensic and Tier 4 EDS – Review specialist commissioning to improve care pathways and reduce the gap between forensic and other specialist Tier 4 services and community services. e) Supporting NHS England with their secure care pathway work.	- Improved care pathways and increased provision of community based services and co-commissioned funded service models. - Improved outcomes and person centred services that respond to new integrated local models of care delivery. (FYFV; rec 23)

5. Placements for Specialist Treatment

Addressing:

The monitoring and review of people who are placed outside of Kent for specialist in-patient treatment.

The quality and appropriateness of these placements and the cost to the local health economy.

Outcome	What we will do	Outcome measure
Ensuring that wherever possible people will be treated as close to home as is appropriate to their care. For those whose initial treatment can only be provided outside Kent, their care will be monitored with the aim that they should return to their home health locality as soon as possible.	a) Review current placements and monitoring arrangements. b) Identify opportunities for redesigning local services to enable repatriation.	- Increased monitoring for people placed outside of Kent for specialist treatment. - Improved quality of care delivered. - Increased local provision of specialist treatment. - Reduction in cost of specialist placements for treatment. - NICE compliant standards for care. (FYFV; rec 22)

6. Implementation of Best Practice

Addressing:

The ability of current service providers to deliver the full range of NICE evidenced best practice interventions.

Promotion of research and development.

Improvement in data reporting, sharing and transparency.

Outcome	What we will do	Outcome measure
Delivering NICE compliant evidence based practice that improves outcomes.	a) Review delivery of interventions by care pathways to identify gaps.	• Increase delivery of NICE complaint treatment. • Increase in recorded patient satisfaction and experience. • (FYFV; rec 13)
	b) Outcomes based approach and integrated mental health commissioning.	• Increase and Improvement in patient identified outcomes across work streams to be determined though individual redesign projects.
	c) Reduce stigma and discrimination relating to mental health. d) Supporting Public Health England's and the Department of Health's development of local mental health champions. e) Improving and increasing mental health information on CCG websites.	• All CCGs signed up to the 'time to change' organisational pledge. • Working with PHE and DoH to deliver on national targets to improve attitudes to mental health. • Development of East Kent Mental Health pages on all CCG websites. • (FYFV; rec: 12)
	f) Ensure equity of access for BAME communities.	• Ensuring that number of BAME people using mental health services is proportional to the east Kent population. • Ensure all mental health services meet cultural spiritual and religious needs.
Research and Development.	g) Explore and develop opportunities to apply best practice mental health research in line with the emerging 10 year strategy for mental health research.	• Implementation of emerging best practice into work streams. • (FYFV; rec 26)
The improvement of data and information and increased transparency of services.	h) Work with Public Health and commissioned services to improve data quality. i) To publish performance reporting data making services more transparent and accountable. j) Working to ensure commissioned services provide clear data on access and waiting times linked to the interventions delivered and outcomes achieved in accordance to national targets by 2020/21. k) Supporting work towards commissioned services sharing electronic health records. l) Providing regular and appropriate updates on EKMh projects and progress in plain English.	• Data information available in accordance to national targets. • Improved data sharing and transparency. • Patient and care records will be digital, real-time and interoperable by 2020. • Regular and appropriate updates on EKMh projects and progress. • (FYFV; rec 39 – 46)

7. Transitions

Addressing:

The transition of young people from CYP services to adult services, and adults into older adult services.

Prisons and offending population and mental health needs.

Outcome	What we will do	Outcome measure
Improving the experience of all ages transitioning across care pathways.	a) To work with CYP service commissioners to ensure a joined up approach to implementation of the Kent Transformation Plan for Children, Young People and Young Adult's Mental Health and Wellbeing. b) Work with CYP commissioners to develop a 0-25 age mental health service for young people. c) Working with social care and other partners to ensure a seamless approach to older adult services. d) Ensuring services for older adults are developed to assess for physical, cognitive and organic health issues and in the context of new integrated models of care delivery	• Seamless care pathways for people aged 0-25. • Reduce waiting times. • Improve access and outcomes to be determined in redesign. • Seamless integrated care pathway for older adults with multiple morbidities • Improve access to mental health support for older adults • Improved outcomes for older people to be to be determined through redesign and emerging new models of integrated care. • (FYFV; rec 1)
Improving the experience of transitions of people with mental health needs in the criminal justice system.	e) Working with partner agencies to ensure a seamless pathway of care for people with mental health issues who are transitioning from the criminal justice system. f) Working with partners (DoH, PHE & NHS England) to develop a health and justice pathway.	• Improved outcomes and continuity of care to be determined through redesign. • Integrated health and justice pathway developed. • (FYFV; rec 24)

