MENTAL HEALTH INPATIENT BED REVIEW

Report from: Rose Collinson, Director of Children and Adults
Author: Rosie Gunstone, Democratic Services Officer

Summary
A report on an inpatient mental health bed review being conducted in Kent and Medway.

1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

2.1. The attached report sets the background to a review of inpatient mental health beds in Kent and Medway. Attached as an appendix to this report is the completed protocol document, which gives the Committee more detail of the review.

2.2. Kent County Council’s Health Overview and Scrutiny Committee considered this report on Friday 9 March 2012 and a decision was made that the Committee found it to be a substantial variation for the purposes of holding a Joint HOSC. Four Members of Medway Council and seven Members of Kent County Council are already appointed to this body. The Members from Medway Council are Councillors Griffin, Murray, Purdy and Royle.

3. Risk management

3.1. There are no risk implications at this stage.

4. Legal and Financial Implications

4.1. There are no legal and financial implications at this stage.
5. **Recommendations**

5.1. Members are asked to determine whether or not they consider the attached report to be a substantial variation for the purposes of convening a joint HOSC with Kent County Council.

**Lead officer contact**

Rosie Gunstone, Democratic Services Officer  
Ext 2715  
[Rosie.gunstone@medway.gov.uk](mailto:Rosie.gunstone@medway.gov.uk)

**Background papers**

Protocol between Medway Council and NHS trusts in Medway on how consultation on substantial service developments and variations will be handled
1. **Introduction**

This paper outlines significant changes over the past eight years to the provision of inpatient mental health services, including specialist Psychiatric Intensive Care (PIC) services, for those people aged over 18 in Kent and Medway. It sets out how this has resulted in many more people being treated at home and a higher level of need among people still admitted to inpatient units, who require more focused, specialist care within centres of excellence.

Other factors taken into account are the elements required to deliver a successful, safe, recovery-focused inpatient service for people who are acutely mentally ill, and the need for the NHS to make best use of its resources.

Mental health services for children and adolescents, and for people with dementia, are commissioned separately and do not form part of this proposal, which however has been developed alongside separate plans for improving services for people with dementia in east Kent.

2. **Background**

Around 160,000 people in Kent and Medway\(^1\) at any one time are affected by common mental health problems, such as anxiety, depression, phobias and obsessive compulsive disorder.

Three quarters of them will either self help or get better in time. Around one quarter will need treatment with medication and/or psychological therapies.

Around 12,000 people in Kent and Medway are estimated to have a severe complex mental illness such as schizophrenia (also known as psychotic disorder), bi-polar disorder, personality disorder or an eating disorder.\(^2\)

The rate of mental health problems in the population is broadly stable: For ‘common mental illness’ (the majority of depression and anxiety problems) the estimate is 1 in 4 people\(^3\), and for ‘severe and enduring mental illness’ (mostly psychosis - schizophrenia and bi-polar disorder) it is 3 per 1000 people.\(^4\)

3. **Mental health services**

The main NHS mental health provision in Kent and Medway consists of:

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\(^1\) Source: Joint Strategic Needs Assessment, Kent, 2011

\(^2\) Ibid

\(^3\) Source: National Adult Psychiatric Morbidity Survey, Meltzer 2001

• Primary care services, such as GP services and talking therapies. National Institute for Clinical Excellence (NICE) guidelines make it clear that primary care is the best and most appropriate care for the vast majority of people with common mental health problems

• Secondary care services, provided by Kent and Medway NHS and Social Care Partnership Trust, comprising community services and acute services for people who need more intensive or specialised support

• Tertiary care services, offering specialist help, often involving hospital or complex rehabilitation and observation. These include intensive day treatment services and some services for people with eating disorders or women with ante or postnatal mental illness (although most people will recover without such specialist care)

• Forensic services, for people who have mental health problems who are also in the criminal justice system

Latest statistics from NHS Information Centre\(^5\) show that around one in 11 people receiving secondary or tertiary services for a severe mental illness will at some point be admitted for inpatient care. 10 in 11 will not access inpatient care at any point in their illness.

