

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

27 JANUARY 2015

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

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Summary

The attached report sets out the response from Kent and Medway NHS Social Care Partnership Trust in respect of the request for regular updates on the position with the acute mental health inpatient beds review.

1. Budget and Policy Framework

1.1 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

2.1. It was agreed on 18 December 2013 that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice.

2.2 Attached to this report is a report from Kent and Medway NHS Social Care Partnership Trust providing an update on the implementation of the programme of change arising from the acute mental health inpatient bed review. At the agenda planning meeting members agreed to ask for the report to include the following information:

- an update on achievement of the 174 beds across Kent and Medway;
- a breakdown as requested by the Committee on 11th December - between use of out of area placements for clinical reasons compared with their use due to shortage of beds;
- the position on any acute inpatient beds still in use in A Block at Medway Hospital;

- details of work Commissioners and the Provider have undertaken to describe precisely what constitutes a centre of excellence and information for patients on what they can expect to see as a result of the changes arising from the transformation programme, as recommended by the Secretary of State;
- an update on the transport plan including arrangements in place for those patients (and their carers, families and visitors) from the most deprived areas who will be required to travel furthest (as referenced by the Secretary of State when he agreed the proposed changes could proceed).

3. Risk Management

- 3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council.

5. Recommendations

- 5.1. Members are asked to consider and comment on the update.

Background papers:

None.

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TRANSFORMATION PROGRAMME

**Medway Council Health and Adult Social Care
Overview & Scrutiny Committee**

**Kent and Medway NHS and Social Care Partnership Trust
Transformation Programme Highlight Report**

January 2015

Version:	1.1	Status:	FINAL	Date of report:	14.01.15
Reporting Officer:	Malcolm McFrederick	Report completed by:	Rheanna Mitchell	Reporting to:	Medway HASC

Introduction:

In December the HASC received a report from KMPT in relation to its bed usage and an update relating to the Transformation Programme, providing an update on the progress made towards delivery of the planned service developments and a report on the benefits realised to date.

Following the HASC (10.12.14) and subsequent comments from members (09.01.15) KMPT was asked to respond to two points, see below:

- 1. Send members a link to a website which allows mental health services to be compared.**

Members are encouraged to access the link below in order to view mental health profile information online.

<http://fingertips.phe.org.uk/profile-group/mental-health/>

- 2. Future update reports to provide a breakdown between use of out of area beds for clinical reasons as compared with their use due to a shortage of beds in Medway and Kent – with an update on achievement of the 174 beds**

The bed report contains information in relation to service users requiring secondary care mental health inpatient services – the data on the number of out of area beds used does not refer to persons requiring specialist clinical input.

As outlined in the Bed Report, KMPT bed capacity is currently 169 and the target of 174 beds is achieved when including the five private beds we have a contract for. The KMPT internal bed stock will reach 174 when the improvement works are completed in Autumn 2015, which will include the delivery of the three additional beds at Little Brook – the new ward will open in April. The 19 bedded Emerald Ward facility at A-Block remains and is currently running at 16-17 beds (as a stand alone unit this is intended to help manage patient safety and ensure a quality service is delivered). The Emerald Ward move to the new build at Maidstone is scheduled for the end of April this year and when relocated to the new build there will be 18 beds. The Ruby Ward for Older Adults remains.

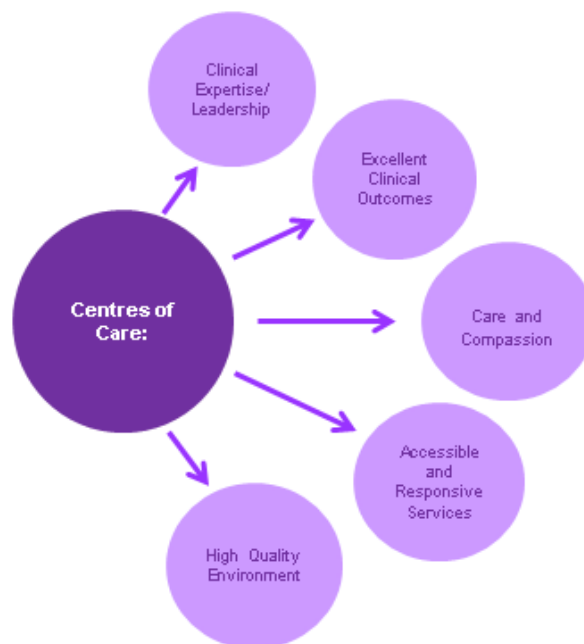
- 3. Transformation Update programme to cover the position on any acute inpatient beds still in use in A Block at Medway Hospital and areas referred to by the Secretary of State in his letter responding to the referral to him from Medway Council:**
 - i. work undertaken to describe what constitutes a centre of excellence**
 - ii. update on the transport plan**

A vision for centres of excellence has been developed and an engagement exercise was undertaken in the Summer 2014 to seek views. The unique attributes of a centre of excellence include:

- A place of safety
- Inpatient psychological services - with close links to primary care services, community care and voluntary sector

- Single point of access for services – a referral hub supporting accessing and improved care navigation
- Enhanced community support - preventing future crises to allow more effective crisis management and improving our capacity to connect between services
- Multidisciplinary teams – physical and mental health interventions to include Medical, Nursing, Psychological Therapies, Social Care, Voluntary Sector and people with lived experience
- Needs led services – a mix of older and younger adult wards
- Clinical governance structure which - spanning services, to support smooth transitions
- Clinical leadership – locally led by clinician with expert advice from people with lived experience

As well as the physical attributes, KMPT also considered it important to describe the qualitative, behavioural and cultural, components of a centre of excellence, these include:



KMPT is now working to implement this vision and its success will be monitored through local Centre of Care Boards, with service user and carer representatives - these will be established in the new financial year.