8. Choice and Personalisation

Addressing:

Developing personal health budgets and patient choice in mental health.

Outcome	What we will do	Outcome measure
People will have a greater choice in their care and will identify their own outcomes and design their own care packages using Personal Health Budgets.	a) Further development of personalised and localised care across primary and secondary care. b) Support and further development of the use of Personal Health Budgets (PHB's) for people living with mental health issues. c) Development of patient choice for mental health and social care.	• Increase in the number of people who have designed their own care package by using PHBs. • Patients being offered choice of provider for their first elected outpatient appointment within the legal framework.

9. Workforce

Addressing:

The quality, skill mix and establishment of the current workforce delivering mental health services across East Kent.

Working with training colleges and workforce development teams to improve standards.

Outcome	What we will do	Outcome measure
A Workforce Plan that ensures the workforce is 'fit for purpose' and developed in the context of new integrated models of care delivery leading to improved outcomes for staff service users and carers.	a) Review and monitor current workforce in CCG local operational meetings. b) Monitoring of workforce through local quality requirements. c) Work with quality colleagues to address workforce issues identified in Serious Incidents. d) Map current workforce within to support delivery of CCG operational plans and emerging integrated new models of care delivery. e) Work with local partners to support a multi-disciplinary cross agency workforce strategy. f) Support the provision of mental health support in the work place. g) Ensuring plans are in place to promote staff wellbeing. h) Optimise the development of peer lead schemes and integrate these with new models of care delivery. i) Scope and describe new roles for non-professionally affiliated staff across primary, secondary and social care provision in the context of emerging models of integrated care.	• Increase in staff survey reporting good place to work. • Increase in patients and carers reporting positive experiences of care. • Increase in peer support. • Increase in 'non- professionally affiliated' support worker roles across primary and secondary care. • (FYFV; rec 32 - 38)
Working with training colleges and workforce development teams.	j) Review mental health work force training. k) Introduction of integrated physical and mental health skills development. l) Improve quality standards of workforce. m) Improvement in the 'psychological minded' workforce across primary care and in the development of integrated physical and mental health care pathways.	• Improved physical and mental health outcomes for the population of east Kent. • Improved staff satisfaction. • Increased staff retention. • Improved awareness of the psychological aspects of physical conditions and options for psychological interventions.

10. User and Carers

Addressing:

Meaningful user/carers and independent sector engagement in the development of mental health provision for east Kent.

Increase in patient and carer satisfaction.

Improving communications, feedback and accountability.

Outcome	What we will do	Outcome measure
Ensuring meaningful engagement and co-production to improve services, experience and outcomes.	a) Develop an East Kent Mental Health commissioning communication engagement and co-production strategy putting service users and carers as central to the development, redesign and monitoring of mental health services in east Kent.	- Evidence of meaningful co-production in all aspects of mental health commissioning using the 4Pi standards. (FYFV; rec: 8)
Increase in patient and carer satisfaction.	b) Work together with service users and carers to develop meaningful user and carer engagement with commissioned services.	- Improvement in reported outcomes for service users and carers. - Increase in reported user and carer satisfaction.
Communication, feedback and accountability.	c) Providing regular and appropriate updates on EKMh projects and progress in plain English. d) Providing information and feedback on all engagement work. e) Development of East Kent Mental pages on CCG websites.	- Regular reports and updates. - Regular feedback provided in reports and online. - Development of East Kent Mental Health pages on all CCG websites.