The focus of this review is acute inpatient services which, along with crisis resolution home treatment services, treat people who are in a mental health crisis.

4. What is a mental health crisis?

Crisis takes different forms in different people.

The mental health charity Mind\(^6\) says crisis may take the form of:

• suicidal behaviour or intention
• panic attacks/ extreme anxiety
• psychotic episodes (loss of sense of reality, hallucinations, hearing voices)
• other behaviour that seems out of control or irrational and that is likely to endanger the self or others

“…the mind is at melting point and everything is frightening, even the affected person’s loved ones.”

“…I get very paranoid, and think of myself as a horrid burden to my family.”

“People describe being in crisis as an overwhelming experience; something that is more than the person can deal with and not one’s normality. It can mean having nowhere to turn or having exhausted all one’s coping strategies.”\(^7\)

\(^5\) NHS Information Centre E-bulletin, November 2011
\(^6\) Learning from experiences, Mind 2011
\(^7\)
5. **Best for people to be treated at home**

There is extensive evidence\(^8\) that it is best for people in a mental health crisis to be supported and treated at home or in another community setting (such as intensive day support), whenever possible. Most service users and carers prefer home-based treatment and research has shown that clinical and social outcomes achieved by community-based treatment are at least as good as those achieved in hospital. For example, the National Audit Office\(^9\) suggests that more admissions should be avoided and that improving service quality and outcomes should be the primary imperative to reduce unnecessary or overly long inpatient stays. Time spent as an inpatient can weaken people’s connections to their family, community and support networks. It found that areas with Crisis Resolution and Home Treatment (CRHT) teams saw a 21% reduction in admissions over five years compared to those without (10%).

Some service users do not feel safe in hospital. This is especially true for women, and for individuals with a history of abuse, as well as for young people. New psychiatric ward building and renovation work is partially addressing these concerns, by using only single sex and/or single roomed wards, the latter helping to make inpatient care more personalised.

Treatment at home or in the community reduces the stress and anxiety of people who are acutely unwell and enables them to stay in touch more easily with friends and family, to maintain their independence and their normal routine, to continue making choices about their lives and to avoid the risk of institutionalisation. All of these improve outcomes for people.

It is also what the majority of people who use services say they want, in both national surveys, such as Listening to Experience, Mind’s review of acute and crisis services\(^10\), and local discussion, such as with people in Medway in recent years\(^11\). Carers in areas with similar services say that they are glad not to have their relatives going into hospital and find 24 hour on-call service availability particularly supportive, even when they don’t use it that often.\(^12\)

Changes to mental health services over recent years therefore mean that effective, and where necessary intensive, treatment at home is now much more widely available and accepted.

6. **A quiet revolution**

Over the last eight years, matching the national drive\(^13\), there has been very significant local development of services to support people in an acute phase of mental illness, so their needs can be safely met in the best place possible. For most people, that will be at home while, for some, it will be in an inpatient unit.

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\(^7\) Learning From Experiences, Mind 2011  
\(^8\) The Mental Health Policy Implementation Guide, Department of Health 2001  
\(^9\) Helping People Through Mental Health Crisis: The role of Crisis Resolution and Home Treatment services, National Audit Office 2007.  
\(^10\) Published November 2011  
\(^11\) Scrutiny of Mental Health Bed Numbers and Capacity, Mental Health Strategies 2009  
\(^12\) Locality Services in Mental Health: The Home Treatment Team, Sainsbury Centre for Mental Health 1998  
\(^13\) Idem (8)
Acute care follows one agreed “care pathway” so that people consistently get the care that is right for them, whether that is at home or in an inpatient unit. Multidisciplinary teams work together and always aim to ensure that people receive a seamless and joined-up service.

