



10 March 2011

Kent LINK External Representatives Meeting Report

Name of LINK Representative	Jim Hancock
Name of External Organisation	KMPT
Name of External Group	
Name of lead contact of External Group	
Date of Meeting	23 February 2011
Venue of Meeting	
Summary of Meeting (If appropriate attach papers)	<p>1} <u>FOUNDATION TRUST STATUS</u> A meeting has been arranged between KMPT and Monitor for 3rd March 2011 to discuss the trajectory time regarding Foundation Trust status. This is though subject to the Mental Health Contract 2011 – 2012 being successfully negotiated and signed. Negotiations continue with Commissioners to understand commissioning intentions for 2011 – 2012. This understanding is critical to completing the Contract negotiations.</p> <p>2} <u>CARE QUALITY COMMISSION</u> The Care Quality Commission undertook a Planned Review of Compliance in November 2010, which included nine locations. Draft reports have now been received by KMPT and they have fourteen days to respond on the factual accuracy prior to the report being published on the CQC website. However, KMPT have raised concerns about some of the contents of this report and are challenging the accuracy, showing evidence of compliance. A full report will be available to the Trust following publication of the final reports.</p> <p>3} <u>NO HEALTH WITHOUT MENTAL HEALTH</u> Following the end of a Ten Year National Service Framework</p>

{NSF} for Mental Health, the last Government published a new Mental Health Strategy: *New Horizons* in December 2009. The New coalition Government made clear in Summer 2010 that it would be publishing a new Mental Health Strategy, and this was published on 2 February 2011 and is titled *No Health Without Mental Health*. The full strategy can be found along with a number of other documents at <http://www.dh.gov.uk>.

No Health Without Mental Health is underpinned by two central aims: 1} To improve mental health and wellbeing of the population and keep people well, and 2} To improve outcomes for people with mental health problems through high quality services that are equally accessible to all. This is an all age strategy. It stresses the Government's expectation that there be "parity of esteem" between Mental and Physical Health Services,

The strategy is not intended to be a directive. The strategy states "power is moving away from the centre. The concept of the Big Society captures this shift, whereby citizens take more control over their lives and build more capable communities. It is particularly relevant to mental health".

Local services should be free to innovate and draw upon evidence about what works, including using National Institute of Clinical Excellence {NICE} Quality Standards, to design their own services to meet local needs. The Strategy details six shared objectives, developed in partnership with stakeholders. Progress will be measured through the use of outcome indicators mainly through the NHS, Public Health and Adult Social Care Outcomes Frameworks.

The six broad objectives outlined in the strategy are:

1: *More people will have good mental health:*

More people of all ages and backgrounds will have better wellbeing and good mental health

2: *More people with mental health problems will recover:*

More people who develop mental health problems will have a good quality of life.

3: *More people with mental health problems will have good physical health:*

Fewer people with mental health problems will die prematurely.

4: *More people will have a positive experience of care and support:*

Care and support, wherever it takes place, should offer access to timely, evidence based interventions and approaches that give people the greatest choice.

5: *Fewer people will suffer avoidable harm:*

People receiving care and support should have confidence that the services they use are of the highest standard.

6: *Fewer people will experience stigma and discrimination:*

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will improve.

The document requires detailed analysis to identify where KMPT currently lies in respect of achievement of these outcomes for every patient group. One area where a national plan of action has already been outlined is in talking therapies. The plan sets out the expansion of the current talking therapies programme Improving Access to Psychological Therapies {IAPT} to focus on children and young people, those with severe and enduring problems, those with long term physical health conditions and a greater focus on access for older people.

The models for many of these developments are yet to be devised. However KMPT do operate an IAPT Service and are now acting to ensure it is delivering a high quality core talking service that builds relationships within these growth areas.

4: CLUSTER PRIMARY CARE TRUST {PCT} LEADERSHIP ARRANGEMENTS

Linked with the *NHS Operating Framework 2011- 2012* and the new ways of working signalled by the DoH the PCT's have moved towards a 'cluster' arrangement across Kent and Medway. The purpose of this is to build resilience for the next couple of years , focussing on securing great quality, financial and other performance outcomes while building commissioning expertise and support for emerging General Practice Commissioning Consortia.

In practice, this means there will be a single PCT Chief Executive and one PCT Executive team for each 'count' in the NHS SEC region. Ann Sutton {Chief Executive, NHS Eastern and Coastal Kent} has been appointed to lead the cluster in

Kent and Medway as the designate Chief Executive and Accountable Officer for all the constituent PCT's {NHS Eastern & Coastal, NHS Medway and NHS West Kent} The precise date of handing over Accountable responsibilities has not yet been agreed, but will take place by 1 April 2011.

FOR FURTHER INFORMATION REFER TO TB/11/30

5: QUALITY DASHBOARD QUARTER 3

The Quarter 3 Quality Performance Indicator Dashboard shows under – achievement in one area, which has also shown under – achievement in Quarter 1 and Quarter 2.

At any one time, 95% of clinical staff are required to be in date on Hand Hygiene Training. Improvements have been achieved from Quarter 1 attainment of 57% to 81% in Quarter 3. If the rate of improvements continues, then the target figure of 95% should be achieved in Quarter 4

6: GOVERNANCE AND RISK REPORT {KEY RISK SUMMARY}

Two risks have been removed from the Trust risk register, those being 1} Risk of in – patient addiction service not being viable as Commissioners are now spot purchasing. KMPT has been selected as preferred provider under spot purchasing contract. Future risks will be managed locally on the Forensic Risk register. 2} Non – compliance with current waste legislation has been removed because adequate controls are now in place and managed locally on Facilities Risk Register.

Four New Risks added No's 8 – 11::

No 8 refers to Human Resources and relates to the risks of failure to control the causes of work related stress.

No 9 refers to Acute Services and relates to risks in not developing and maintaining a modern infrastructure.

No 10 refers to Acute Services and relates to the significant numbers of registered nursing staff unavailable in younger adult in – patient wards due to long term sick leave.

No 11 refers to to Social Care and partnerships and relates to the risk that the Trust is unable to demonstrate compliance with all aspects of the Equality Impact Assessments as required under Equality & Diversity legislation.

FOR FURTHER INFORMATION REFER TO TB/11/37

Recommendations / Actions

eg

- Items for LINK bulletin
- Items for individual interest group
- Issue to Priorities Panel / Governors' Group

Date of Next Meeting

Signature **Date**.....

Recommendations / Actions

<i>For Office Use Only</i>	<i>Recommendation / Action</i>	<i>Date of Action Taken</i>	<i>Who By</i>