11. Parity of Esteem

Addressing:

People in east Kent with mental health issues not being able to access the full range of physical health interventions available to others.

Ensuring people with long term physical health needs have their mental health needs addressed.

Working to nationally agreed waiting times for mental health.

Outcome	What we will do	Outcome measure
Ensuring that mental health is considered and treated with equal priority to physical health across the whole east Kent health economy.	a) Ensure mental health is fully integrated with current IACO and MCP work. b) Work with EKHUFT, KCHFT and commissioning colleagues to ensure the mental health agenda is fully recognised and addressed across all health commissioned services. c) Develop commissioning strategies and processes across the health economy that reflect the principles of parity of esteem, including enhanced physical healthcare for people with long term mental ill health, and also ensuring that the psychological needs of people with long term physical health and frailty conditions are fully considered and addressed. d) Action plan to deliver physical health checks with appropriate follow up in secondary care services. e) Deliver integrated physical and mental health care for people with long term mental health issues and frailty.	• Improved the life expectancy and the physical health of those with severe mental illness. • Improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities in line with agreed NHS outcome measures. • Increase access to psychological interventions and talking therapies for people with Long Term Conditions and Frailty. • (FYFV; rec 13 & 19, 20)
Waiting times for mental health services	f) Working to nationally agreed types of intervention, access to care and maximum waiting times.	• Working to nationally agreed mental health waiting time, intervention and access targets. • (FYFV; rec: 52)

East Kent mental health strategy 5 year plan

Starting work on	Year 1 • Review of Community mental health services for adults and older people • To support SPoA • Review of EIP services • Review rehabilitation services • CRHT review • Acute in-patient services review • Psychiatric Intensive Care review • Specialist placements review • review of other specialist services. • Implementation of Dual Diagnosis protocol • Personality Disorder – improving provision of care	Year 2 • All age EIP Pathway • Increase provision of primary mental health support • Liaison psychiatry – review and redesign • Eating disorders – implement Kent wide strategy for East Kent • Physical Health Outcomes • Primary Care mental health support • Specialist commissioning (Inc forensic and tier 4 EDS) • Older Adults improving care and outcomes for functional mental health.	Years 3 – 5 • Increase provision of primary mental health support • Development of 0 – 25 pathway • Integrated commissioning • Patient Choice and personal health budgets • Transitions from CYP to adult and adults to older adult services. • Transitions of people with MH needs in the criminal justice system.
Workstreams running through all five years	Integration with Integrated Accountable Care Organisations and Multi-Speciality Providers • Care Crisis concordat • Co production and communications • IAPT Improve access and recovery rates • Anti Stigma • Parity of esteem & Equity of Access • User and carer engagement • Multi agency partnerships inc accommodation • Improved data and information sharing • Specialist placements • Suicide Prevention & Self harm • Promotion of Live Well Kent • Workforce development and improvement		

Integration with Integrated Accountable Care Organisations and Multi-Speciality Providers

Current Provision	Year 1(2016/17)	Years 2 (17/18)
Primary Care ▪ PCMHW's ▪ IAPT ▪ Live Well Service ▪ Primary Care Social Workers ▪ Dual Diagnosis Services	Primary Care ▪ PCMHW's ▪ IAPT ▪ Live Well Service ▪ Primary Care Social Workers ▪ Dual Diagnosis Services	Primary Care ▪ Live Well Service ▪ Dual Diagnosis Services
Secondary Care • Community Mental Health Teams • Early Intervention services • Liaison Psychiatry • Crisis resolution Home Treatment Services • Acute /PICU Inpatient Services • Rehabilitation Services • Peri Natal Mental Health • ADHD/ASD Services • Neuro Psychiatry/Neuropsychology and CFS/ME services • PD Services • Eating Disorder Services	Enhanced Primary Mental Health Care Services ▪ Aligned Secondary Mental Health Care teams with GP Locality Teams	Enhanced Primary Mental Health Care Services ▪ Aligned Secondary Mental Health Care teams with GP Locality Teams ▪ PCMHW Teams aligned with Primary Care Social Workers and IAPT providers.
	Secondary Care • Community Mental Health Teams • Early Intervention Services • Liaison Psychiatry • Crisis Resolution Home Treatment Services • Acute /PICU Inpatient Services • Rehabilitation Services • Peri natal Mental Health • ADHD/ASD Services • Neuro Psychiatry/Neuropsychology and CFS/ME services • PD Services • Eating Disorder Services	Secondary Care • Community Mental Health Services • Early Intervention Services • Liaison Psychiatry • Crisis Resolution Home Treatment Services • Acute /PICU Inpatient Services • Rehabilitation Services • Peri natal Mental Health • ADHD/ASD Services • Neuro Psychiatry/Neuropsychology and CFS/ME services • PD Services • Eating Disorder Services