Among other mental health and social care services, people in Kent and Medway can now access:

- CRHT teams that provide treatment and support in a mental health crisis for people in their own homes rather than in hospital and which work very closely with inpatient teams for the particular locality.
- Early intervention in psychosis services for people having a first episode of psychosis, which improves the long-term course of their illness.
- Specialist psychiatric nurses in emergency departments across the county who offer swift assessment and access to other support for people attending with mental health needs (such as people who have self-harmed).
- Recovery teams, which provide therapeutic input and social care support to people with severe and longer lasting mental illness.
- Assertive outreach services, which work with people with severe mental illness who find services hard to engage with, and might be at risk of losing contact.
- Supported accommodation services, including some which offer intensive support.
- Specialist county-wide services for people with eating disorders, personality disorder and mother and infant mental health services.
- Improved referrals by other agencies, such as the ambulance service, the police, and probation, supported by agreed protocols.

These changes amount to a transformation of mental health services in Kent and Medway.

Treatment at home is now the norm for people in an acute phase of mental illness who, in the past, would have been admitted to an inpatient unit. In 2010/11 2646 people who are acutely unwell were treated at home by a CRHT service compared to 1615 people admitted to hospital. Payment by Results, which is being fully introduced in NHS mental health services from 2013, will place most of those people who use inpatient wards and CRHT services in the same ‘care cluster’ with the same ‘tariff’ for payment from NHS service commissioners to providers, so there will be an even greater imperative for these services to be managed and delivered very closely together for each and every locality, wherever the wards’ physical location.

At any given time, 100 people who are acutely unwell will be being treated at home in Kent and Medway – the equivalent of almost six hospital wards.

There have already been some reductions in inpatient demand over the last few years, whether in terms of admissions or average lengths of stay, thanks to
higher levels of therapeutic intervention during the person’s stay through schemes such as the Productive Ward, advances in the medication now available, and early discharge planning facilitated as required by follow-on ‘intensive home treatment’. There is scope for reducing overall demand further (‘occupied bed days’), particularly through early discharge work with our partners to ensure that services such as supported housing are available when people are ready to leave hospital.

Choice of psychological treatments available for service users is usually wider in community than inpatient care, while most medication can be administered and monitored just as effectively at home as in hospital. Shorter, focused stays in inpatient units also make it easier for people to pick up the threads of their everyday life, get back to work and see their family and friends.

As a result of plans to improve care pathways and the management of demand, it is expected that over the next few years even fewer people will be admitted for inpatient care and their stays will be for shorter periods: hence in Kent and Medway fewer beds will be needed per head of population and in Medway fewer beds will be needed in absolute terms. This is currently subject to modelling of historical and predicted ‘occupied bed days’ demand by the specialist provider of this service, the Kent and Medway NHS Partnership Trust (KMPT), and this will inform the detailed options for consultation - for the future allocation of Kent and Medway localities and CRHTs to inpatient units.

7. Inpatient care

This quiet revolution in mental health services for people who are acutely unwell means that people are now only treated in an inpatient mental health unit if clinical assessment shows it would be unsafe for them, or others\textsuperscript{14}, for them to stay at home.

In turn, this improvement in community based care means those few people needing acute inpatient units have a higher level of need than in the past.

The priorities of mental health inpatient units are:

- to care for people safely
- to promote their recovery
- to ensure the safety of staff

These are also the priorities of the Psychiatric Intensive Care Outreach service which offers specialist support to acute inpatient Psychiatric Intensive Care Units. When staff in an acute inpatient unit are not sure if they can safely manage the care of a particular person, they can call on their colleagues from psychiatric intensive care.

Staff from the Psychiatric Intensive Care Outreach service will assess the person, and either suggest strategies for working with him/her to the staff on the ward, or admit him/her to the Psychiatric Intensive Care Unit.

