**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:**

Kent and Medway CCGs,
Adam Wickings | NHS West Kent CCG
Deputy Managing Director
WK CCG (and MNWK CCGs)
**Email:** adamwickings@nhs.net

**Current/prospective Provider(s):**

Kent and Medway Partnership Trust (KMPT)

**Outline of proposal with reasons**:

This paper has been written by the West Kent CCG, (on behalf of Kent and Medway commissioners) on the proposed changes to the model of care for dementia patients with complex needs currently delivered in the Frank Lloyd Unit (FLU).

Frank Lloyd Unit is a 40 bedded older person's inpatient unit operated by Kent & Medway Partnership Trust in Sittingbourne for people with complex dementia with behaviours that challenge who are eligible for NHS Continuing Healthcare. 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 are commissioned on a block basis at a cost of £3.029m plus £567k rent. 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.

Nationally, the trend over recent years has been for mental health trusts to withdraw from the provision of NHS continuing health care as this is no longer viewed as their core business. In Kent, the majority of individuals with dementia and who are eligible for NHS Continuing Healthcare receive their care in more homely nursing home environment in the independent sector.

In Kent and Medway there has been a pro-active approach to repatriate people to more homely environments closer to home, with a focus on keeping people in their usual place of residence, avoiding any unnecessary hospital admissions in order to minimise disruption.

Since April 2017, Continuing Health Care assessors have successfully repatriated patients with complex dementia and behaviours that challenge from Frank Lloyd Unit to a community care homes within Kent & Medway.

All patient transfers to date have been successful in supporting patients within a community home; there have been no readmissions from this patient group.

**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.

The original NHSE Gateway review was postponed as more evidence was needed on developing a new model of care. It is anticipated that pre-engagement and consultation with stakeholders on the new model of care will take place from April 2020; it will then be presented to NHSE Gateway review with a view to moving to full consultation and engagement in May/June 2020 to consult on the development of the new enhanced community model.

**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.
- Preventing ill health by helping people to stay well
- Delivering excellent care, closer to home, by connecting the care from the NHS, social care, community and voluntary organisations
- Giving local people to right support to look after themselves when diagnosed with a condition
- Intervening earlier, before people need to go to hospital

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

It aligns with the STP ambition to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital.

- improve the health and wellbeing of local people
- deliver high-quality, joined-up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can't deliver the caring ethos of the NHS and social care
- better meet people's needs within the funding we have available
- build health and care services that are sustainable for years to come

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

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**Test 1 - Strong public and patient engagement**

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

It was acknowledged that there had been insufficient engagement with regards to the discussions around the future of the FLU service. The CCG's addressed this by putting in a project lead in June 2019 to co-ordinate this work.

Between mid-May and early August 2019, NEL engagement staff designed, planned and carried out community engagement with people living with dementia, their families, carers and voluntary sector volunteers and staff. The purpose of this community engagement was both to renew and establish contact with voluntary and community sector organisations providing community-based support to people living with dementia and their carers, and to collect views on existing support services and any additional needs or perceived 'gaps' in community-based services and activities. Collected views will inform the basis of patient and public involvement in the potential development of service specifications for future community dementia support services, specifically innovative intensive support services that might be developed for people living with moderate to severe dementia and their carers.

Commissioners & KMPT senior staff held a pre-consultation engagement session with families of the relatives remaining at FLU on August 27th, to discuss these proposals for redesigning the service currently provided at FLU and provide families with an opportunity to influence the proposed new model of care, focusing particularly how it might affect them directly.

Healthwatch were also invited to attend the engagement meeting, as they had previously met with carers in Dec 2018. Healthwatch are also key members of the project group.

Individual 1-1 sessions were also arranged during a two week period from 29th August – 12th September with families to meet with Continuing Healthcare staff so that they could discuss in detail the individual needs of their loved ones and options of future placements that were suitable for them.

Mental Health Action Groups (MHAGs) have also been provided with a briefing update on the proposals for the redesign of the service.

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 Committee Members' views and feedback on our consultation plans and will share these once they have been developed.

**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 proposed enhanced community model of care is in line with the direction of travel for Dementia care to provide treatment as close to home as possible and in the least restrictive environment, in line with the National Dementia Strategy. The proposed model of care will be designed to keep community services at the heart of service delivery; ensuring care is provided as close to patients' homes as possible.

There are good practice examples of similar models of care that are being looked at (DoH Living Well with Dementia: A good practice compendium – an assets approach 2011) which include:

- NHS West Kent Dementia Crisis Support Service
- LINK worker training, Gloucestershire
- STAR Toolkit, Cornwall: Reducing medication in care homes
- Quality Improvement in 'the lived 'experience for people with Dementia living in Care Homes
- Yorks and Humber: Anti-Psychotic Medication Reviews in Care Homes –
- Kirklees
- Dorset Healthcare University Trust service specification for OPMH intermediate care service for dementia

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.

**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 project group has been established with representation from all CCGs across Kent and Medway. Kent County Council is also represented. 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).

Continuing Healthcare have taken a proactive approach to the management of patients in the unit and as challenging needs subside, patients go to more homely environments in care homes (nursing) closer to home and the unit is no longer seen as a 'home for life'. This has resulted in an ongoing decline in patient numbers as described above.

The position was discussed at length by representatives from all commissioners and the senior team from KMPT, the negotiations concluded that KMPT were unlikely to be in a position to reduce their cost base further, the layout of the ward, along with the requirements to staff to a certain level under NHS safer staffing rules prohibited the Trust from making any significant changes to its operating model. In addition, the commissioners present felt the activity levels would continue to remain low, and in some cases were confident of reducing them further. This questioned the long term viability of the Trust providing the service in its current form and therefore required a change of approach from the system.

The unit cost of Frank Lloyd means that that the service is under-used and does not represent good value for money. It also does not support the strategic direction of travel which aims to deliver more care in the community, closer to home. It is also not very accessible for families in some of the CCG areas, particularly in East Kent.

**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 (i.e. changes to travel or times of the day)?

Services will not be withdrawn from patients, but will be delivered in a community setting, as an enhanced dementia service rather than as an inpatient service.

Some people will always need specialist and intensive care that can – and

should – only be available in hospital. It is believed that the number of commissioned inpatient beds currently available in the system (outside of FLU) has the capacity to address this need along with the new model which in outline proposes some small number of Acute Dementia “hubs” into which the most complex patients can be admitted. The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes by responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia. This model is in place successfully elsewhere in the country.

It is the aim that carers will experience a positive change in the way they access services through reduced travel times by placing people closer to home in their local community.

**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 Frank Lloyd unit provided bed provision for patients with complex needs across Kent & Medway. Whilst the new model of care will be across Kent & Medway, demographic projections will be taken into consideration in the development of the consultation on the new model of care to identify locations of proposed ‘Dementia Hubs’.

**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?

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.

There are no current plans to make efficiency savings from the redesign of

services, but to reinvest and use the funding more efficiently and effectively to develop an enhanced community.

**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**

We consider this proposal to be a substantial variation that will require public consultation

The Kent HOSC have recommended that this is a substantial variation (Sept 2019) to the health service in Kent.