

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

18 DECEMBER 2013

RESPONSE FROM SECRETARY OF STATE TO REPORT FROM MEDWAY ON ACUTE MENTAL HEALTH BEDS REDESIGN IN KENT AND MEDWAY

Report from: Richard Hicks, Deputy Director, Customer Contact,
Leisure, Culture, Democracy and Governance

Author: Julie Keith, Head of Democratic Services

Summary

This report advises Members of the decision of the Secretary of State following the reporting to him by this Committee of concerns relating to the proposed reconfiguration of acute mental health beds in Kent and Medway. The decision to make this report to the Secretary of State was made by this Committee on 20 August 2013, as the Committee was not satisfied that the NHS consultation with the Kent and Medway Joint Overview and Scrutiny Committee had been adequate in relation to content or time allowed and the Committee also considered that the proposal would not be in the interests of the health service in its area.

1. Budget and Policy Framework

- 1.1. Medway Council has delegated the function of health scrutiny to the Health and Adult Social Care Overview and Scrutiny Committee and the Children and Young People Overview and Scrutiny Committee. This includes the power to report contested NHS service reconfigurations to the Secretary of State.

2. Background

- 2.1. Appendix 1 to this report is the letter from the Rt Hon Jeremy Hunt, MP, Secretary of State for Health addressed to Councillor Wildey and received on 21 November 2013.
- 2.2. Appendix 2 to this report is the finding of the Independent Reconfiguration Panel. Appendix 3 is the original letter from Councillor Wildey to the Rt Hon Jeremy Hunt, MP, Secretary of State for Health (excluding the enclosures).

2.3. The Secretary of State has accepted a finding of the Independent Reconfiguration Panel that a full review of the matter would not add any value and that the implementation programme should be allowed to proceed as soon as possible. Although there is an acceptance that there were flaws in the process this decision appears to be based mainly on the following considerations:

- the Kent and Medway JHOSC supported the proposals and in the opinion of the IRP the concentration of acute mental health beds in Dartford, Maidstone and Canterbury appears sensible
- the independent advisor appointed by the JHOSC is not convinced there would be any merit in seeking an alternative site in Medway
- 'A' block is no longer fit for purpose and there is widespread agreement about the need for improvements
- Although there were flaws in the process they have been addressed
- The NHS has agreed to the four requests made by the JHOSC and enhancements to the service are proposed

2.4. The advice of the IRP includes the following comment which acknowledges the value of action taken by Medway in relation to the review:

'The work of the Joint HOSC, and Medway Council's actions in drawing attention to the public's concerns and then in providing assistance that led to correction of the initial error on bed numbers, are to be commended'

2.4. In the letter from the Secretary of State for Health the following was referenced as requiring further work by the CCG:

"...as the JHOSC's independent advisor's report highlights, further work is required to describe precisely what constitutes a centre of excellence and how they will be delivered.

That further work should also provide a clearer picture for patients of what they can expect to see as a result of the changes, for example, how the future care pathway will work from the patient's point of view.

The Panel also states that more detail on the transport plan, including mitigation plans for those patients from the most deprived areas who will be required to travel furthest would help to build greater confidence in the proposals.

The local NHS should keep all relevant scrutiny committees fully informed, and provide the opportunity to comment and contribute as work progresses".

3. Legal implications

- 3.1. Under *The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (SI 2013/218)* (which came into force on 1 April 2013 and revoked the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (S.I. 2002/3048) local NHS bodies must consult local authorities over any proposals “for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such services.”
- 3.2. On 20 August 2013 Medway’s Health and Adult Social Care Overview and Scrutiny Committee decided to report the reconfiguration to the Secretary of State for Health.

4. Financial implications

- 4.1. There are no specific financial implications arising from this report.