\textsuperscript{14} They may be admitted, for instance, if their family carer can no longer cope, or if they are intent on suicide.
Most admissions are now more a matter of days rather than weeks – like intensive care units for physical illness, in the majority of cases a Psychiatric Intensive Care Unit provides short-term support (the median stay is now 20.5 days with over 80% of patients discharged from the units within six weeks). When a person’s condition is stabilised, they will move to a regular inpatient unit or back home, under the care of a CRHT.

To deliver safe care which promotes recovery as effectively as possible, it is essential that there are sufficient highly trained, expert staff available round the clock to provide a robust and resilient service and that people are treated in modern fit-for-purpose accommodation.

8. Staff

Given that people who are acutely unwell in inpatient units now present a higher level of risk and more complex needs than in the past, ward staff need to be more highly trained and highly skilled than ever before. The NHS nationally is promoting the development, as a separate mental health specialism, of a highly skilled inpatient and crisis resolution workforce, who can manage these risks and meet these needs in a way that best promotes recovery.15

Teams start to work with people from admission, offering multi-disciplinary therapeutic interventions tailored to match the wishes and interests of the individual. Increasing post-qualification training is underway to ensure that for the few people who do need to be admitted, highly purposeful admission, intervention and review systems are in place for them.

It is important to have enough staff to carry out this complex work; hence the recent KMPT announcement of a funded increase of 40 mental health ward nurses from February 2012. It is equally important to have stability in this staff group: continuity of care promotes trust and so wellbeing, enhancing recovery. Hence, it is best to use permanent staff rather than agency nurses wherever possible.

It is still the case nationally that the majority of assaults on NHS staff are by people who are mentally unwell. To ensure the safety of both service users and staff, it is essential that there are enough highly trained and expert staff on duty in each inpatient unit; this requirement lends support to the designation in Kent and Medway of fewer, better ‘centres of excellence’.

9. Environment

Thanks to extensive research, much more is known about the physical elements of inpatient mental health care which promote recovery.16 17 We know, for instance, that the physical environment is very important. People who

15  The Pathway to Recovery, Healthcare Commission Review of Mental Health Services 2008
16  Star Wards, Marion Jenner 2006
17  The Productive Ward: Releasing Time to Care, Institute for Innovation and Improvement 2010 Learning and Impact Review
are acutely mentally unwell need access to outdoor space and to have their own room where they feel safe and can be alone if they wish.

The DH Mental Health Policy Implementation Guide\(^\text{18}\) highlighted that the impact of a poor environment on patients and staff alike cannot be underestimated and that the environment must be comfortable, relaxed, safe and secure, with particular attention to the needs of women. It also emphasised that new services should be designed to be socially inclusive and connected to the community. The extra demands placed on staff when providing care in a poor environment inevitably leads to a level of containment and custodial care that impacts on patients’ experience and recovery.

The NHS Constitution states that every service user has the right to high-quality care that is safe, effective and respects their privacy and dignity. Since 2000, all new-build units have been required to incorporate single bedrooms, ideally with en-suite facilities.

The physical environment is also a very important element of providing safe care. It is, for instance, essential that there are clear lines of sight, so that staff can monitor those patients who may be suicidal or aggressive.

The Healthcare Commission's *National Audit of Violence*\(^\text{19}\) reported that the design of many wards failed to meet basic safety standards. There were particular problems with poor visibility associated with obstructed sight-lines.

This finding was consistent with NIMHE's survey where over one-third of ward managers described significant reported, but unresolved, environmental risks. In relation to the impact of environmental risk: in the Healthcare Commission's audit, 36 per cent of service users and 78 per cent of nursing staff said that they had experienced violence on the ward that was being studied. There is a strong link between this level of violence and the environment within which patients are being cared for.

However, not all the accommodation currently available in Kent and Medway meets these important standards.

**10. The existing situation including what the problems are and why**

People who are acutely unwell are currently treated at five inpatient units across Kent and Medway – in Dartford, Maidstone, Medway, Ashford, and Canterbury. The closure of outdated accommodation in Ashford is already planned as part of the development of the new £10million unit at St Martin’s Hospital, Canterbury, which is due to open in autumn 2012. People in East Kent will then be cared in state-of-the-art accommodation.