KMPT has implemented a transport plan to enable service users and carers to access services at the Dartford site – this includes provision of a bus service. The Transport Plan is available for information.

The January report provides a progress update related to the Transformation Programme – highlighting key achievements in December 2014, reporting on delivery of the programme benefits and providing a high level overview of the milestones.

- 1) Transformation Programme Progress Report
- 2) Benefits Realisation
- 3) High level Milestones

A detailed report on bed usage and supporting narrative is included as Appendix A.

Transformation Programme Progress report:

Inpatient Programme

- **Aim:** High quality care in safe, purpose-built accommodation and access to appropriate staffing (24/7) and bringing together our expertise into three clinical communities.
- **Updates:** The topping out ceremony for New Emerald took place on 15th December 2014. A transport group has been established in Medway and a meeting with external stakeholders took place in December 2014. The Rosewood Lodge decant to the Birling centre is on track for delivery on 12th January 2015. Internally, a Whole Systems Steering Group workshop has taken place to discuss alternatives to admission, building on the stakeholder event which took place in November.

Urgent Care Programme

- **Aim:** Develop from a bed based service to a responsive, accessible and modern service. We will provide an improved urgent response, with timely access to assessment and choice about how acute care is provided.
- **Updates:** A Mental Health Single Point of Access was launched in North Kent, ensuring access across Medway and Kent. Care Plans for people with high usage of emergency / urgent care services, have been shared with SECAMbs via IBIS (their patient record system). Care coordinators are reporting useful sharing of information, including details about presentations to A&E, which can help care coordinators to have proactive conversations with service users about A&E usage (rather than waiting to be told).

Planned Care Programme

- **Aim:** Skilled workforce that delivers high quality assessments and interventions on the care pathways that we are contracted to provide and holistic recovery focussed care provided within environmentally healing and ecologically sustainable buildings.
- **Updates:** Information about service users who needs could be best met in Primary Care is being shared with CCGs to inform conversations about how to manage the transfer of cases back into Primary Care. The Medway locality involvement in a national RCT in relation to Open Dialogue has begun. Open Dialogue is a potentially powerful, holistic model of mental health service delivery that involves the provision of services primarily at the family and social network level. Training of the staff involved is underway and some Medway clients are now being worked with, using this new approach.

Integrated Care for Older Adults Programme

- **Aim:** Address the mental health needs of people who are being treated primarily for physical health problems and provide a collaborative response, developing a multi disciplinary and centralised approach, with our partners.
- **Updates:** Collaborative care planning approach (use of ShareMyCare) agreed in West Kent CCG localities, allowing for training and information governance arrangements to be put in place. Positive steps to agree a similar approach in Medway, to support shared care planning have been made – with a system identified. The CCG are now working to implement the system and KMPT is involved in the process.

1) Benefits realisation

(i) Inpatient Programme and Urgent Care Programme

Indicator	2014-01	2014-02	2014-03	2014-04	2014-05	2014-06	2014-07	2014-08	2014-09	2014-10	2014-11	2014-12	Total	Average
Section 136 Assessments	74	75	78	63	94	80	99	96	90	82	78	64	973	81
A&E Liaison Referrals	836	787	862	917	883	912	1009	938	931	978	946	865	10864	905
Urgent A&E Liaison Referrals seen in 2 hours	77.8%	76.0%	73.0%	84.0%	85.2%	80.2%	79.9%	80.9%	78.0%	84.4%	82.4%	82.0%	N/A	80%
CRHT Referrals	1156	987	1092	1227	1315	1016	1279	1304	1151	1189	1043	999	13758	1147
CRHT Episodes	264	228	265	267	262	260	277	269	243	291	280	228	3134	261
YA Acute Inpatient Discharges	168	153	182	186	172	176	174	199	160	164	141	168	2043	170
YA Acute Inpatient OBDs Internal & External	5120	4844	5255	4778	5061	5047	5134	5214	5366	5673	5784	5558	62834	5236

Key

Level within 5% or less of average

Level 5-10% negatively away from average

Level >10% negatively away from average

An exercise to view data in relation to inpatient and urgent care services has been undertaken to support the CQC Thematic Review planned for January 2015. The high level analysis summarised above provides a succinct overview of service usage and highlights the following:

- Peak usage common across services in July and August.
- Liaison Psychiatry referrals are increasing and positively, those seen within the 2 hour target remain within the average range

The peak observed in service usage in July and August is common to the data set below, which looks at section 136 usage by CCG.

	2013-12	2014-01	2014-02	2014-03	2014-04	2014-05	2014-06	2014-07	2014-08	2014-09	2014-10	2014-11	Total
ASHFORD LOCALITY COMMISSIONING GROUP	7	3	3	3	5	4	5	12	4	5	4	3	58
CANTERBURY AND COASTAL CCG	7	11	9	10	3	8	6	9	8	8	12	7	98
SOUTH KENT COAST CCG	5	5	7	10	4	12	16	7	9	6	9	5	95
THANET GP CONSORTIUM	10	7	11	14	9	12	8	14	15	10	9	14	133
DARTFORD, GRAVESHAM & SWANLEY LOCALITY GROUP	7	6	9	11	9	13	14	5	10	9	12	6	111
MEDWAY CONSORTIUM	10	14	17	16	18	18	13	22	22	15	15	15	195
SWALE LOCALITY GROUP	5	5	7	6	3	5	4	6	6	5	1	3	56
WEST KENT CCG	8	10	7	4	3	12	7	13	13	19	13	14	123
OUTSIDE KENT	3	7	2	2	3	3	3	4	3	6	6	5	47
UNKNOWN	2	3			2	5	2	4	1	3	1	5	28
NULL	2	3	3	2	4	2	2	3	5	4		1	31
Grand Total	66	74	75	78	63	94	80	99	96	90	82	78	975

In Kent and Medway 45 of 1165 (3.8%) S136 detentions were accommodated in police cells, a rating of best police force in the country. However, worrying, the level of the use of Section 135 and 136, as shown in the table below, is disproportionately high.

