



**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
20 AUGUST 2019**

**OUTLINE OF PROPOSED CHANGES TO THE WAY ACUTE
ADULT MENTAL HEALTH SERVICES ARE DELIVERED
ACROSS KENT AND MEDWAY, WITH PARTICULAR
POTENTIAL IMPACT ON THE ST MARTINS
HOSPITAL SITE, CANTERBURY**

Report from: East Kent CCGs

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Summary

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.

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 paper 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.

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.

2. Background

- 2.1 The Kent and Medway Partnership Trust (KMPT) has developed 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.
- 2.2 These projects have all contributed towards a reduced reliance on inpatient beds and better patient flow (i.e. timely supported planned discharge when patients are clinically ready to leave hospital). This improvement is ongoing, but is also being regularly monitored to identify and tackle issues that arise and to ensure that this approach to managing inpatient resources is sustainable.
- 2.3 In addition, in January 2019, KMPT notified the CCGs of the sale of part of the St Martin's Hospital site (west end) in Canterbury to Homes England. To enable this to proceed, it requires that Cranmer Ward, the only remaining ward on the site, is closed by December 2019.
- 2.4 Cranmer Ward is a 15 bedded older adult ward that has been recognised for several years as not providing a modern, fit for purpose environment for the care of patients and in this context the closure is a positive step.
- 2.5 The capital released from the sale of the St Martin's site, west is being used to fund the upgrade of Samphire ward on the remaining St Martin's site, to make

it fit for purpose for the needs of all age groups, plus a number of other capital programmes within the Trust. This provides a potential option to re-locate Cranmer Ward to Samphire Ward on the St Martin's site and which will potentially result in a reduction of 15 acute beds from KMPT's overall bed stock.

3. Options

3.1 In agreeing KMPT's proposal in January 2019 a range of options in relation to Cranmer ward were appraised for the Trust Board. The options considered to enable the re-provision of Cranmer are shown below.

	Option	Description	Comments
1.	Do nothing	To leave Cranmer in its existing location.	This is not an option as the unit is no longer fit for purpose and concerns relating to privacy and dignity have been expressed by CQC during recent visits.
2.	Do minimum.	To refurbish the existing Cranmer ward.	It is difficult to see how this could be updated as it is essentially an old nightingale ward which has been adapted with 'pods' added on.
3a	Re-locate Cranmer to Samphire.	The re-location would result in a reduction of 15 younger adult beds.	Cranmer is re-provided in a purpose built unit.
3b	Re-locating Cranmer to Samphire with no loss of beds.	This could be achieved by the re-location of Samphire to an empty unit in Dartford (Littlestone).	This is a standalone unit and would need refurbishment to make it fit for purpose. It would also reduce the bed base in east Kent and increase it in Dartford.
3c	Re-locating Cranmer to Samphire with no loss of beds.	This could be achieved by purchasing additional beds on a spot basis in the private sector.	This would be financially prohibitive at a unit price of approximately £580 per day plus transport costs.
4a	Re-locate Cranmer to another site.	Re-locate Cranmer to Thanet Mental Health Unit.	This would result in no older adult inpatient beds in Canterbury, increasing travelling times for families and carers.
4b	Re-locate Cranmer to another site.	Re-locate Cranmer to Littlestone, Dartford.	This would result in no older adult inpatient beds in Canterbury, increasing travelling times for families and carers.
5	Do not re-provide Cranmer.	This would reduce the older adult bed stock by 15.	This could only be achieved by changing operational procedures to deliver a needs led service.

- 3.2 Options 2, 3a and 5 were retained for further analysis. The other remaining options were discounted for the reasons given above.
- 3.3 **Option 2:** there would be no staffing implications however the capital costs to improve the unit would be significant and the impact is negatively significant for the Trust and its capital estates programme. The option was retained only as the PSC option.
- 3.4 **Option 3a:** this option meets the key objectives, i.e.
- Cramer moves to a redesigned modern, fit for purpose ward.
 - Older person's service continue to have a dedicated ward in Canterbury.
 - Provides the potential for a needs led approach to develop across care group skills.
 - Reduces the levels of bank and agency staff on younger adult wards, enhancing the ability to provide safer staffing levels creating a more consistent staff team which ultimately leads to better patient care.
- 3.5 **Option 5:** the option to cease providing any older persons beds in Canterbury was discounted as there is, currently, a commissioning expectation that some older adult inpatient services remain on the site.
- 3.6 The short-list option appraisal took into account a number of numerators including the Trust's and health economy's strategic aims and the Trust's and health economy efficiency / financial aims. This process highlighted option 3a as the preferred option (see table below).