Dartford and Maidstone are also modern, purpose-built units which offer the best possible environment for care.

\(^{18}\) *Adult Acute Inpatient Care Provision, Department of Health, 2002*

\(^{19}\) *Healthcare Commission, 2005*. 
However, people from Medway and Swale are looked after in A Block, a KMPT unit in former orthopaedic wards at Medway Maritime Hospital. There are poor sightlines for observation and several beds are in bays with only curtains to provide privacy.

People using services have restricted access to the outside, because wards are on the first floor and if, for instance, they want a cigarette, they have to wait to be accompanied downstairs, rather than being able to move in and out of doors at will. This inevitably builds up frustration, which can have a major impact on inpatients’ needs and experiences of care as well as on staff time and resources.

The Care Quality Commission (CQC) compliance inspection of Medway in November 2010 identified that “people were generally protected from harm although there was risk where the layout of the ward made de-escalation (of violence), difficult and there was no seclusion room on the ward. People would have also been at risk from self harm where there are no ligature free rooms”.

Although the staff working at A Block do the best possible job of providing care, given the restrictions they face, this is not an environment that promotes either safety or recovery, despite measures that have been taken to improve the fabric of the building. The NHS in Medway has since 2000 made many attempts to look for alternative more suitable buildings nearby, without success. Hence some new service foundations need to be made to provide inpatient and CRHT services for Medway users and to match the development of more integrated and individualised care pathways.20

Similarly, the PIC Unit is currently provided at two bases, Willow Suite at Dartford and Dudley Venables House in Canterbury. Willow Suite is housed in purpose built accommodation which offers the best possible environment for intensive care. Dudley Venables House is a converted 1994 ward and is therefore limited in what can be achieved for PIC Unit purpose.

In West Kent, there is a PIC outreach team which can be called upon by KMPT staff in acute inpatient units in Dartford, Medway and Maidstone. However this service does not extend to East Kent.

11. The options for change

Kent and Medway NHS and Social Care Partnership Trust, supported by commissioners, would like to explore the development of centres of excellence (CoE) for people needing inpatient care in Kent and Medway, each based in modern accommodation that promotes safety and recovery, which are compatible with their latest acute care pathway (see Appendix).

A CoE can be described as a service that is delivered to a recognised high (national or world class) standard, in terms of measurable results and innovation, so that, in addition to performing its own core work very effectively, it has an additional role in improving its practice expertise and knowledge resources. The centre can then, in turn, assist other parts of its service system.

20 Laying the Foundations, Department of Health (CSIP) 2008
to improve continuously and work collaboratively. The defining features of a CoE are therefore: A critical mass of specialist staff organised around one locus; an ability to integrate complementary multidisciplinary skills; evidence-based research and knowledge management capabilities; and the capacity and stability to attract, retain and exchange a skilled workforce.

Options for the locations of inpatient care will now be examined to create units that are more robust, with a critical mass of staff working at each, consolidating and exchanging staff expertise and improving safety for everyone. This should also allow for the optimal deployment of specialist resources such as mental health occupational therapy teams in accordance with NICE guidelines about making therapies available at the evening/weekend, yet not spreading these resources too thinly. Another example is having sufficient nurses and nursing management cover on hand for the safe provision of 'Section 136' rooms, to receive those people taken to hospital for assessment by police under this section of the Mental Health Act.

It would also enable the numbers of inpatient beds in Kent and Medway to be reduced over time to match the reduced demand for these beds, ensuring that the NHS is making best possible use of its resources. For those that still need inpatient care, for their own and other people’s safety, all options for the inpatient environment would need to be suited to more individualised care and treatment and facilitate demand management.