	All		Under 18	
	Police	Health	Police	Health
England total	6,028	18,461^e	236	517^e
Essex Police ⁽³⁾	175	875	10	20 ^e
Hampshire	340	465	20	..
Kent Police	45	1,165	*	20
Metropolitan Police	75	1,570	*	45
Surrey Police	105	445	*	15
Sussex Police	855	500	20	25
Thames Valley	270	905	10	55

Data source: Police Force IT Systems (All Forces and Constabularies of

(ii) Planned Care Programme

A new set of metrics for the caseloads component of the planned care programme was agreed by KMPT Service Managers in October. The refined data set is more meaningful as a measurement of improvements to the entry part of the pathway, and managers are committed to using them as a measurement of the success of their models. These will be reviewed in January 2015 to assess the impact.

Entry / Exit Pathway	November
% referrals not accepted into secondary care	7.09%
% Staff completed assessment training	Measure to be developed
Length of time to assessment (28 days)	86.9%
% with a completed core assessment	89.7%

These metrics were chosen as managers felt it was helpful to have a succinct set of targets that related to both the speed in accessing assessment, the appropriateness of assessments and the quality of the assessment – both in terms of the skill set of the staff and the robustness of the assessment delivered.

Work is being done to agree a training package for assessment skills, that will be linked to the Single Point of Access project and these will be monitored monthly at locality level.

2) High level milestones

Transformation Programme milestone tracking report

The table below provides a more detailed overview of the work undertaken to date / planned on the KMPT transformation programme.

NB: Information that relates specifically to Medway is highlighted in bold, with other information contained for information or to give context.

PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
Increased inpatient capacity	<ul style="list-style-type: none"> • KMPT bed capacity is currently 169 and the target of 174 beds is achieved when including the five private beds contracted for. • <i>Emerald (new ward) phase 1 commenced</i> 	<ul style="list-style-type: none"> • KMPT bed stock to reach 174 when the improvement works are completed in Autumn 2015. • Delivery of three additional beds at Little Brook – the new ward will open in April. • <i>Continue phase 1 of Emerald project</i> 	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created • <i>Emerald: Plans include management of transport arrangements, in partnership with Experts by Experience and the PET.</i>
Personality Disorder Therapeutic House	<ul style="list-style-type: none"> • <i>Completed analysis of PD Pathway impact</i> • Completed PD Business Case for East Kent CCGs 	<ul style="list-style-type: none"> • <i>Develop Business Case for future provision of PD service in North Kent and Medway CCGs</i> 	<ul style="list-style-type: none"> • <i>Securing recurrent funding post pilot.</i> • <i>Working with MEGAN</i>
Street Triage	<ul style="list-style-type: none"> • Trust wide service launched • Commitment to Crisis Care Concordat and declaration signed with partners 	<ul style="list-style-type: none"> • CQC Crisis Care Thematic visit 	<ul style="list-style-type: none"> • Continued working with partners to deliver the Crisis Care Concordat

Liaison Psychiatry	<ul style="list-style-type: none"> Operational in Medway 24/7, funding through Winter Resilience monies 	<ul style="list-style-type: none"> Continue to monitor benefits and impact 	<ul style="list-style-type: none"> Finance Commissioner support Recruitment
Single Point of Access	<ul style="list-style-type: none"> Phase 1 of the Single Point of Access launched in Medway 	<ul style="list-style-type: none"> Develop Phase 2 of the Single Point of Access (to include clinical staff providing tele-triage and onward coordination of care) 	<ul style="list-style-type: none"> Commissioner support. Telephony infrastructure.
Crisis Accommodation / Recovery Accommodation	<ul style="list-style-type: none"> Internal discussion workshop . 	<ul style="list-style-type: none"> Planning phase continues and includes: <ul style="list-style-type: none"> Engage with partners Scope models Develop business case 	<ul style="list-style-type: none"> Commissioner support Support from potential partners Resources
Acute Day Treatment Service	<ul style="list-style-type: none"> External workshop to engage with partners and seek views Internal workshop to seek views of staff 	<ul style="list-style-type: none"> Develop business case – focus on enhanced community support and developed capacity to connect between services 	<ul style="list-style-type: none"> Commissioner support Resources
Caseloads Project	<ul style="list-style-type: none"> Entry pathway mapped to Single Point of Access workstream Agreed benefits metrics to measure impact Localities identified preferred model to implement in their locality 	<ul style="list-style-type: none"> Monitor impact and outcomes 	<ul style="list-style-type: none"> Workforce Single Point of Access
Workforce Project	<ul style="list-style-type: none"> Workforce plans mapped to Single Point of Access workstream 	<ul style="list-style-type: none"> Review role of care coordinator and position within MDT. 	<ul style="list-style-type: none"> Care Pathways and Pricing Caseloads project Cross Service Line workforce plans

Well-Being Centres Project	<ul style="list-style-type: none"> • Delivery of Open Dialogue approach amongst cohort of clients in Medway. 	<ul style="list-style-type: none"> • Further sites for Well Being Modules to be developed 	<ul style="list-style-type: none"> • Communities of Excellence • Estates Strategy • IM&T Strategy
Embedding Care Pathways	<ul style="list-style-type: none"> • Care Pathway information developed by Experts by Experience • Care Pathways work published to staff 	<ul style="list-style-type: none"> • Care Pathways workshops for Service Users planned 	<ul style="list-style-type: none"> • Communication and engagement. • Information Management.
OASSIS	<ul style="list-style-type: none"> • Attended Patient Consultative Committee 	<ul style="list-style-type: none"> • Project steering group to continue to oversee progress in relation to the re-location of Cranmer Ward, Canterbury • 	
Older Adult Community Services redesign	<ul style="list-style-type: none"> • Agreed information sharing mechanism in some CCGs 	<ul style="list-style-type: none"> • Agree information sharing mechanisms across outstanding CCGs 	<ul style="list-style-type: none"> • Cross Service Line workforce plans • Commissioner support
Integrated Models of Delivery	<ul style="list-style-type: none"> • Developed proposed Rehabilitation model and presented internally. 	<ul style="list-style-type: none"> • Further data analysis to support future plans • Develop vision for future provision of step down services, to ensure reflection of the Care Act implications 	

