

MEDWAY COUNCIL

Gun Wharf
Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

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Current/prospective Provider(s):

Kent and Medway Partnership Trust (KMPT)

Outline of proposal with reasons:

This paper has been written by the East Kent CCGs, (on behalf of Kent and Medway commissioners) on proposed changes to the way acute adult mental services are delivered across Kent and Medway.

The proposed changes are based on latest best practice and are in line with Kent and Medway Partnership Trust's (KMPT) programme of transformation, corresponding service redesign, and ongoing programme of refurbishment across its estate. The refurbishment will be funded by the sale of the St Martin's (west) site in Canterbury to Homes England, releasing a capital receipt which will be used to reinvest in, modernise and upgrade existing KMPT estate.

Improvements to patient flow and a reduction in the average 'length of stay' in a hospital bed have been achieved by KMPT over the last 18 months. This provides evidence to support a proposed reduction of 15 acute inpatient beds across the KMPT estate. These improvements have been supported by three clinically led projects aimed at improving the effective and more efficient use of inpatient capacity, i.e.

- i) Extension and improving the Patient Flow Team, so that it operates 24/7, supporting ward-based clinical teams in effective and clinically appropriate discharge planning.
- ii) Development of an urgent care support and a signposting pilot, which offers alternatives to inpatient treatment where this is clinically appropriate. The service supports people in referrals to services across the county, such as housing, alcohol and substance misuse services, and third sector organisations. The service can be accessed 24/7, for up to a period of 24 hours.
- iii) Ambitions and plans to achieve the recommended length of stay for older people (KMPT currently has double the national average length of stay) by the introduction of a Rapid Process Improvement process. Where this approach has been employed elsewhere in the country, it has resulted in more efficient use of inpatient beds.

The additional community support which has been developed, also supports the national direction of travel to care for people as close to home as possible and in the most appropriate environment and avoid hospital admission where possible and if appropriate.

The programme of redesign also includes proposals for the re-location of Cranmer ward currently on the St Martin's site, west, which is an older adult ward considered to be no longer able to provide a modern and fit for purpose environment for a vulnerable group of patients.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

A detailed timeline is currently being developed, but it is anticipated that formal consultation will commence in late autumn for a period of twelve weeks. The HASC will be provided with a final timeline, before consultation commences.

- 3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).** Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:
- how the proposed reconfiguration will reduce health inequalities and promote new or enhanced integrated working between health and social care and/or other health related services

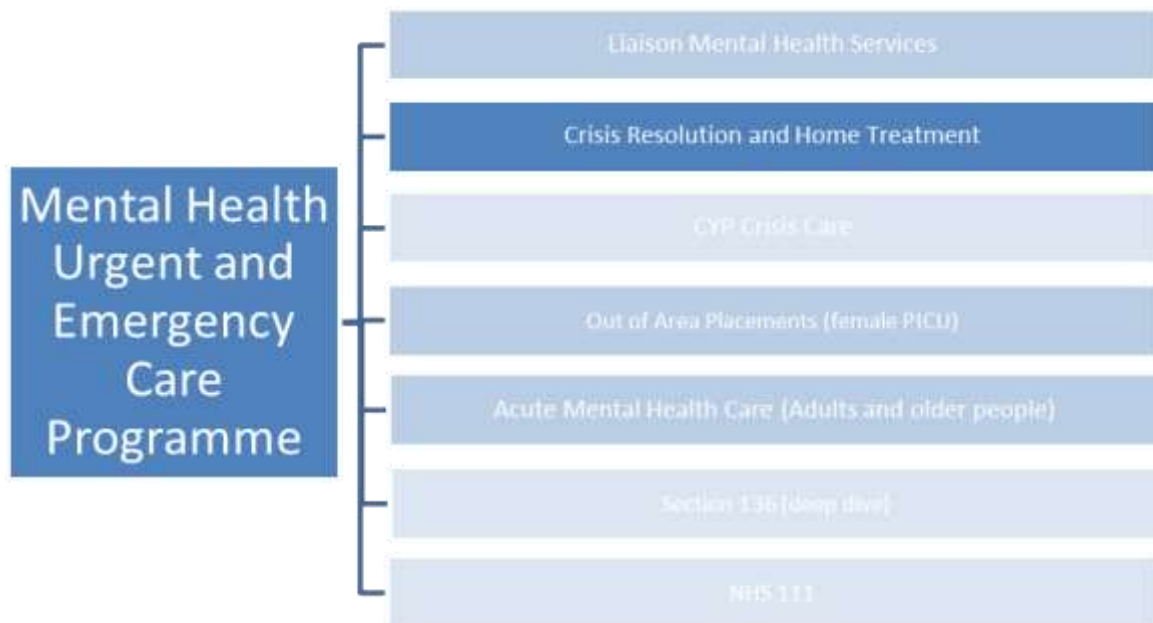
The programme supports a number of key themes in the JHWBS, ie:

- Supporting our older people to live independently and well
- Delivering excellent care closer to home
- Reducing social isolation and allowing older people to access support from families and carers

- Allowing mental health needs to be treated alongside physical needs.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The various workstreams which constitute the STP mental health work programme are shown in the diagram below. The Adult Mental Health (Adults and Older People) workstream, is in effect, the St Martin's Transformation work programme and progress will be reviewed and monitored by the STP.



5. Please provide evidence that the proposal meets the Government's tests for service charge:

Test 1 - Strong public and patient engagement

- Have patients and the public been involved in planning and developing the proposal?
- List the groups and stakeholders that have been consulted
- Has there been engagement with Medway Healthwatch?
- What has been the outcome of the consultation?
- Weight given to patient, public and stakeholder views

To date, there has been limited stakeholder engagement. The next steps in the pre-consultation activity will be focused particularly on further developing the options for change and the process for assessing and evaluating the options. This engagement will be with a range of stakeholders – patients, service users, carers, staff, patient support and patient representative groups, elected representatives and other stakeholders, third sector partners, those with protected characteristics under the equalities legislation and those who are often 'seldom heard'. A variety of methods will be employed to achieve this – for example, online, face-to-face meetings, display and provision of information etc.

The feedback from the pre-consultation activity will be built into the design of the final proposals for consultation and into the design of the consultation activity itself. We would welcome HASC members' views and feedback on our consultation plans and will share these once they have been developed. It is anticipated that formal public consultation will commence in autumn 2019.

Test 2 - Consistency with current and prospective need for patient choice

Patient choice will be improved by increasing access to community services with the aim of delivering care as close to home as possible. Patient choice will also be improved from a quality perspective, through the delivery of modern, fit for purpose estate, providing a high quality experience for patients. Patient choice will continue to be taken into account when accessing services, wherever possible, as well as ensuring that the needs of the patient are met.

The aim is to keep people in their local communities for as long as possible and prevent unnecessary hospital admissions that separate people from the networks that work to keep them well. It also enables them to receive quick psychiatric treatment and care. This provides people a real choice and helps reduce the risk of matters escalating to the use of the Mental Health Act to enforce treatment.

Taking this approach means we can also reduce the amount of time people stay in hospital which means more beds will be available when they are needed. It also means that families and carers will feel more supported as people using the services will not be in hospital unnecessarily or will be admitted for a reduced period of time.

Work is also being planned to enhance and modernise acute and community services as well as the development of the provision of alternatives to psychiatric hospital admissions with real 'least restrictive options', i.e. safe alternatives to hospital.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The overall programme of change supports the national, strategic direction of travel, i.e. to provide treatment as close to home as possible and in the least restrictive environment. This model has been designed to keep community services at the heart of service delivery; ensuring care is provided as close to patients' homes as possible. This is in line with the recommendations in the Five Year Forward View for Mental Health which recognises the need to address capacity in the community and reduce the over reliance on hospital services.

