

**HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
12 MARCH 2020**

**PROPOSED DEVELOPMENT OF THE HEALTH SERVICE  
OR VARIATION OF THE HEALTH SERVICE –  
FRANK LLOYD CENTRE, SITTINGBOURNE**

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**Summary**

This paper has been provided to update the Committee on the inpatient service provided at the Frank Lloyd unit, following the last report in October 2019.

The Frank Lloyd Unit is a Continuing Health Care unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) is commissioned by all 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.

**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 On 19 September, the Kent Health Overview and Scrutiny Committee determined that the proposals amounted to a substantial development of or variation in the provision of health services in the local authority's area. This followed that Committee having been notified that NHS England considered

the changes to be significant and that it had been agreed that full public consultation would be undertaken. Should the Medway Health and Adult Social Care Overview and Scrutiny Committee 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.

2.2 The report at Appendix 1 and completed substantial variation template (Appendix 2) provides details of the proposals.

### 3. Risk management

Risk	Description	Action to avoid or mitigate risk
1. Safe staffing levels in the Frank Lloyd Unit	As the number of patients decrease (currently there is 1 patient in FLU) and staff are redeployed/leave there is a risk of running the service with safe staffing levels to maintain a the standard of care	<p>KMPT are contractually obligated to provide safe levels of staff until the last patient is appropriately relocated to the community.</p> <p>All KMPT staff are being redeployed throughout KMPT services.</p> <p>CCG &amp; KMPT staff is meeting on 25<sup>th</sup> February to discuss how we assure the regulator we have carried out a due process before the unit is empty.</p>
2. Gap in service provision	Developing a new enhanced community model of care is unlikely to be in place before all patients in FLU are found suitable, safe community placements	<p>Continuing Healthcare Teams (CHC) are and will continue to provide enhanced care support for each individual according to their needs i.e. extra staffing for 1-1 support until a new model of care is in place.</p> <p>The family of the remaining patient at FLU discuss their loved ones individual needs in a 1-1 session with the CHC teams and have agreed the move to a suitable home.</p>

3. Closure of inpatient beds	Sustainability in market to absorb closure of inpatient beds	<p>It is recognised that there will still be a requirement to have inpatient beds for some people with advanced dementia and behaviours that challenge, however due to the success of supporting people in the community, evidenced by the number of patients that have moved from FLU and not required re-admission, this number is vastly reduced.</p> <p>The new model in outline proposes some small number of Acute Dementia “hubs” into which the most challenging patients can be admitted.</p> <p>The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes where less complex patients might be cared for.</p>
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#### **4. Consultation**

- 4.1 It is proposed that a formal public consultation is undertaken in relation to the proposals.

#### **5. Financial implications**

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

#### **6. Legal implications**

- 6.1 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.
- 6.2 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.

- 6.3 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>

- 6.4 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.

- 6.5 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 2 to this paper.

- 6.6 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. In this case, the NHS is proposing that public consultation is undertaken.

## **7. Recommendations**

- 7.1 The Committee is asked to

- i) Consider and comment on the report and proposed development or variation to the health service, as set out in this report and appendices 1 and 2.
- ii) In consideration of the CCG assessment that the proposal does represent a substantial development of, or variation to, the health service, to determine whether it considers the proposals to amount to a substantial development of or variation to the health service in Medway.
- 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.

**Lead officer contact**

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**Appendices**

Appendix 1 – Update report on the Frank Lloyd Unit  
Appendix 2 – Completed Substantial Variation Template

**Background Papers**

None.