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	December	January	February
Programme: Inpatient	◆ Ligature upgrade		
	◆ Modules placed on site and topping out ceremony (Emerald)	◆ Workforce transformation away days	
	◆ Enabling works and staff consultation (Littlebrook)	◆ Contractor appointed and decant of Rehab (Rosewood)	
Programme: Urgent Care	◆ Crisis Concordat signed and published	◆ Crisis Concordat action plan delivered	
	◆ SPoA Live across KMPT TOM discussion and present to EMT	◆ CQC Thematic visit	◆ Undertake staff consultation and public engagement
	◆ Business Case for phase 2 of SPoA to governing groups for		
Programme: Planned Care	◆ Additional well being sites identified	◆ Planning for next semester	
	◆ Measure new set of caseload benefits metrics	◆ Review scope of project and fit within context of the SPoA plans	
Programme: Integrated Care for Older Adults	◆ Implement information sharing approach in West Kent, including training of staff and agreement of IG requirements	◆ Agree implementation plan for East Kent and North Kent CCGs	
	◆ Identify workstreams for 'ageless' service delivery		
Other key milestones and enablers	◆ Integrated Models of Delivery report options to Board following feedback about data	◆ Stakeholder workshop	◆ Report proposal to the Board
	◆ Communities of care definition agreed	◆ Communities of Care OD plan	
		◆ IT Server Upgrade	◆ IT Strategy to the Board

Younger Adult Acute Bed Usage

December 2014 Update

Contents

Summary of bed usage by day for most recent month

Graph 1. Medway CCG External Bed Usage 2013/14 - 2014/15 YTD

Graph 2. KMPT External Bed Usage 2013/14 - 2014/15 YTD

External Bed Usage Costs

Appendix 1. Available Bed Capacity by day for most recent month

Notes

Notes

- The current bed capacity for KMPT is 169 - this is the position at the end of the month, although actual beds available can vary on a daily basis. The data submitted to the HASC reports a snapshot of beds occupied (as at midnight each day). Reasons for beds showing as available on the HASC report, when they can in fact not be used, include (see appendix 1):

- Maintenance of bed stock e.g. a room has been damaged and needs to be fixed

- Managerially led decisions based on specific circumstances e.g. management of infection control, such as a D&V outbreak

- Time gap in the data set between the discharge of one service user and the admission of another i.e. a bed may be vacant for a short time frame over midnight, whilst one service user is discharged and another takes up occupancy.

- Service users on leave / AWOL

In addition, KMPT has a rolling programme of maintenance to upgrade current accommodation, this is to improve the overall quality and patient experience of inpatient facilities, and may have an impact on the actual beds available daily.

- KMPT has a plan to increase total bed availability to 174 beds, with a 95% optimal operating capacity of 165 (to ensure safety and quality standards meet national guidance). This target should be reached by early summer 2015. KMPT has awarded a contract to a supplier to develop additional capacity to meet commissioner intentions to increase inpatient bed capacity.

- KMPT will always use local beds wherever possible, and when appropriate to individual need. On occasions an external bed placement may be required despite a KMPT bed being available, this decision will be based on how the clinical needs of the patient are best met and a longer term view of the most effective use of beds.

- Graph 1 demonstrates that mean external bed usage year to date remains below the target bed capacity of 174 and the year to date peak is below the peak in September 2013/14

- The 2013/14 and 2014/15 analysis shows an increase in bed usage in during the Summer period. KMPT understands this to be the impact of the holiday period, impacting on both staff and service user behaviour.

- Whilst improvement works are undertaken in Dartford, the reduction in capacity of 4 beds is being mitigated by the acquisition of additional beds in Ticehurst.

- Winter Resilience bids have been agreed by Medway CCG and additional services to support admission avoidance will be deployed, including access to crisis café services and enhanced weekend services at the Personality Disorder Therapeutic House.

- Analysis of service users with frequent attendances in the urgent care setting has been used to drive individual case discussions with senior clinicians and care coordinators – these have been able to inform and improve individual care planning and crisis management.

- There are minimal known data quality issues and where identified, these are flagged to the relevant service manager to ensure prompt resolution e.g. where a closed bed hasn't been updated on RiO.

Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	01/12/2014		02/12/2014		03/12/2014		04/12/2014		05/12/2014		06/12/2014		07/12/2014	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	17	Medway	6	10	7	10	6	10	5	11	4	10	4	10	6	10
Sapphire	16	Dartford	12	3	12	3	13	3	13	3	13	3	13	3	13	3
Amberwood	16	Dartford	3	12	3	13	3	11	5	11	4	11	4	12	4	12
Woodlands	16	Dartford	3	13	3	13	4	12	4	12	4	12	4	12	4	12
Amherst	18	Maidstone	1	15	1	16	1	17	0	18	0	17	0	18	0	18
Brocklehurst Ward	18	Maidstone	1	16	1	17	1	17	1	17	1	16	1	17	1	17
Bluebell	17	Canterbury	0	18	0	18	0	16	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	14	0	14	0	14	0	14	0	14	0	14	0	16
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	169		26	137	27	140	28	136	28	140	26	137	26	140	28	142

Total KMPT beds used (Medway + Other)	163	167	164	168	163	166	170
Total KMPT beds not used	7	2	5	1	6	3	-1
Actual Beds Available	170	169	169	169	169	169	169