5. Risk management

Risk	Description	Action to avoid or mitigate risk
Insufficient mental health acute beds in Medway to meet demand	That there are insufficient beds for Kent and Medway in the new reconfiguration	Members have been assured by West Kent CCG, the commissioners of the service, that the reconfiguration will meet the needs of both Kent and Medway residents
Impact on Medway of the proposed reconfiguration	Potential deterioration of service for Medway service users and their carers/families.	O&S will be rigorously testing the robustness of the proposals at necessary milestones in the implementation

7. Recommendations

The Committee is asked to note the response from the Secretary of State for Health in relation to the reconfiguration of acute mental health inpatient beds and agree to monitor the implementation of the reconfiguration at appropriate milestones, keeping under scrutiny the areas highlighted in the Secretary of State’s letter.

Lead officer contact

Julie Keith, Head of Democratic Services

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Background papers

Agenda and minutes of the Kent and Medway Joint HOSC 2012-2013



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
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POC1_822280

Cllr David Wildey
Chair
Health and Adult Social Care Overview and Scrutiny Committee
Medway Council
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Kent ME4 4TR

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

20 NOV 2013

Dear Mr Wildey,

**RECONFIGURATION OF ACUTE MENTAL HEALTH INPATIENT BEDS
IN KENT AND MEDWAY – REFERRAL FROM MEDWAY HEALTH AND
ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

I am responding to your letter of 3 September 2013, which referred the local NHS's proposals to reconfigure acute mental health inpatient beds in Kent and Medway to me for a decision.

As you know, I asked the Independent Reconfiguration Panel (IRP) for its initial advice on receipt of your referral.

The IRP has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and will be published today on the IRP's website at www.irpanel.org.uk.

You referred this case to me on the grounds that you believe local changes are not in the best interests of patients. Further, your Committee is not satisfied that local consultation with the two affected local authorities has been adequate.

I also note your concerns around engagement with the local NHS on the issue of the accuracy of the data used to justify the initial proposal to reduce acute mental health beds across the locality.

Initial IRP advice

I note the Panel's overall view that the need to improve mental health services and equity of access to services across Kent and Medway is widely agreed.

The proposals for change, having undergone a process of engagement, consultation, analysis and amendment – overseen by scrutiny – have reached a point where they are supported by the Joint Health Overview and Scrutiny Committee (JHOSC).

The Panel agrees the notification to the Joint HOSC of the need to vacate 'A Block' at Medway Maritime Hospital could have been more accurately conveyed. That observation notwithstanding, it is accepted by all parties that 'A Block' is no longer fit for purpose.

Furthermore, the independent advisor appointed by the Joint HOSC is not convinced that there would be any merit in seeking an alternative site in Medway. Instead, the Panel observes the proposed concentration of acute mental health beds in Dartford, Maidstone and Canterbury appears to be a sensible use of existing facilities that are fit for purpose.

The Panel also believes the development of these sites as centres of excellence is a logical next step consistent with trends elsewhere in the country – though, as the JHOSC's independent advisor's report highlights, further work is required to describe precisely what constitutes a centre of excellence and how they will be delivered.

That further work should also provide a clearer picture for patients of what they can expect to see as a result of the changes, for example, how the future care pathway will work from the patient's point of view.

The Panel also states that more detail on the transport plan, including mitigation plans for those patients from the most deprived areas who will be required to travel furthest would help to build greater confidence in the proposals.

The NHS has already agreed to undertake the actions set out by the Joint HOSC at its meeting on 30 July 2013, which includes producing plans for delivery of the changes and for monitoring progress.

The local NHS should keep all relevant scrutiny committees fully informed, and provide the opportunity to comment and contribute as work progresses.



Department
of Health

Conclusion

I support in full the IRP's initial assessment and agree the implementation programme should be allowed to proceed as soon as possible.

Finally, I am copying this letter to The Lord Bernard Ribeiro, Chair of the IRP and Sarah Pinto-Duschinsky Director of Operations and Delivery (Corporate) at NHS England.

Yours sincerely
Jeremy

JEREMY HUNT



6th Floor
157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

1 November 2013

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH

NHS proposals to reconfigure acute mental health inpatient beds in Kent and Medway
Medway Council Health and Adult Social Care Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr David Wildey, Chairman, Medway Council Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC). NHS West Kent Clinical Commissioning Group (CCG) provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations. The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review**.