The programme of clinical care pathway redesign will address these aims by ensuring that patients who have required hospital care should be able to return home as soon as possible with the necessary community support and a hospital admission can be avoided wherever possible.

There is national evidence to support the rapid improvement process which is being used to improve patient flow in older adult services and which is beginning to have a positive impact on KMPT's inpatient service by ensuring that individuals are admitted for short a time as possible. National evidence shows that long lengths of stay have a negative impact on older people who are less likely to return to their own homes and are more likely to be admitted to a care home.

There is also emerging evidence to support the positive impact of the patient flow team and this will be subject to ongoing monitoring.

With regards to the Urgent Care Support and Signposting Team, a number of KPIs and processes have been developed to monitor both the quantitative and qualitative impact of the service. This will also be subject to ongoing monitoring and evaluation.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

These proposals have received, and continue to, receive support from the Kent and Medway CCGs at all stages of the process and KMPT and the CCGs are working in full partnership to achieve successful implementation of the final proposals.

A Joint Programme Board has been established with representation from all CCGs across Kent and Medway. Kent County Council is also represented on the Board. The CCGs and KMPT are working jointly to develop proposals for consultation on the proposals and to ensure the impacts are monitored going forward.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Activity modelling has been undertaken to assess the proposed impact of the enabling projects and this modelling has indicated that it will be possible to manage activity within the reduced number of beds. The impact of the enabling projects is being closely monitored and all monitoring to date indicates that the Trust's plans are on, or exceed target.

As there is well-founded confidence that future inpatient activity can be managed within the reduced bed capacity, there should be no negative impact on acute Trust services.

KMPT has been an outlier for admissions of less than 3 days. It has been identified that KMPT is in the upper quartile nationally for younger adult acute discharges with a length of stay of 0 – 3 days. The national mean is 16.3%, compared to KMPT's 23.1%. This indicates that a number of informal admissions may not have been the most suitable treatment option for the service user. The Support and Signposting service is being piloted to test the theory that a time limited facility, as an alternative to admission, will improve patient care and outcomes whilst reducing the need for inpatient admission.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

Services will not be withdrawn from patients, but, in some cases, will be delivered in a community setting, rather than as an inpatient. Whilst the proposal is to reduce the number of inpatient beds by fifteen, there will be a corresponding increase in community services.

The Support and Signposting service is currently only delivered in Maidstone, but transport is provided for patients who require access to the service and it is only delivered for a maximum of 24 hours. If this service continues to deliver positive outcomes, consideration will be given to delivering the service at a more local level, at a number of locations.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The Kent and Medway Joint Needs Assessments have been reviewed, but it is acknowledged that further work is required to model any demographic changes to ensure that there are sufficient mental health inpatient beds for the future.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The programme involves a move from the provision of age specific in-patient services to 'needs led' provision. By definition, needs will continue to be met. However, patients may potentially be situated with either older or younger patients more frequently than before the programme commenced, but the decision on where to admit, will be determined by the needs of each individual patient.

The services being developed or reconfigured will be utilised by patients with a range of disabilities and ethnic diversity.

A full range of impact assessments will be undertaken prior to public consultation to ensure the services are meeting the needs of all individuals.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

It is not anticipated that the redesigned service will increase demand and the programme is being driven by a desire to deliver a modern, quality service.

The capital released from the sale of the St Martin's West site is being used to fund the upgrade of Samphire ward to make it fit for purpose for the needs of all age groups, as well as a number of other capital programs within the Trust.

There will not be a requirement to increase revenue as staff currently working on the inpatient unit will be deployed into the additional community services.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

No additional infrastructure is required to support the redesigned service. There will be a positive impact on access as more care is delivered closer to home.

11. Is there any other information you feel the Committee should consider?

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

A Stage 1 assurance meeting was held on 2 July 2019 with NHSE/I, the east Kent CCGs and KMPT. The recommendation from this NHSE/I assurance meeting was that the proposal to reduce inpatient bed capacity across the KMPT estate will require public consultation.