

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 JUNE 2015

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

Author: Rosie Gunstone, Democratic Services Officer

Summary

The attached report sets out the response from Kent and Medway NHS and 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 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.
- 1.2 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. In the summer of 2013 a Joint Health Scrutiny Committee (JHOSC) was held between Medway Council and Kent County Council to consider a reconfiguration of acute mental health inpatient beds. The proposals involved the closure of 'A' block at Medway Maritime Hospital, the loss of the 35 adult mental health inpatient beds there and the provision of inpatient beds instead at locations elsewhere in Kent with Medway patients having access to beds at Littlebrook in Dartford and Priority House in Maidstone.

The pages setting out the process in full can be accessed via the following weblink:

<http://democracy.medway.gov.uk/mgCommitteeDetails.aspx?ID=293>

- 2.2. The JHOSC approved the NHS plans for the redesign of acute mental health inpatient beds and requested the following from the NHS, in line with an independent adviser's report, commissioned by Medway Council:
 - A significant increase in the retention for reinvestment, to be spent on further increases in crisis resolution/home treatment and a small number of additional acute 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's Health Overview and Scrutiny Committees; and
 - Regular monitoring of performance to be undertaken in light of experience as changes progress.
- 2.3. At a subsequent meeting of this Committee it was agreed to make a report to the Secretary of State on the following grounds:
 1. The local authority was not satisfied that the consultation on acute beds had been adequate on the grounds of seriously flawed data presented by the NHS, limited options and other errors made throughout the consultation process, and
 2. The local authority considered that the proposal would not be in the best interests of the health services in the area of Medway.
- 2.4. The Secretary of State subsequently accepted a finding of the Independent Reconfiguration Panel (IRP) that a full review of the matter would not add any value of the matter would not add any value and that the implementation programme should be allowed to proceed as soon as possible. Although there was an acceptance that there were flaws in the process the Secretary of State felt that the decision was 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 appeared sensible
 - The independent advisor appointed by the JHOSC was not convinced there would be any merit in seeking an alternative site in Medway
 - 'A' block was no longer fit for purpose and there was widespread agreement about the need for improvements
 - Although there were flaws in the process they had been addressed
 - The NHS had agreed to the four requests made by the JHOSC (see paragraph 2.2 above)

- 2.5. The advice of the IRP included the following comment which acknowledged 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”

- 2.6. 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 stated 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”.

- 2.7. It was, therefore, 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.

- 2.8. During 2014 the Committee has sought further assurances from KMPT and the CCG on a number of issues, including:

- The number of section 106 detentions locally per head of population compared to other areas
- Reassurances sought regarding patient transport provided for families, carers and visitors to patients at Littlebrook Hospital
- Breakdown between use of out of area beds for clinical reasons as compared with their use due to a shortage of beds in Medway
- Clarification about the number of serious incidents across Kent and Medway rather than just in ‘A’ block

- 2.9. Attached to this report is a report from Kent and Medway NHS and Social Care Partnership Trust providing:

- Appendix 1- Highlight report
- Appendix 2 – Bed usage data – May 2015

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. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch organisation. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution. The Committee may make reports and recommendations to relevant NHS bodies and health service providers who can be required to respond formally within 28 days of a request for a response.
- 4.2. Recently published Department of Health guidance to support Local Authorities and their partners to deliver effective health scrutiny (published June 2014) emphasises the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.
- 4.3. The guidance states that local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. In the light of the Francis report local authorities are advised in the guidance to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.

5. Recommendations

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

Background papers: None.

Lead officer:

Rosie Gunstone, Democratic Services Officer
01634 332715

Rosie.gunstone@medway.gov.uk