We have had discussions with a range of stakeholders including clinicians, service users, carers and MPs about potential changes. These conversations will continue as we develop our plans.
Health Overview and Scrutiny

Health Service development or variation - assessment form

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

**A brief outline of the proposal with reasons for the change and timescales**

<table>
<thead>
<tr>
<th>Over the last eight years, there has been a transformation of mental health services for people in Medway and Kent who are acutely unwell.</th>
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<tbody>
<tr>
<td>Home treatment has become the norm for most people in a mental health crisis, which is in line with national policy and is what most people who use services say they want.</td>
</tr>
<tr>
<td>When people are admitted to an inpatient unit now, it is because treatment at home is not an option for them, perhaps because there is a real risk they would hurt themselves, or because their family or those around them can no longer cope.</td>
</tr>
</tbody>
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What this means is that

- **people being admitted are more ill than in the past. They have more complex needs and are higher risk than would have been the case a few years ago**
- **fewer beds are needed for acutely unwell people from Medway and Kent**

Research shows that two elements are essential in offering the best possible care to the smaller number of people who do need admission to an inpatient unit:

- enough highly trained, expert, staff to provide a safe, flexible, resilient service offering continuity of care, purposeful admission, intervention and review, safe provision of ‘Section 136’ rooms, and a full range of therapeutic interventions, including in the evenings and at weekends
- modern, fit-for-purpose accommodation that is comfortable, relaxed, safe and secure and preserves people’s dignity and respect

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1 For people brought to hospital by police under the Mental Health Act
KMPT and the PCT cluster have reviewed the acute inpatient pathway on a Kent and Medway wide basis for the first time, and propose moving to ‘centres of excellence’ with each providing:

- An excellent acute inpatient mental health service in itself, with a critical mass of staff and opportunities for therapeutic interventions at weekends and into the evening; working in fit for purpose accommodation for safe care and the promotion of recovery.
- A hub of good practice with a research programme and the commensurate ability to attract and retain highly qualified, expert and motivated staff.

People from Medway and Swale are currently looked after in A Block, a KMPT unit in former orthopaedic wards at Medway Maritime Hospital. There are poor sightlines for observation and people who may be very distressed or very delusional have only curtains around their beds to provide privacy.

There is restricted access to the outside, because wards are on the first floor. If someone needs fresh air, he or she has to wait to be accompanied downstairs, rather than being able to move in and out of doors at will. This inevitably builds up anger and frustration, which can have a major impact on people’s needs and experience of care, as well as on staff time and resources.

Although the staff at A Block do the best possible job of providing care within the restrictions they face, and despite measures to improve the fabric of the building, this is not an environment that promotes either safety or recovery. It is not as good an environment as that available to people in KMPT’s inpatient units in Dartford, Maidstone or Canterbury.

In order to ensure that people from Medway and Swale can access care that promotes their safety and recovery as effectively as that provided to people in the rest of Kent, it is therefore proposed to close A Block and provide services for people from Medway in the centre of excellence in Dartford.

It is also proposed to have one base for Psychiatric Intensive Care services, in Dartford, with an outreach service providing support to the mental health inpatient units in Canterbury and Maidstone, rather than two bases, one in Dartford and one in Canterbury, as now.

The proposed implementation timeframe is between October 2012 and March 2013, but this itself will be subject to further discussion with NHS (staff), service users, and wider stakeholders.
**Extent of consultation**

(a) Have patients and the public been involved in planning and developing the proposal?

(b) List the groups and stakeholders that have been consulted

(c) Has there been engagement with the Medway LINK?

(d) What has been the outcome of the consultation?

(e) Weight given to patient, public and stakeholder views

The issue of the quality of the acute inpatient mental health estate in Medway and its suitability has been a subject for much discussion and work over the last ten years. Many stakeholders have taken part and various plans have been explored at length.

Two conferences and a number of workshops were held in 2008 and 2009 to look at the acute care pathway within Medway and attempt to find a better inpatient solution for people from Medway and Swale. Medway LINk, mental health voluntary organisations, individual service users and carers took part in this work.