External to KMPT (see notes below)	2	27	2	23	2	19	2	19	2	20	2	19	2	19
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KMPT + external beds used by group	28	164	29	163	30	155	30	159	28	157	28	159	30	161
Total beds used (KMPT + external)	192	192	185	189	185	187	191							

Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	08/12/2014		09/12/2014		10/12/2014		11/12/2014		12/12/2014		13/12/2014		14/12/2014	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	17	Medway	7	9	6	8	6	10	6	9	7	9	6	9	6	9
Sapphire	16	Dartford	10	4	10	6	10	6	10	6	10	7	9	6	10	6
Amberwood	16	Dartford	3	12	3	13	3	13	4	12	4	11	4	12	4	12
Woodlands	16	Dartford	4	11	4	12	4	10	4	10	5	11	5	10	5	11
Amherst	18	Maidstone	0	18	0	18	0	18	0	18	0	17	0	18	0	18
Brocklehurst Ward	18	Maidstone	1	16	2	16	1	17	1	17	1	17	1	17	1	17
Bluebell	17	Canterbury	0	18	0	18	0	17	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	16	0	16	0	16	0	16	0	14	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	17	0	18	0	18	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	18	0	18	0	18	0	18
Sub Total	169		25	140	25	142	24	142	25	142	27	139	25	141	26	142

Total KMPT beds used (Medway + Other)	165	167	166	167	166	166	168
Total KMPT beds not used	6	4	3	2	3	3	1
Actual Beds Available	171	171	169	169	169	169	169

External to KMPT (see notes below)	2	18	0	16	1	17	1	12	1	11	1	11	1	15
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KMPT + external beds used by group	27	158	25	158	25	159	26	154	28	150	26	152	27	157
Total beds used (KMPT + external)	185	183	184	180	178	178	184							

Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	15/12/2014		16/12/2014		17/12/2014		18/12/2014		19/12/2014		20/12/2014		21/12/2014	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	17	Medway	7	8	7	7	7	7	8	6	6	7	6	7	6	9
Sapphire	16	Dartford	10	6	10	6	10	5	10	6	10	6	10	6	10	6
Amberwood	16	Dartford	4	12	5	11	5	11	5	11	5	11	5	11	5	11
Woodlands	16	Dartford	4	12	3	13	3	12	3	13	3	13	3	13	3	13
Amherst	18	Maidstone	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Brocklehurst Ward	18	Maidstone	1	17	1	17	1	17	1	17	1	17	1	16	1	16
Bluebell	17	Canterbury	0	17	0	17	0	17	0	18	0	15	0	16	0	17
Samphire	15	Canterbury	0	15	0	15	0	15	0	14	0	13	0	14	0	15
Fern Ward	18	Canterbury	0	18	0	17	0	17	0	18	0	17	0	17	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	17	0	16	0	17	0	18
Sub Total	169		26	141	26	139	26	136	27	138	25	133	25	135	25	141

Total KMPT beds used (Medway + Other)	167	165	162	165	158	160	166
Total KMPT beds not used	2	4	7	4	12	9	3
Actual Beds Available	169	169	169	169	170	169	169

External to KMPT (see notes below)	1	13	1	14	1	14	1	10	1	8	1	8	1	8
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KMPT + external beds used by group	27	154	27	153	27	150	28	148	26	141	26	143	26	149
Total beds used (KMPT + external)	181	180	177	176	167	169	175							

Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	22/12/2014		23/12/2014		24/12/2014		25/12/2014		26/12/2014		27/12/2014		28/12/2014	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	17	Medway	6	9	5	10	4	10	4	12	4	12	5	11	5	12
Sapphire	16	Dartford	10	6	10	6	10	6	10	6	10	6	10	6	10	6
Amberwood	16	Dartford	5	11	5	11	5	11	5	11	5	11	5	11	6	10
Woodlands	16	Dartford	2	14	2	13	2	12	2	12	2	13	1	14	1	15
Amherst	18	Maidstone	0	17	0	17	0	18	0	17	0	18	0	18	0	18
Brocklehurst Ward	18	Maidstone	1	16	0	17	0	17	1	15	1	16	1	17	1	17
Bluebell	17	Canterbury	0	17	0	17	0	17	0	17	0	17	0	17	0	17
Samphire	15	Canterbury	0	15	0	15	0	14	0	14	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	14	0	17	0	17	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	17	0	18	0	17	0	18
Sub Total	169		24	141	22	138	21	139	22	138	22	143	22	144	23	146

Total KMPT beds used (Medway + Other)	165	160	160	160	165	166	169
Total KMPT beds not used	3	8	8	8	3	2	-1
Actual Beds Available	168	168	168	168	168	168	168

External to KMPT (see notes below)	0	9	0	9	0	9	0	9	0	9	0	9	0	10
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KMPT + external beds used by group	24	150	22	147	21	148	22	147	22	152	22	153	23	156
Total beds used (KMPT + external)	174	169	169	169	174	175	179							