Background

Since 2011, Kent and Medway primary care trusts (PCT), and subsequently the eight CCGs covering the area, have been reviewing acute mental health care in collaboration with Kent and Medway NHS and Social Care Partnership Trust (KMPT). Acute inpatient care for Kent and Medway is currently provided from four sites – St Martin's Hospital in Canterbury, Little Brook Hospital in Dartford, Priority House in Maidstone and Medway Maritime Hospital in Gillingham.

In spring 2012, proposals were developed with the help of clinicians, service users, carers and stakeholders that focussed on developing a new model of care to address:

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- The increasing need to enhance staffing and improve the service delivered by Crisis Resolution and Home Treatment teams as a community-based alternative to hospital admission
- Differing levels of psychiatric care support between the east and west of the area
- Inequitable distribution of hospital beds for Kent and Medway residents who are acutely mentally ill and the imbalance in capacity across the area
- Long standing concerns about the poor quality therapeutic environment at Medway Maritime Hospital A Block

The National Clinical Advisory Team (NCAT) was invited to examine the case for change in May 2012. NCAT responded in July 2012 concluding that the clinical case for change was sound and should reduce both admissions and length of inpatient stay.

Meetings of the Kent County Council Health Overview and Scrutiny Committee and the Medway HASCOSC both determined that the proposals constituted a substantial variation of service and agreed that a joint committee (Joint HOSC) should be formed for the purposes of scrutiny. The Joint HOSC met for the first time on 3 July 2012 and approved the NHS intention to conduct a public consultation.

A meeting of the PCT Cluster Board on 25 July 2012 approved a public consultation which ran between 26 July and 26 October 2012 and contained a core proposal:

- An increase in Crisis Resolution and Home Treatment staffing
- A reconfiguration of acute beds to provide “centres of excellence” in Dartford, Maidstone and Canterbury for people requiring admission
- A consolidation of psychiatric intensive care beds in Dartford and establishment of a psychiatric intensive care outreach service in east Kent

and three options concerning the catchment areas for each centre of excellence. As a consequence of the core proposal, acute mental health beds would no longer be provided at Medway Maritime Hospital and, overall, fewer mental health beds would be required across Kent and Medway (the current 160 would be reduced to 150).

Responses to the consultation were analysed by the University of Greenwich. Overall, the need to improve services was supported, as was enhanced Crisis Resolution and Home Treatment teams’ staffing and psychiatric intensive care outreach, although concern was expressed about the number of acute beds proposed and about Medway residents needing a bed having to travel to Dartford. These findings were reported to the Joint HOSC at its meeting on 13 February 2013. The Joint HOSC raised a number of questions, in particular about the effects of the proposals on Medway residents.

At its meetings in February and March 2013, the PCT Cluster Board endorsed the proposed model of care and also agreed to undertake further work including a quality impact assessment, completion of a travel plan and, in light of concerns raised during consultation, a bed sensitivity analysis to test the proposed bed numbers.

The Joint HOSC meeting on 19 March 2013 resolved that the outcome of the bed sensitivity analysis should be reported to the committee before it took a final view on the proposed reconfiguration. It also resolved that the NHS should meet Medway Council to discuss options for local bed provision and that advice from an independent expert be sought on the proposal.

The KMPT Board agreed the proposal in principle at its meeting on 28 March 2013, subject to completion of the bed sensitivity analysis. From 1 April 2013, following organisational changes to the NHS, responsibility for taking the proposed changes forward passed to CCGs with NHS West Kent CCG taking the lead role. A review of the quality of care and treatment at Medway NHS Foundation Trust (one of 14 trusts with persistently higher than average mortality rates) by the NHS Medical Director was completed in June 2013.

