



Health and Adult Social Care Overview and Scrutiny Committee (HASC)

15th October 2019

Review of the Frank Lloyd Unit, Sittingbourne

1. Introduction

This paper has been provided to update HASC of the discussions that have been had to date and the proposed next steps for the service provided at the Frank Lloyd unit.

The Frank Lloyd Unit is a Continuing Health Care unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) are commissioned by Kent & Medway CCGs to provide this service. The unit provides highly specialist care and treatment for patients at a very advanced stage of their dementia, who have a range of complex needs including behaviours that challenge. All these persons meet and are paid for through the Continuing Care NHS funding. The unit provides a person centred approach, using dementia care mapping to respond appropriately and flexibly to specific, individual needs. The unit is accessed by all CCGs in Kent and Medway within the NHS Standard Contract. The unit is made up of two wards of 20 beds, 30 of which were commissioned on a block basis at a cost of circa £3.029m per annum. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however the unit ceased taking cost per case patients in 2016.

Over the last two years the Frank Lloyd Unit has been the subject of discussion between the provider and commissioners to consider the best options of care going forward. This is in line with NHS England's Ten Year plan and the principles of providing care closer to home wherever appropriate. In addition CCGs and KMPT are developing new models of care to ensure there is intensive support for people with complex dementia both at home, and in residential and nursing placements, as appropriate. The Continuing Healthcare team have been working on a programme to reduce the inpatient beds and place people in a suitable home in the community. There are currently five patients in the Frank Lloyd Unit all looked after on one floor of the building

2. National picture

Dementia currently affects more than 900,000 people nationally and this number is predicted to rise as the UK's population continues to age and grow. 39% of people living with dementia over 65 are living in care homes (either residential care or nursing homes) and 61% are living in the community (Prince, M et al, 2014)¹.

¹ Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

The National Dementia Strategy² explains the vision for the future. The ambition is to put local people at the heart of our services, helping people to stay well and independent in their own homes, in care homes or in nursing homes in their communities and avoid being admitted to hospital.

The national profile is to provide services for patients as close to their home as possible, whether that is in a domestic setting, nursing or residential home. The Department of Health published an issues paper for the commissioning of home care as part of the consultation process for the National Dementia Strategy (2009)³ this sets out the elements of specialist home care that need to be considered by commissioners, particularly in the context of personalisation and self-directed support. Social care in England is undergoing an immense cultural change in the way specialist support is provided. The National Dementia Strategy sees the implementation of 'Putting People First' transformation agenda, which outlines a personalised system, available to all, focused on prevention, early intervention, enablement, and high quality personally tailored services (HM Government, 2007)⁴.

3. Local care

As the population grows, and more people live with long-term conditions and the predicted number of people living with dementia increases, the demands on our services are changing and increasing. Services are not necessarily designed for today's or future needs, and it is becoming more challenging to keep up with rising costs.

There are approximately 1.8 million people living in Kent and Medway, the number of people living here is predicted to rise by almost a quarter by 2031 and is higher than the average across England. This is because local people are living for longer and because people are moving into the area. While it is good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

3. Review of Service provided at Frank Lloyd Unit

Evidence shows that providing care for people living with dementia, who may also need additional care and support, is better provided care in their usual place of residence within a community environment. Co-ordinating their individual health and social care needs, enables patients, their families and carers to cope better with the illness. It is recognised though, that there will continue to be a small number of people who have highly complex needs, meet the Continuing Care NHS criteria and will require specialist placements in residential or nursing homes.

Continuing Healthcare teams have been working with patients and their family or carers to choose homes that best meet the needs of the person with a focus on keeping people in their usual place of residence. As a result, the number of patients requiring admission to the Frank Lloyd Unit has fallen considerably as more community care arrangements have successfully been put into place. The remaining five patients are re-assessed on a regular basis to ensure

² <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

³ Department of Health (2009) *Living Well with Dementia: A national Dementia Strategy*. London: TSO

⁴ HM Government (2007). *Putting People First: A shared vision and commitment to the transformation of adult social care*. HM Government. London

their needs are being met and, when appropriate and in collaboration with their families, will be transferred to an alternative care home placement.

These developments have enabled the local NHS to consider better use of the funding that is currently being used for the Frank Lloyd Unit. The proposal is to develop an enhanced community based service, whether that is at home, in a care home or nursing home, by developing a specialist team who can provide additional personalised support, which will improve the experience and outcomes of people with dementia.

In April 2019, the CCG's served notice on the Frank Lloyd Unit with a proposal to close on March 31st 2020 as it was no longer a viable option to continue to provide the care in its current format as an inpatient service. KMPT informed their staff of the closure in July 2019.

The proposal is to develop an enhanced community service to provide support to care homes which will both support transition into the home as well as responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia.

For the five patients remaining in the unit, CCGS have agreed to provide additional tailored support once they move to identified alternative placements in order to aid the transition process.

4. Next steps

We are currently at a time of transition between old and new systems. Both commissioners and providers of these services face significant challenges in transforming care provision and in also addressing the particular needs of people with complex dementia and their carers in context of the broader changes to be delivered.

Achieving this kind of transformation in a challenging environment is not an easy task but by working together, the NHS and social services, with other public, private and voluntary sector providers of care can ensure best possible outcomes for local people in the future.

The Frank Lloyd Unit Project group has been established and will monitor the overall progress of this proposal and smaller working groups have been developed to address the following areas in this initial phase of the process:

New Model of Care:

In collaboration with local providers we want to develop an enhanced community model of care that

1. Reduces unnecessary admissions to hospital (both acute and mental health).
2. Reduces the length of stay in hospital.
3. Provides an increase in supported discharges to appropriate care settings.
4. Provides an increase in people with dementia (or suspected dementia) who are supported to return home following hospital discharge.
5. Provides an increase in support for carers in the community to enable them to continue with their caring role.
6. Provides an increase in assessments for continuing healthcare conducted outside a hospital setting.

We will engage with experts in the field to develop a service specification for this model of care to provide support to people in their usual place of residence. This will both provide additional tailored care to patients as well as responding to incidents of challenging behaviour and care home staff will be trained to enhance their skills to support individuals with complex dementia.

Communication and engagement with families and carers

Families of people currently in the unit were invited to meet with representatives from Clinical Commissioning Groups who commission the service and Kent and Medway Partnership Trust who provide the services on 28th August 2019; to hear about the proposed changes, ask questions, explore potential implications of the broader changes generally and the issues that might impact on their loved ones more specifically. Healthwatch representatives also attended to hear from and support the families, and the Public Engagement Agency (PEA™) were commissioned to facilitate the session and provide a full report within three weeks.

We recognise the importance to families that placing their loved ones in residential care must meet the patients' individual needs, the discussion centred on finding suitable facilities and it was acknowledged that it may not be possible to do this locally, but every effort will be made to do explore this. One of the families stated that they would prefer to travel further to an appropriate care home rather than worry that their loved one is not safe or properly cared for. As an outcome of this meeting we recognise the need to improve communication between all parties involved so that the families feel engaged in a positive way in the process. Plans are currently being put in place to address this between commissioners, providers and continuing healthcare assessors.

Families and carers have also been given the opportunity to meet on a one to one basis with their allocated continuing healthcare assessor to discuss the individual needs of their loved ones.

Commissioners have presented this report to the Kent Health Overview and Scrutiny Committee (HOSC) which recommended that this was a significant variation to the health service in Kent and we have discussed this proposal with NHS England and will present a case for change at a stage 1 Test for Change assessment on 11th October 2019; these changes will be agreed as a significant variation and we will move to a formal consultation process. HASC will be updated on the outcome of this assessment