As a result, improvements have been made to a number of services for people who are acutely unwell, including Crisis Resolution and Home Treatment teams and acute liaison psychiatry. However, continuing attempts to find a solution to the location of inpatient beds in an environment which is safe and promotes recovery, have proved unsuccessful.

This review is determined to find a solution which improves the quality of care for adult mental health service users in Medway and Swale, in line with the service delivery in Kent.

A stakeholder options appraisal workshop for the acute inpatient mental health services review was held by KMPT on 24 February to help identify options for change that are acceptable and viable. It was attended by 51 people, including KMPT consultant psychiatrists and other mental health professionals, six GP mental health leads from different parts of Kent and Medway, five members of Medway HOSC including the chairman, one member of Kent HOSC (a KCC member from Swale), and nine service user and carer representatives, including a member of Medway LINk. The workshop’s top three (of eight) ranked options for change will be developed and subject to further assessment and consideration.

**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)?

Issues that were raised at the workshop included: Concerns about no longer having adult mental health acute inpatient beds physically situated in Medway after many years of the NHS trying to find more suitable and affordable local alternatives to A Block; how best to meet the demand for acute beds; how to
manage with one specialist psychiatric intensive care service in Dartford; the transport options to proposed new locations for both service users and carers; and how well services will work together in future. These will all be addressed in the redesign proposals. The ranked options will now be taken forward to the next stages, and financial, risk and equalities impact assessments are being undertaken.

No services will be withdrawn. One outcome will be to match acute inpatient and CRHT services with actual demand from Medway; another will be to improve the quality of the inpatient resources available to Medway residents.

**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?

Demographic changes, relating to working-age adults in the main, will be identified and evaluated as part of the wider assessment process. The catchment area for the new acute inpatient mental health wards for Medway and the flows to it from Medway residents will be similar to the present, except there should be fewer overspills from East Kent into Medway wards and there will be an improvement in the integrated working for service users.

**Can you estimate the impact this will have on specific groups?**

(a) What will be the impact on children?
(b) What will be the impact on people with disabilities?
(c) What will be the impact on older people?
(d) Has an equalities impact assessment been carried out of this proposal?

This form would benefit from having a separate category: ‘what will be the impact on people with mental health problems’. This group can be just as disproportionately affected by policy and practice changes as other groups with less power in society, and people with lived experience of mental illness often do not see themselves as a sub-category of ‘disabilities’. The wards affected are not children's or older people’s wards, although there will be some inpatients with a physical or learning disability too as in the population, and they are not well served by the current service at A Block.

However, assuming there were such a ‘impact on people with mental health problems’ question on this form:

The positive impact for this group will be the continuing trend towards more effective care and treatment at home, as NHS resources are invested in robust alternatives to hospital care. For the decreasing minority of service users who still need to be admitted due to higher risk to themselves or others, the result will be a more expert and recovery focused service, and reduced lengths of stay away from their community. The negative impact will be that those in Medway with mental health problems who need inpatient treatment would usually have to travel further to receive it, than those with some physical illnesses would have to; these effects will be mitigated by transport
solutions, earlier discharges and locally-managed Medway care co-ordination. When asked, most service users and carers say that the top priority is effective care and treatment when it is needed, followed by having integrated services, and then service location.

An initial equalities impact assessment is being carried out on different options. A full equalities impact assessment will be undertaken on any final solution selected following further engagement and assessment of the options being considered.

**Choice and commissioning**

(a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?

(b) Have plans been made for “financial cushioning” if additional capacity is not taken up?

(c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

| (a) | The change will reflect the decreasing demand for the service; patient choice is usually for treatment at home. Both acute inpatient and Crisis Resolution and Home Treatment services for Medway will be in the same ‘mental health Payment by Results care clusters’ for Medway Commissioning Group, further incentivising effective home care and treatment by provider services. |
| (b) | N/A |
| (c) | Yes |

**Clinical evidence**

(a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?