An NHS briefing paper for the Joint HOSC meeting on 30 July 2013 reported that the bed sensitivity analysis conducted by the NHS, which had been supported by the Public Health Directorate of Medway Council, had identified an error in the original analysis and consequently it was proposed that the number of acute mental health beds across Kent and Medway should be increased to 174. It also reported that, following a review of the original model of care by commissioners and KMPT, it was proposed that additional mental health care services be provided including the establishment of a recovery house, additional acute beds in Maidstone and Canterbury and more intermediate beds and a day care intensive treatment service. Further, as a result of the recovery plan put in place following the review of Medway NHS Foundation Trust, the Trust required *“KMPT to vacate the site so that space currently occupied by them in A Block can be used to improve the quality of acute care”*

At the 30 July 2013 meeting, the Joint HOSC also received a travel plan and quality impact assessments provided by the NHS as well as a report from the independent advisor it had commissioned. In resolving to support the proposals, the Joint HOSC asked that the independent report be presented to the CCGs and *“In particular, the Committee asks for, in line with the independent report:*

- *A significant increase in the retention for investment, to be spent on further increases in crisis resolution/home treatment and a small number of additional beds*
- *A clear plan being developed for the delivery of the elements of genuine centres of excellence in the three remaining sites*
- *An action plan to be prepared within three months to be overseen by NHS England and Kent County Council and Medway Council HOSCs*
- *Regular monitoring of performance to be undertaken in light of experience as changes progress*

The NHS agreed to these requests.

During August and September 2013, the eight CCGs provided final approval of the changes.

The Medway HASCOSC Chair wrote to the Medway NHS Foundation Trust on 8 August 2013 seeking confirmation of the requirement for KMPT to vacate A Block. The Trust's response of 16 August 2013 confirmed that, as part of a programme to update the Trust's estates strategy, *"the future usage of A Block will obviously require clarification and our ability to utilise A Block is dependent on KMPT vacating the building. Clarification from our partner agencies is crucial to A Block as the terms of the lease are such that Medway NHS Foundation Trust is not in a position to serve notice on KMPT"*.

The HASCOSC met on 20 August 2013 to consider the outcome of the consultation and, while accepting that Medway Maritime Hospital A Block was no longer fit for purpose, expressed concern at the loss of beds in Medway and the lack of an option for an alternative local facility. The Committee resolved to refer the matter to the Secretary of State for Health.

Basis for referral

The referral letter of 3 September 2013 states that:

"The Committee has exercised the power to make a report to you under Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Committee is not satisfied that the consultation on the reconfiguration of acute mental health inpatient beds has been adequate on the grounds of seriously flawed data presented by the NHS, limited and inadequate options being presented and other errors made throughout the consultation process. The Committee considers the proposal would not be in the interests of the health service in the area of Medway or benefit Medway mental health service users and their families."

IRP view

With regard to the referral by the Medway HASCOSC, the Panel notes that:

- There is widespread agreement about the need to improve mental health services and equity of access to services across Kent and Medway
- It is also widely accepted that Medway Maritime Hospital A Block is no longer fit for purpose – its vacation by KMPT is the subject of ongoing discussion
- The NHS has acknowledged that there were flaws in its original analysis - the errors identified with the support of the Medway Council Public Health Directorate have been corrected and an increase in bed numbers is now proposed
- A further review of the original model of care, taking into account responses to the consultation, has resulted in enhancements to the services proposed
- The Joint HOSC has supported the proposals subject to four requests - to which the NHS has agreed
- The Joint HOSC requested that the independent report it commissioned be presented to CCGs – the report identifies a number of areas where the case for change is lacking in detail and where improvements could be made and more work usefully be done

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Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value.**

The need to improve mental health services - and equity of access to services - across Kent and Medway is widely agreed. The proposals for change, having undergone a process of engagement, consultation, analysis and amendment – overseen by scrutiny – have reached a point where they are supported by the Joint HOSC, not least on the basis of the independent advice it sought.

The error in the original analysis, relating to the number of inpatient mental health beds needed for Kent and Medway, was unfortunate to say the least. Concern about that analysis was first raised by members of the public during consultation and highlighted to the NHS by Medway Council. This led to a further analysis and identification of the error by a joint team of the NHS and the Medway Council Public Health Directorate. As a result, a revised figure was proposed that will increase the number of beds overall. The Panel considers that, while citing inaccurate information in a consultation is clearly undesirable, appropriate steps were taken post-consultation to rectify the situation and the error did not unfairly affect the final outcome.