Year 3 (2018/19)

Enhanced Primary Mental Health Care Services

- Aligned Secondary Mental Health Care teams with GP Locality Teams.
- Local single Point of Access to PCMH Teams aligned with Primary Care Social Workers, IAPT providers, Live Well and Dual Diagnosis Services.

Secondary Care

- Community Mental Health Services
- Early Intervention Services
- Liaison Psychiatry
- Crisis Resolution Home Treatment Services
- Acute /PICU Inpatient Services
- Rehabilitation Services
- Peri natal Mental Health
- ADHD/ASD Services
- Neuro Psychiatry/Neuropsychology and CFS/ME services
- PD Services
- Eating Disorder Services

Year 4 (2019/20)

Enhanced Primary Mental Health Care Services

- Aligned Secondary Mental Health Care teams with GP Locality Teams.
- Local single Point of Access to integrated locality Community Mental Health Team aligned with Primary Care Social Workers, IAPT providers, Live Well and Dual Diagnosis Services.
- Early Intervention Services integrated with CYP services .
- Locality based integrated Crisis Services.
- Integrated ADHD/ASD Services

Out of Hospital Services

- 24/7 Liaison Psychiatry services

Secondary Care

- Community Mental Health Services for complex and severe mental health interventions.
- Acute /PICU Inpatient Services
- Integrated Community Rehabilitation Services (Accommodation/Employment and Voluntary sector partnerships)
- Neuro Psychiatry
- PD Services
- Eating Disorder Services

Year 5 (2020/21)

Enhanced Primary Mental Health Care Services

- Local single Point of Access to integrated locality Community Mental Health Team aligned with Primary Care Social Workers, IAPT providers, Live Well and Dual Diagnosis Services.
- Early Intervention Services integrated with CYP services and Primary Care.
- Locality based integrated Crisis Services with access to secondary specialist services.
- Integrated all age ADHD/ASD Services
- Integrated clinics for physical and mental health conditions including Medically Unexplained Symptoms and Neuro Psychiatric presentations.

Out of Hospital Services

- 24/7 Liaison Psychiatry services fully integrated with local Integrated Discharge and Enablement services and providing 'outreach' care.

Secondary Care

- Community Mental Health provision for complex and severe mental health interventions including services for people with Personality Disorder and Eating Disorders.
- Specialist Crisis support/Acute /PICU Inpatient Services
- Integrated Community Rehabilitation Services (Accommodation/Employment and Voluntary sector partnerships)