Description	Option 2	Option 3a	Option 5
Investment Objectives			
Improve clinical environment	X	X	X
Capital receipt St Martin's West site	X	X	X
Improve accommodation	X	X	X
Critical success factors			
Local health economy strategic fit	X	X	X
Potential value for money	X	X	X
Potential affordability	X	X	X
Potential achievability	X	X	X
Organisational strategic fit	X	X	X

- 3.7 However, it is recognised that further stakeholder engagement in the appraisal of the options appraisal is needed, before formal public consultation can commence and, currently, this will take place during August and September.

4. Advice and analysis

- 4.1 In addition to the requirement to consult with local authority Health Overview and Scrutiny Committees, national guidance on planning service change requires that NHS England/NHS Improvement are responsible for assuring that any service change gives due consideration to the Government's four tests of service change and the NHSE test for proposed bed closures. This

assurance process must be undertaken before commencing public consultation.

- 4.2 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.
- 4.3 However, there was general support for the aim of the enabling projects, i.e. to care for people as close to home as possible and in the most appropriate environment and avoid hospital admission where possible and appropriate.
- 4.4 NHS England's Stage 1 'gateway' process will be followed by a more detailed assurance of the pre-consultation business case and proposals (Stage 2, Assurance Checkpoint) to confirm that the tests for service change have been met i.e.
- i) Strong public and patient engagement
 - ii) Consistency with current and prospective need for patient choice
 - iii) Clear, clinical evidence base
 - iv) Support for proposals from clinical commissioners.
And the 'beds test' –
 - v) That any plans to reduce hospital beds can show that either there is sufficient alternative community provision to enable the closure of beds, new therapies that will reduce admissions or a hospital has been using beds less efficiently than the national average and there is a credible, deliverable plan to improve performance.
- 4.5 To this end, a pre-consultation business case is in development for approval at the Stage 2, Assurance Checkpoint with NHS England.
- 4.6 On 23 July 2019, the Kent Health Overview and Scrutiny Committee determined that the proposals amounted to substantial development of or variation in the provision of health services in the local authority's area. Should the Medway HASC also determine that the proposals amount to a substantial development or variation, the matter will need to be reported to the Kent and Medway NHS Joint Overview and Scrutiny Committee.

5. Risk management

Risk	Description	Action to avoid or mitigate risk
Enabling projects	Current improvement across the pathways is not sustained.	<ul style="list-style-type: none"> • Robust KPIs and evaluation of enabling projects has been put in place. • There will be increased investment in community services in 2019/20.

Outcome of consultation	The outcome of the public consultation does not support the reduction in 15 beds.	Alternative inpatient provision will be identified within the KMPT estate.
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6. Consultation

- 6.1 To date, there has been engagement with patients and staff regarding the redesign of clinical pathways, but further pre-consultation engagement is now required.
- 6.2 It is anticipated that formal public consultation will commence in autumn 2019, with further pre-consultation engagement taking place in August and September. The next steps in the pre-consultation activity will be focused particularly on 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’. We will seek to engage using a variety of methods – for example, online, face-to-face meetings, display and provision of information etc.
- 6.3 It is proposed to build the feedback from our pre-consultation activity into the design of our 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.

7. Financial implications

- 7.1 There are no financial implications to Medway Council directly arising from the contents of this report.

8. Legal implications

- 8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health) to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 8.2 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in

relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

- 8.3 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

- 8.4 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.

- 8.5 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This is attached at Appendix 1 to this paper.

- 8.6 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

9. Recommendations

- 9.1 The Committee is asked to

- i. Consider the proposed service change and determine whether this constitutes substantial development of or variation in the provision of health services in the local authority’s area.
- ii. In line with the above, give a view as to whether the proposals warrant formal public consultation – to inform commissioners’ decision on this.
- iii. Agree a date to receive a further update, noting that should the Committee deem the proposals to amount to a substantial development or variation, the matter will need to be considered by the Kent and Medway NHS Joint Overview and Scrutiny Committee.

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Appendices

Appendix 1 – Completed Substantial Variation Template

Background Papers

None.