The Panel agrees that the notification to the Joint HOSC of the need to vacate A Block at Medway Maritime Hospital could have been more accurately conveyed. That observation notwithstanding, it is accepted by all parties – including the HASCOSC – that A Block is no longer fit for purpose. The independent advisor appointed by the Joint HOSC is not convinced that there would be any merit in seeking an alternative site in Medway. Instead, the concentration of acute mental health beds in Dartford, Maidstone and Canterbury appears to be a sensible use of existing facilities that are fit for purpose. The development of these sites as centres of excellence is a logical next step consistent with trends elsewhere in the country – though, as the independent advisor's report highlights, further work is required to describe precisely what constitutes a centre of excellence and how they will be delivered. That further work should also provide a clearer picture for patients of what they can expect to see as a result of the changes, for example, how the future care pathway will work from the patient's point of view. More detail on the transport plan - including mitigation plans for those patients from the most deprived areas who will be required to travel furthest - would help to build greater confidence in the proposals.

The NHS has already agreed to undertake the actions set out by the Joint HOSC at its meeting on 30 July 2013, which include producing plans for delivery of the changes and for monitoring progress. The relevant scrutiny committees should be kept fully informed and given the opportunity to comment and contribute as work progresses.

Although not a perfect template for considering service change, events in this instance do, nevertheless, highlight some positive aspects of the process as it is meant to work – the benefits of consulting widely, of the scrutiny of proposals by local authorities and of joint working across organisations. The work of the Joint HOSC, and Medway Council's actions in drawing attention to the public's concerns and then in providing assistance that led to correction of the initial error on bed numbers, are to be commended.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. Ribeiro', with a stylized flourish above the name.

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Medway HASCOSC

- 1 Letter of referral from Cllr David Wildey to Secretary of State for Health, 3 September 2013
Attachments:
- 2 Committee report paper: Outcome of NHS consultation on acute mental health beds redesign in Kent and Medway
- 3 Correspondence between Cllr Wildey and Mr J Seez, Director of Governance & Strategy, Medway NHS Foundation Trust, 8 and 16 August 2013
- 4 Letter to Ms A McNab, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust, from Mr R Hicks, Designated Scrutiny Officer, Medway Council, 25 October 2012

NHS

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Equalities impact assessment
- 3 KMPT programme initiation document

Please contact: Julie Keith (01634 332760)

Your ref:

Our ref:

Date: 3 September 2013

Appendix 3

Medway
COUNCIL

Serving You

Democratic Services

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Dear Minister

Report from Medway Health and Adult Social Care Overview and Scrutiny Committee – NHS proposal to reconfigure acute mental health inpatient beds in Kent and Medway

I am writing in my capacity as the Chairman of Medway Council's Health and Adult Social Care (HASC) Overview and Scrutiny Committee to advise you of the decision of the Committee on 20th August 2013 to report to you seeking your intervention in a proposal from the NHS for a substantial variation to the provision of acute mental health inpatient services in Kent and Medway. The proposal involves the loss of 35 acute mental health beds at Medway Maritime Hospital with alternative provision for Medway patients being offered elsewhere in Kent, away from the Medway local authority area. The Committee has exercised the power to make a report to you under Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Committee is not satisfied that the consultation on the reconfiguration of acute mental health inpatient beds has been adequate on the grounds of seriously flawed data presented by the NHS, limited and inadequate options being presented and other errors made throughout the consultation process. The Committee considers the proposal would not be in the best interests of the health service in the area of Medway or benefit Medway mental health service users and their families.

I enclose a copy of the report considered by the Overview and Scrutiny Committee on 20th August and the record of the meeting, which provides the background to the proposed reconfiguration and the very serious concerns raised by Medway Councillors via the Joint Kent and Medway Health Overview and Scrutiny Committee (HOSC).

Inadequate consultation

The enclosed papers provide an explanation of the proposal to which this letter relates and the reasons why Medway Council is not satisfied that consultation with the two affected local authorities (Kent and Medway) has been adequate. There has been protracted engagement with the NHS on the issue of the accuracy of the data used to justify the initial proposal to reduce acute mental health beds across Kent and Medway from 160 to 150.