Medway CCG Use of Younger Adult Acute Beds by Day

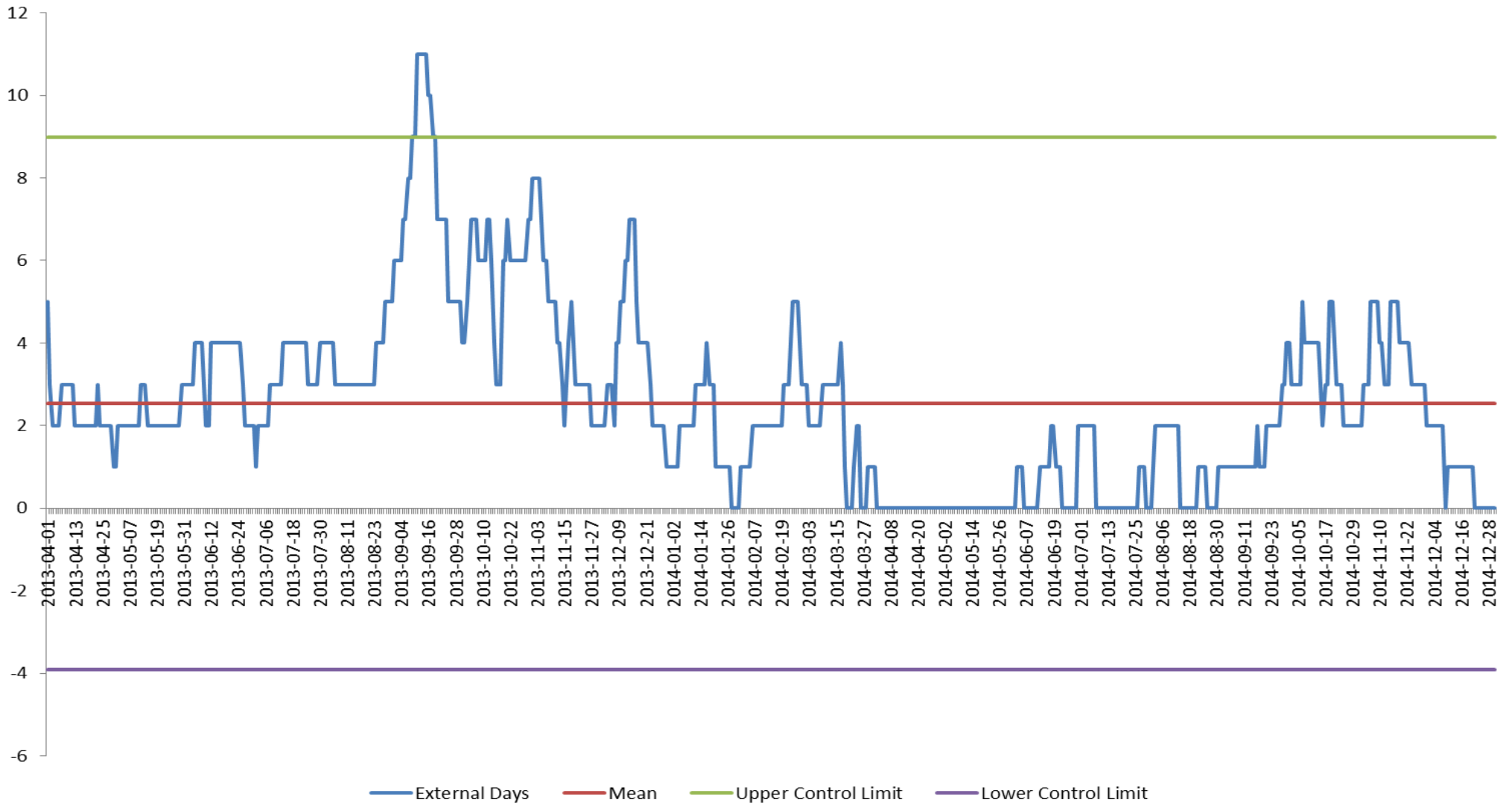
Ward	Current Capacity	Location	29/12/2014		30/12/2014		31/12/2014	
			Med	Oth	Med	Oth	Med	Oth
Emerald	17	Medway	6	11	6	11	5	9
Sapphire	16	Dartford	9	6	10	6	10	7
Amberwood	16	Dartford	5	11	5	10	5	11
Woodlands	16	Dartford	2	14	2	13	3	12
Amherst	18	Maidstone	0	18	0	18	0	18
Brocklehurst Ward	18	Maidstone	2	16	2	16	1	16
Bluebell	17	Canterbury	0	17	0	17	0	17
Samphire	15	Canterbury	0	15	0	15	0	13
Fern Ward	18	Canterbury	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18
Sub Total	169		24	144	25	142	24	139

Total KMPT beds used (Medway + Other)	168	167	163
Total KMPT beds not used	2	2	6
Actual Beds Available	170	169	169