(b) Will any groups be less well off?

(c) Will the proposal contribute to achievement of national and local priorities/targets?

| (a) | There are reservations about keeping the current service in A Block. The Care Quality Commission compliance inspection of Medway wards in November 2010 identified that “people were generally protected from harm although there was risk where the layout of the ward made de-escalation (of violence) difficult and there was no seclusion room on the ward”. “People would have also been at risk from self harm where there are no ligature free rooms”. Similarly, Kent and Medway psychiatric intensive care services are currently provided at two bases, Willow Suite in Dartford and Dudley Venables House in Canterbury. Willow Suite is housed in purpose-built accommodation that offers the best possible environment for intensive care. Dudley Venables House is a converted 1994 ward and is therefore limited in what can be achieved for psychiatric intensive care. A Block and Dudley Venables House do not meet DH standards such as in “Laying the Foundations” while the outcomes from a centre of excellence with a high quality, purpose-built therapeutic environment is the model of care supported by clinicians, including the Royal College of Psychiatrists. |
| (b) | |
| (c) | |
Joint Working
(a) How will the proposed change contribute to joint working and improved pathways of care?

There will still be dedicated CRHT resources for Medway to prevent, manage and support acute mental health care between home and hospital, working with Medway’s secondary care community mental health services. The acute mental health care pathway will be integrated and strengthened. One advantage of the proposals for Medway inpatients who need intensive care will be that they will no longer need to move hospitals during their treatment.

Health inequalities
(a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?
(b) What health inequalities will this proposal address?
(c) What modelling or needs assessment has been done to support this?
(d) How does this proposal reflect priorities in the JSNA?

This is not a preventative or early intervention service, but a specialist support and treatment service for service users and carers facing the more severe and complex mental health problems, such as psychosis. Clearly one of the social outcomes of effective time-limited ‘recovery focused’ treatment is to reduce the health inequalities faced in the community by people with severe mental illness.

A comprehensive demand modelling exercise has just been completed by NHS commissioners and provider working together, done on a locality/council basis for all parts of Kent and Medway, to assist one of the redesign objectives that is consistent with JSNA objectives: to ensure equal access to high quality acute inpatient mental health care when home treatment and care is not the best option for someone or his or her family.

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

Voluntary transport schemes and the increased use of audio-visual web-based technology by community mental health services are ways in which the effects of distance can be reduced. The fast rail service from Medway to Dartford has recently been improved making it a better option for Medway residents than many other Kent towns. Little Brooke Hospital in Dartford is where there is readily available, sufficient and suitable estate for Medway acute inpatient mental health wards. And given that fewer people need inpatient care for longer periods, the overall number of hospital journeys made by service users, carers and staff will be reducing, even though each journey may be longer.
**Do you believe the outlined proposal is a substantial variation or development?**

We believe the outlined proposal is a further development of a well-established strategy. While it involves removing acute inpatient mental health wards from Medway, in the physical sense, it offers improved access to the most therapeutic environment and best clinical care for people from Medway and Swale. The options being considered will affect the patient flow for service users in Medway and Swale, and West Kent to a degree. We are keen to have a robust and open discussion with everyone affected and to work with both Medway and Kent HOSCs to achieve this.

**Is there any other information you feel the Committee should consider in making its decision?**

The paper the Committee has is an initial paper written just before the stakeholder workshop, to make the case for change. The most viable and acceptable alternative solutions will be presented in a full discussion with NHS staff, service users and wider stakeholders across Kent and Medway. This will be accompanied by further, targeted stakeholder engagement in Medway itself (the Mental Health Locality Planning and Monitoring Group, Local Involvement Network, HOSC member including visits to the units involved, etc.).

For these reasons, the Committee are asked to support the convening of a Joint HOSC (JHOSC) with Kent to consider the full case for change and alternatives for the future of acute inpatient mental health services.