Initially, concerns raised during the consultation process by the families of two service users and Medway Council about data accuracy were dismissed as irrelevant in terms of impact on final bed numbers. However the NHS finally agreed to undertake a bed sensitivity analysis with support from Medway's Director of Public Health. This exercise culminated in an acceptance that the data was wrong and a revised proposal to increase the number of beds from 160 to 174 was put forward at the Joint HOSC on 30th July 2013. At that point eight beds had still to be found to make up the total number of 174. At no point has there been an explanation of the reasons for the serious errors in the original data.

At the same time the West Kent CCG, as lead commissioner for mental health services in Kent and Medway, reported that a review of the original model had been undertaken including the particular needs of Medway and as a consequence additional provision has been proposed including establishment of a Recovery House, additional acute beds in Maidstone and Canterbury and more intermediate care beds and day care intensive treatment service for patients with personality disorder. At this point the proposed reconfiguration of acute mental health services looks fundamentally different to the proposed model on which the NHS had undertaken consultation with the public and the Joint HOSC in 2012.

On 30th July at the Joint Kent and Medway HOSC the NHS stated that Medway Foundation Trust (MFT) were requiring the Kent And Medway NHS and Social Care Partnership Trust (KMPT) to vacate the in-patient psychiatric wards (known as "A Block") at Medway Maritime Hospital as part of post - Keogh review plans. This would involve immediate planning to close A Block where there are currently 35 acute mental health inpatient beds. After the meeting Medway members were alarmed to find that this was factually inaccurate. I enclose copies of correspondence with the Chief Executive of MFT showing that no decisions have yet been made about reconfiguration of the hospital site and that it is not possible for MFT to service notice on KMPT. Medway members are seriously concerned that the commissioning arm of the NHS would seek to mislead the Joint HOSC in this way.

The interests of the health service in Medway

In addition to concerns about inadequate consultation Medway Council considers that the proposed reconfiguration of acute mental health inpatient beds would not be in the best interests of the health service in Medway. The NHS have consistently argued that the clinical case for change outweighs any concerns being raised by Medway Councillors and that the prolonged scrutiny process has delayed the closure of A Block at Medway Maritime Hospital, putting patients increasingly at risk.

Medway members absolutely accept that A Block is no longer fit for purpose. This is not a new realisation. The in-patient facility was independently inspected by the CQC in November 2010, who raised significant concerns about both the safety of the ward environment as well as the quality of care and management arrangements in its report in March 2012. Medway members do not wish to defend the present unsatisfactory conditions, but firmly believe that any proposed service reconfiguration of this scale should be properly scrutinised and thought through with proposals to improve patient experience and health outcomes.

It is our job as locally elected Councillors to seek out and listen to the views of patient and service users and to consider the impact on patients and their families of having to access services at different locations remote from Medway. Currently there are 35 acute mental health inpatient beds located in Medway, which is a main centre of population with relatively high levels of deprivation. Without the challenge presented by Medway members at the Joint Kent and Medway HOSC this reconfiguration would have been signed off with significant under provision of beds across Kent and Medway (150 instead of 174 beds) and the loss of 35 acute beds in Medway.

Whilst the Medway HASC Overview and Scrutiny Committee acknowledges the commissioning CCGs are now offering a wider range of provision in response to Medway's needs and that they have accepted the request of the Joint Kent and Medway HOSC for a significant increase in reinvestment in crisis resolution/home treatment, we do not believe this goes far enough, nor are there to date implementation plans with timelines for the delivery of additional provision proposed for Medway. Now there is a proposal to increase, rather than reduce, the number of acute in-patient beds from 160 to 174 beds it is very unclear whether the savings arising from closure of A Block will enable even a small reinvestment in crisis resolution/home treatment let alone a "significant increase".