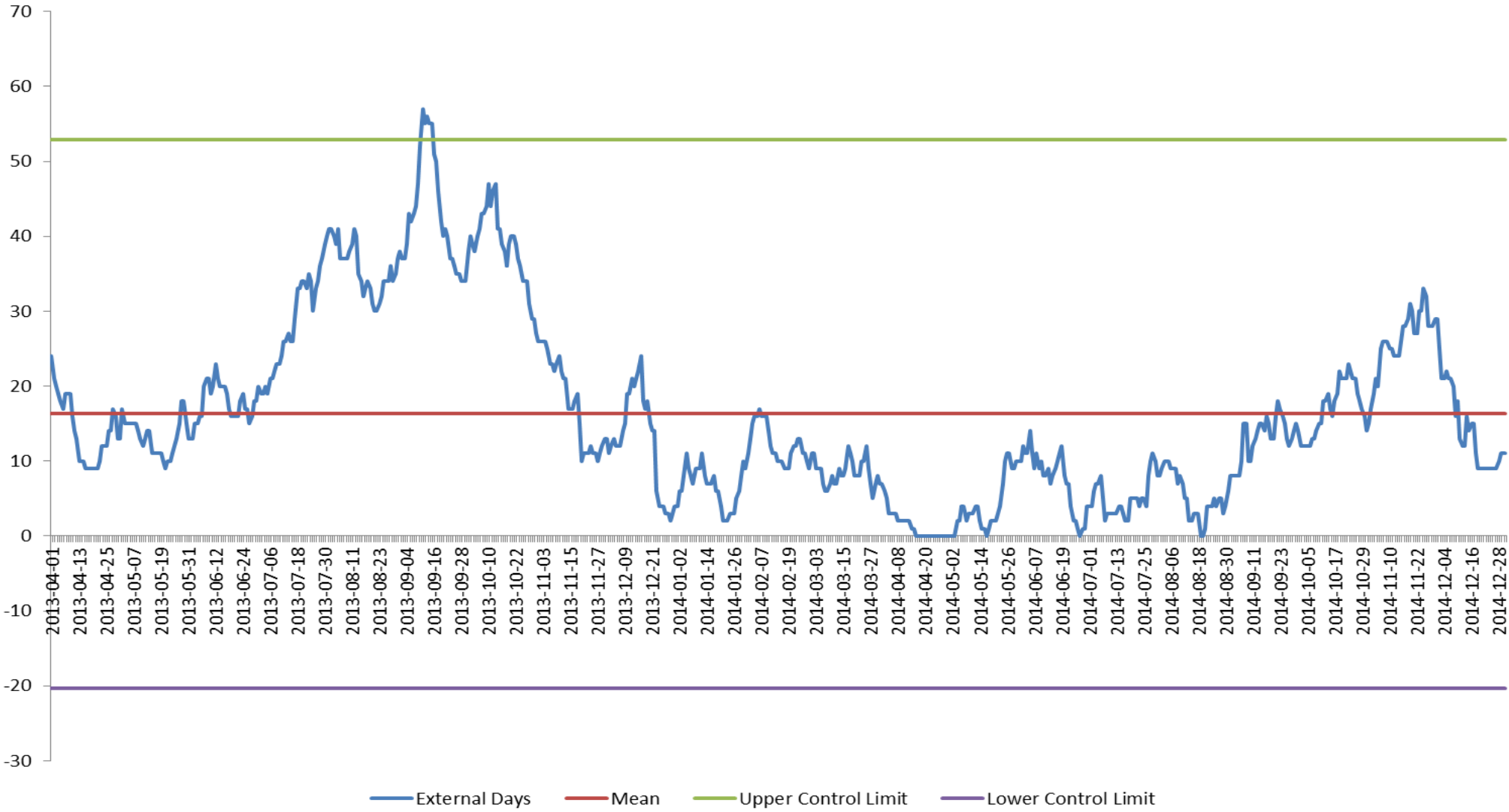
External to KMPT (see notes below)	0	11	0	11	0	11
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KMPT + external beds used by group	24	155	25	153	24	150
Total beds used (KMPT + external)	179	178	174			

Medway CCG YA Acute External Bed Usage 2013/14 & 2014/15 To Date



KMPT YA Acute External Bed Usage 2013/14 & 2014/15 To Date



External Bed Day Usage Costs

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15
Medway CCG External Bed Days Used	1	0	17	17	28	45	100	114	28				350
Other External Bed Days Used	43	126	212	161	140	344	452	681	418				2577
Total External Bed Days Used	44	126	229	178	168	389	552	795	446				2927
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£34,320	£98,280	£178,620	£138,840	£131,040	£303,420	£430,560	£620,100	£347,880	£0	£0	£0	£2,283,060

Bed prices are calculated on 2013/14 averages including specialty costs

Appendix 1. Available bed days per day by ward

	20141201	20141202	20141203	20141204	20141205	20141206	20141207	20141208	20141209	20141210	20141211	20141212	20141213	20141214	20141215	20141216	20141217	20141218	20141219	20141220	20141221	20141222	20141223	20141224	20141225	20141226	20141227	20141228	20141229	20141230	20141231
Emerald	17	16	16	16	16	16	16	18	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	18	17	17	
Sapphire	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Amberwood	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Woodlands	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Amherst	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Brocklehurst Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Bluebell	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	19	18	18	17	17	17	17	17	17	17	17	17	17	17
Samphire	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Fern Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Foxglove Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Grand Total	170	169	169	169	169	169	169	171	171	169	169	169	169	169	169	169	169	170	169	169	168	168	168	168	168	168	168	170	169	169	

Transport Plan

Introduction

The KMPT Transport Plan outlines the national and local drivers around transport and the development of the integrated transport strategy which aims to improve transportation across North Kent. The plan has been specifically developed to acknowledge and address some of the issues arising from the relocation of Acute Mental Health Inpatient services for the residents of Medway and Swale from A Block Medway Maritime Hospital to Littlebrook Hospital Dartford and Priority House Maidstone respectively. It will address issues which arise for those accessing Psychiatric intensive care from East Kent as this service will move from Canterbury to Dartford.

The Transport group, established to oversee the development and implementation of this plan, sought input from experts by experience and has actively engaged with relatives/carers and others who visit Medway to seek their views regarding transport issues, their concerns and how they would like to be supported should proposed changes occur.

National Policy

The Government has focused on reducing car dependency and increased travel choices through key guidance in the Transport White Paper, Road Traffic Reduction Act and the Planning Policy Guidance 13 (Transport). Of these, Planning Policy Guidance 13 (PPG 13), this provides the strongest imperative for travel plans and any arising planning obligation. It recommends travel plans for various land uses, including places of work.

PPG13 (Transport) 2001 indicates that travel plans should be submitted alongside major planning applications, developments likely to generate a significant amount of traffic, or to generate traffic in sensitive locations (e.g. Air Quality Management Areas). They should help to deliver:

1. reductions in car usage (particularly single occupancy journeys) and increased use of public transport, walking and cycling;
2. reduced traffic speeds and improved road safety and personal security particularly for pedestrians and cyclists; and
3. more environmentally friendly delivery and freight movements, including home delivery services.

Travel plans, or elements from them, are often secured by a planning condition or agreement. Information on planning obligations secured under Section 106 of the Town and Country Planning Act (1990) can be found in Circular 05/2005 published by the Office Of The Deputy Prime Minister (ODPM). The ODPM is now the Department for Communities and Local Government.

Regional Policy

Medway Council's Local Transport Plan (LTP3) and Kent County Council's Local Transport Plan (LTP3) were adopted in April 2011. Both documents make numerous references to continued support of schools and businesses in the development of travel plans, as part of

their commitment to actively promote the use of alternatives to car based travel. Throughout the lifetime of LTP3 (2011 to 2016), the intent is to increase the number of travel plans across Kent and Medway. There is a commitment from both Medway Council and Kent County Council to adopt a whole systems approach and have both contributed to the development of North integrated transport strategy which looks at improving transport networks across (and within)Medway and the north of the county.