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Glossary

Word / Abbreviation / Acronym	Definition:
4Pi Standards	NSUNs national involvement standards for meaningful co-production. Principles, Purpose, Presence, Process, Impact when involving people who use mental health services, their family and carers. More information can be found at: www.nsun.org.uk
Acute Care	Acute mental health services work with those people who are either experiencing, at risk of, or recovering from a mental health crisis. The aim of an acute care service is to support patients and their families through the worse phase of a mental health crisis.
Acute Inpatient care	Acute inpatient care is intensive medical and nursing support in wards for patients in periods of acute psychiatric illness
ADHD	Attention Deficit Hyperactivity Disorder
Area	For the purpose of this document the word area is the whole of Kent
ASC	Autistic Spectrum Conditions
BAME	Black, Asian, and minority ethnic
Chronic Fatigue	Chronic Fatigue Syndrome is a condition that causes physical and mental tiredness that does not improve after rest and often worsens after physical or mental exertion. For more information: www.nhs.uk/Conditions/Chronic-fatigue-syndrome/Pages/Treatment.aspx
Clinical Commissioning Groups (CCGs)	Clinical Commissioning Groups are groups of GPs that are responsible for planning and designing local health services. They do this by 'commissioning' or buying health and care services there are four in east Kent: Ashford, Canterbury & Coastal , South Kent Coast and Thanet for more: www.liveitwell.org.uk/policies/clinical-commissioning-groups-ccgs/
Community Mental Health Team (CMHTs)	Community Mental Health Teams provide community based services to people aged between 18 – 65 who are experiencing mental health issues this is a secondary care service. For more information: www.liveitwell.org.uk/support-help/community-mental-health-teams-cmhts
Co-morbid	Co-morbid is more than one medical condition is present in a patient
Crisis Concordat	A multi-agency Kent and Medway wide pledge for everyone involved to work together to improve care and support for people who are experiencing a mental health crisis. For more information: www.crisiscareconcordat.org.uk/areas/kent
Crisis Resolution Home Treatment Team (CR/HT)	Also known as 'Crisis Teams' this is a team of mental health professionals who can support you at your home during a mental health crisis. The CRHTT support adults who are experiencing a severe mental health problem which could otherwise lead to an inpatient admission to a psychiatric hospital.
CYP – Children and Young Persons Service	The Children and Young Person's service in Kent. Currently for 0 – 18 year olds. Work is underway to expand the service to be from 0 – 25.
Delayed Transfer of Care (DToC)	Defined by NHS England, a 'delayed transfer of care' occurs when an adult inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so. Sometimes referred to in the media as 'bed-blocking'.
DoH	Department of Health
Dual Diagnosis	Dual Diagnosis is a term used to define mental health and substance misuse problems, these could be alcohol or drugs for more:

Word / Abbreviation / Acronym	Definition:
	www.liveitwell.org.uk/wp-content/uploads/2013/07/DUAL-DIAGNOSIS-BOOKLET.pdf
Early Intervention in Psychosis service (EIP)	Early intervention services are set up to provide treatment and support for young people who are experiencing symptoms of psychosis for the first time, and during the first three years following a first episode of psychosis
Eating disorders	Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour for more information: www.nhs.uk/conditions/Eating-disorders/Pages/Introduction.aspx
EKHUFT	East Kent Hospitals University NHS Foundation Trust for more information: www.ekhuft.nhs.uk
EKMH	East Kent Mental Health Commissioning team
Forensic	Forensic mental health are services that provide support for those with mental health needs and legal issues i.e. they could have a history of offending or could be at risk of offending
HOSC	Health Overview and Scrutiny Committee
IAPT	The Improving Access to Psychological Therapies (IAPT) programme has rolled out free NHS talking Therapy services otherwise known as counselling or therapy services in Kent and Medway for more about your local service go to: www.liveitwell.org.uk/support-help/nhs-counselling-therapy-kent-medway
Integrated Accountable Care Organisation (IACO)	IACO's are groups of providers that deliver health and social care to a population. These providers are held accountable for achieving quality outcomes within a given budget. IACO's are about delivering services across primary and secondary care, mental and physical health, and health and social care.
KCHFT	Kent Community Health NHS Foundation Trust for more information: www.kentcht.nhs.uk
Kent Transformation Plan	The Kent Transformation plan is a Kent wide plan to improve the mental health and wellbeing of the children and young people of Kent. To see the plan go to: www.liveitwell.org.uk/wp-content/uploads/2015/12/Kent-Transformation-Plan-for-Children-FINAL-VERSION-22-12-15.pdf
Liaison Psychiatry	Liaison psychiatry provides a service to patients in a general medical hospital, either inpatients, outpatients or attenders to the Emergency Department.
Live Well Kent	Community based mental health support services for more information: livewellkent.org.uk
LTC	Long Term Conditions is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease.
MCPs	Multispecialty Community Providers: A new care model in which GP group practices will expand, bringing in nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out-of-hospital settings. There are currently (May 2016) 14 sites in England.
MHAG	Mental Health Action Groups for more information go to: www.liveitwell.org.uk/your-community/county-mental-health-action-group
MIMH's	Mother and Infant Mental Health also known as perinatal mental health. Perinatal services are concerned with the prevention, detection and management of perinatal mental health problems that complicate pregnancy and the postpartum year.
Neuro-psychiatry services	Neuro-psychiatry disorders, includes psychiatric complications of epilepsy, Tourette's syndrome, movement disorders and other neurological disorders, depersonalisation, and conversion and dissociative disorders including non-epileptic seizures and other somatoform disorders.
Neuro-Psychology	Neuro-Psychology services includes neurodevelopmental and psychiatric conditions, including; Attention Deficit Hyperactivity