Enclosed with this letter is an expert opinion from James Fitton of Mental Health Strategies, commissioned by the Kent and Medway Joint HOSC, which highlights that Kent and Medway have fewer acute beds than other areas and only about an average level of crisis resolution and home treatment services compared to other places. Mr Fitton points out that other comparable places have their acute mental health facilities closer to their most deprived communities and also comments on the failure by the NHS to articulate a clear vision for the three Centres of Excellence being proposed. He highlights a lack of trust between various organisations involved in this reconfiguration process.

Whilst Mr Fitton echoes the widely held view that A Block is no longer fit for purpose and recommended support for the proposed three Centres of Excellence the Medway HASC Overview and Scrutiny Committee does not accept this position. The Committee believes the NHS proposals are driven more by property considerations rather than actual mental health needs.

The original options did not include a model providing any acute beds in Medway and were predicated on a reduced reliance on acute mental health inpatient facilities and more reliance on strengthened community based services. Mr Fitton observed that the proposed level of disinvestment from the acute care pathway may be greater than the local system can currently safely manage.

Since the proposals were initially presented to the Joint Kent and Medway HOSC in 2012 the NHS has reversed its position on bed numbers and is now proposing an increase in the overall number of beds across Kent and Medway at the same time as there is unprecedented reliance on out of area hospital psychiatric in-patient placements.

No serious attempt has been made by the NHS to discuss options for local acute bed provision in Medway and this Council's property experts have disputed the estimated costs for options previously considered and rejected by the NHS. Action to strengthen community-based services has not happened in spite of serious concerns raised with KMPT about the inadequate functioning of these services outside of this service reconfiguration. This places more pressure on acute beds than would otherwise be the case in areas where there are high levels of investment in community based services designed to avoid admission.

Medway members have serious concerns about KMPT as a provider, generated by the experience of this review and earlier action taken by Medway Council to terminate its adult social care contract with KMPT and take mental health social care back in-house, to improve outcomes for service users. A copy of a letter sent to KMPT by the Medway HASC Overview and Scrutiny Committee last year is enclosed which highlights why the Committee was unable to support the Trust's application for Foundation Trust status at that time. To date, KMPT have provided no evidence back to the Committee of any service improvements or improved patient experience.

Decision to report to the Secretary of State

In summary, Medway Council's HASC Overview and Scrutiny Committee is seeking to secure a level of provision of mental health services in Kent and Medway that mirror the best levels of provision in the country and specifically, continued provision of acute mental health inpatient beds in Medway, together with significant re-investment in crisis resolution/home treatment services for mental health service users and their families.

The Committee unanimously agreed to call for your intervention and asks you to:

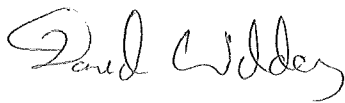
- (i) note the serious flaws in the data on which this service reconfiguration was based and the attempt by the NHS to disregard and dismiss the serious concerns raised about this by the families of service users and Medway Councillors over the Autumn and Winter of 2012/13 and the consequential lack of confidence of Medway Councillors in the methodology used to assess the number of beds required, particularly since reliance and expenditure on out of area acute in-patient placements has increased massively with no clear explanation for this;
- (ii) direct the NHS to ensure that the number of acute mental health beds and community based services in Kent and in Medway are provided at levels equivalent to the highest levels of provision in the comparator areas considered by the independent evaluation commissioned by Kent County Council and Medway Council and provided by James Fitton;
- (iii) direct that Medway residents must be able to access acute psychiatric in-patient beds in Medway rather than being required to travel to provision far away from this main centre of population and relative deprivation;
- (iv) ensure that the action promised by the NHS on 30 July and the additional action called for by the Joint HOSC to strengthen community based mental health services is fully implemented against clear milestones and measurable improved outcomes for service users.

This is not a step we have taken lightly. It is a reflection of the grave concerns we have about the proposals being presented to us. Medway members believe it is incumbent on us to make these representations to you, to secure the best outcomes possible for users of acute mental health services.

Access to the complete set of records relating to the Overview and Scrutiny process can be provided to you via the Head of Democratic Services at Medway Council. Her contact details appear at the top of this letter.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'David Wildey'.

Councillor David Wildey
Chairman of the Health and Adult Social Care
Overview and Scrutiny Committee