Local Policy

Kent and Medway NHS and Social Care Partnership Trust (KMPT), has recently published its Carbon Management Plan. Through this plan KMPT states a clear commitment to reducing the carbon footprint of its sites. Of particular relevance to this Travel Plan is the Carbon Management Plan's strategic theme of 'Tackling Transport and Travel Emissions'. This theme promotes the use of sustainable transport modes across the Trust's sites, and the use of travel plans to help achieve this.

Patients and Visitors

KMPT wishes its patients and visitors to benefit from having a variety of transport options available to them, and from being able to make informed choices about those transport options, when travelling to and from our site.

Measures proposed to achieve this include:

- Travel information leaflets detailing options for all modes of transport, and travel contact numbers and websites, issued at point of admission to acute care.
- Trust website to include a dedicated website page providing travel information for all modes of transport to visitors, and links to useful resources e.g. journey planning website, etc.
- Main visitor reception areas to display public transport information e.g. maps and take-away timetables.
- Support for patients accessing acute care and home leave; such as use of voluntary transport service, STR workers to facilitate leave.
- Access to secure transport if required to facilitate admission or transfer between units.
- Flexibility with visiting times to support families/carers accessing inpatient facilities via public transport - agreed on a case by case basis to ensure the needs of the individual are met in regards to receiving visitors and engagement with treatment.
- Continued monitoring and liaison with partners regarding transport plan developments as per Integrated Transport Strategy, and any future developments between MFT and DVH.
- Improved signage to hospital sites.

KMPT acknowledges that the changes in the delivery of inpatient acute care will have an impact on visitors and recognises the importance of maintaining links with family and carers. In addition to the above to aid transition KMPT will, within its absolute discretion, provide financial assistance to enable service users to travel to and from inpatient units where such units are more than 14.5 miles from the patients home. Eligibility for such assistance will be determined by the criteria set out below. In providing such assistance KMPT is not accepting

any ongoing continuing liability to do so. The level of assistance is solely within the discretion of KMPT.

Criteria for access in Financial support:

- Immediate Family member (spouse, parent, Child, Sibling) and or main carer.
- In receipt of benefits
- Known disability or infirmity.
- Support would be calculated on distance to new inpatient facility (for Medway this would be Little brook, Dartford, and Swale Priority House Maidstone) less 14.5 miles. This is currently the largest distance from where someone would visit A Block, Medway Maritime Hospital
- Support for East Kent residents visiting PICU in Dartford would be calculated on similar terms – distance to PICU less mileage from largest current distance within East Kent to access intensive care facilities at St Martins Hospital, Canterbury.

Action required	By whom	When	Update Jan15
Set up Travel Plan Steering Group	Philippa Macdonald and Janet Lloyd	December 2012	Completed – the Group has now disbanded
Display public transport information in main visitor reception areas then maintain up-to-date	Site managers	January 2013	Completed
Improve signage within KMPT inpatient sites including signage to bus stops etc.	Site managers	February – May 2013	Completed
Contact local authority regarding provision of signage to inpatient facilities	Site manager	February 2013	KMPT has made contact but received no response
Implement flexible visiting times as required to support relatives accessing inpatient facilities via public transport	Service managers/ Ward Managers	February 2013	Completed
Complete audit of visitor views at Medway regarding transport and the proposed option.	PALS team/ Expert by experience group	March 2013	Ongoing – audit and patient experience questionnaires have taken place
Review findings and ensure plan reflects views raised within questionnaire	Steering group/ Acute service line	April 2013	Completed – following feedback a minibus has been provided to run from A Block to Little brook to support visitors
Prepare dedicated travel plan website page then maintain up-to-date	IT and TPC	April 2013	Completed - links to travel planners are available on the KMPT site and the contact details, including addresses of inpatient sites, are on the web page

Design and print travel information leaflets	TPC with Kent Highway Services	April 2013	Completed - travel information is displayed in Receptions and posters are available on site advising inpatients and visitors to speak to the ward manager / nurse in charge if they have problems accessing the site. No leaflet was produced as it was felt that this would quickly go out of date and it was felt that the poster / discussion approach would be more focused around individuals.
Extension of voluntary transport scheme to support home leave as required.	Janet Lloyd / Service line	Point of service change	Completed
Use of STR workers (within CRHT) to support home leave and transition from inpatient care to community care.	Locality CRHT	Point of service change	Completed
Budget of £10K allocated to support relatives visiting inpatient unit – via voluntary transport of subsidy for public transport as per eligibility criteria.	Service Director	Point of service change	Completed
Policies underpinning access to voluntary transport, financial support developed and approved	Transport steering group	May 2013	Completed
Clear communication to patients, carers, relatives, and other stakeholders regarding transport policy and support available post service change.	Transport steering group	June 2013	Completed – travel information is displayed in Receptions and posters are available on site advising inpatients and visitors to speak to the ward manager / nurse in charge if they have problems accessing the site.

Provision of patient internet access in all inpatient units	IT & transport steering group	June 2013	Completed
Access to technology to support case discussion and liaison between acute services and community and primary care	IT & transport steering group	June 2013	Completed
Guidance notes to staff re considerations to make when establishing meetings where relatives/carers are required to attend.	Transport steering group / service managers	June 2013	Completed
Monitor and liaise with partners regarding transport plan developments as per ITS, and any future developments between MFT and DVH.	Transport steering group	Ongoing	Completed – managed through business as usual mechanisms. Service managers monitor and liaise with local stakeholders to address / escalate issues.
Annual actions and new actions determined as a result of the annual review of the Travel Plan	Steering Group	Beyond Dec 2013	Review due