Word / Abbreviation / Acronym	Definition:
services	Disorder, Autistic Spectrum Conditions.
NICE	National Institute for Health and Care Excellence for more information: www.nice.org.uk
NHSE	NHS England set the priorities and direction of the NHS. NHSE also manage GPs, Pharmacies, Dentists and CCGs.
PCSC	Primary Care Social Care Service supports adults requiring social care support in primary care across Kent.
Out of Area beds	Refers to patients placed in beds out of the area of Kent
Personal Health Budgets	Personal health budgets are being introduced by the NHS to help people manage their care in a way that suits them for more information: www.nhs.uk/choiceintheNHS/Yourchoices/personal-health-budgets/Pages/about-personal-health-budgets.aspx
Perinatal Mental Health	Mental Health problems that can occur in pregnancy or post pregnancy, for more information: www.nhs.uk/conditions/pregnancy-and-baby/pages/mental-health-problems-pregnant.aspx
Personality Disorders	Personality disorders are conditions in which an individual has difficulty relating to others. There are three main categories for personality disorders cluster A tends to have difficulty relating to others, cluster B struggles to relate to others and cluster C tends to fear personal relationships for more information: www.nhs.uk/conditions/personality-disorder/Pages/Definition.aspx
PHE	Public Health England
Primary Care	Primary care services in England are those provided through local general practice (GP's), community pharmacy, optometrist, dental surgery and community hearing care providers. These services are generally provided free-of-charge through the NHS.
Primary Care Link service	Primary Care Link Workers are based in GP practices support social care needs.
Psychiatric Intensive Care Units (PICU)	A PICU is a type of psychiatric inpatient ward. These wards are secure, meaning that they are locked and entry and exit of patients is controlled. Staffing levels higher than on an acute inpatient ward, usually multi-disciplinary and sometimes with 1:1 care is provided. PICU services usually receive patients who cannot be managed on the acute inpatient wards due to the level of risk the patient poses to themselves or to others.
Rehabilitation Services	Mental health rehabilitation services provides specialist assessment, treatment, interventions and support to enable the recovery of people whose complex needs cannot be fully met by general adult mental health services.
Secondary Care	If your mental health needs cannot be supported by primary care services, you may be referred for more specialist support. This is often known as secondary care. Secondary care can include community mental health teams, hospital care or support from other mental health service providers.
Section 136	Section 136 is the legal power that the police have to remove someone from a public place if they think that a person has a mental illness and are in immediate need of care and control. The police will then take someone to a place of safety. For more information: www.rethink.org/living-with-mental-illness/police-courts-prison/section-136-police-taking-you-to-a-place-of-safety-from-a-public-place
Specialist In-patient services	Specialist In-patient services are wards or beds allocated for very specialist functions, such as: eating disorders, perinatal psychiatry, residential psychotherapy, autistic spectrum, any forensic medium, low secure or psychiatric intensive care unit wards any wards specifically designated for rehabilitation crisis house or respite beds inpatient substance misuse units.
SPoA - Single Point of Access	The single point of access has been launched by KMPT (April 2016) to provide a 24 hour single contact number for carers and clinicians seeking mental health advice and support in secondary care: 0300 222 0123. This will also be the number to call if you or someone you care for is experiencing a mental health crisis.
Tier 4	Highly specialist inpatient, secure and residential services