

Report to the Kent Health Overview and Scrutiny Committee on the recommendations for improving outcomes for older people with mental health needs and people with dementia in east Kent and Swale

1. Introduction and Background

Proposals for the redesign of older people's mental health services were presented to Clinical Commissioning Group (CCG) Boards, the NHS Kent and Medway Board, Kent and Medway Partnership Board, (KMPT) and the Kent Health Overview and Scrutiny Committee (HOSC) in February and March 2012. The proposals were focussed on improving community support for older people with mental health needs and people with dementia and therefore reducing the reliance on acute psychiatric inpatient beds. The proposals were also scrutinised by the Strategic Health Authority (SHA) and National Clinical Advisory Team (NCAT).

The outcomes of the formal consultation will be presented to the NHS Kent and Medway Board in September 2012

Dementia Strategy

The recommendations in this paper also need to be considered alongside the dementia integrated plan which has a number of key themes, i.e.

- Raising awareness and reduction of stigma.
- Improving diagnosis.
- Enabling people to remain independent for as long as possible.
- Avoiding the need for hospital admission and improving hospital care.
- Improving end of life care.
- Ensuring good support to carers.

It also needs to be considered in conjunction with other workstreams which are currently in progress, e.g.

- **Care Homes Project** which seeks to work intensively with care homes to help avoid hospital admissions and attendances.
- **Intermediate Care Review.** A review of all intermediate care services is currently in progress and has identified a lack of intermediate care services for people with dementia.
- **Project Invicta.** This is a project for end of life care which seeks to improve services for anyone at the end of their life, which includes people with dementia.
- **Improving Support to Carers.** It is proposed to commission jointly a range of services for carers with Kent County Council (KCC) which will include support and advice and carers breaks.

1.1 The case for change

The clinical case for changing the way services are delivered to older people with mental health needs and people with dementia is well documented. There is strong evidence that greater investment in community services leads to better outcomes and reduces the need for hospital admission. This is documented in such documents as Healthcare at Home – Dementia Care Report 2011 and The Alzheimer's Report Support, Stay, Save.

When considering the redesign proposal Dr Sudbury from NCAT commented as follows:

“The clinical case for change is sound. In particular, the move away from in-patient provision to crisis and home treatment services is a general direction of travel across the country”..

Dr Sudbury also said that the impact of the new services *“might well be greater than anticipated.”*

1.2 The proposed redesign of services

The proposals which were consulted upon consisted of the following elements:

- Enhancement of the Home Treatment Service for dementia to enable a more responsive service to people in their own homes and improve the support to care homes. Additional staff have now been recruited to this service.
- Introduction of a 24 hour a day crisis service. This will provide prompt support in the event of a care crisis in the home. It was agreed that this would be commissioned by KCC, but the process has been delayed by the proposed re-let of Kent County Council's (KCC) domiciliary care contract. However, an interim solution has now been agreed and this will be in place by September 2012.
- Reconfiguration and refurbishment of current inpatient provision. Three options were developed which were included in the consultation process. These are:

Option 1 - One ward in Canterbury, one ward in Ashford and one ward in Thanet.

Option 2 - One ward in Canterbury and two wards in Thanet. It is to be noted under this option that the current out-patient activity that takes place in the Arundel Unit will be relocated to community facilities in line with bringing these services closer to the patients and primary care.

Option 3 - Three wards in Thanet.

The Ashford unit would be on the site of the William Harvey Hospital, the Thanet unit would be on the site of the Queen Elizabeth, the Queen Mother hospital (QEQM) site and the Canterbury site would be at St Martins.

1.3 The Four Tests

The redesign of the mental health services for older people in east Kent was required to meet the following tests:

- Support from GP Commissioners
- Strengthened public and patient engagement
- Clarity on clinical evidence base
- Consistency with current and prospective patient choice

This paper will demonstrate how these tests have been met in the development and consultation on the proposed pattern of services.

2. Public Consultation

Formal public consultation commenced on 26 March and concluded on 25 June 2012. A range of communication methods were employed to raise awareness of the review and encourage people to contribute, and the commissioners and citizen engagement team have been widely available to discuss the issues and listen to people's views. The following communication methods were used:

- News items in local newspapers across east Kent,
- News items on local radio stations.
- News items appeared in local papers
- Promotion the Kent LINK AGM, at the KCC 'Remember the Person Event' during dementia awareness week and again during national carers week
- 700 emails and 1,300 postal copies of the consultation document were sent to a range of local organisations from GP practices through to the voluntary sector and the PCTs virtual panel,
- 500 Posters, 2,500 full consultation documents and 10,000 summary documents were in GP surgeries, libraries, council buildings, community centres, hospital waiting rooms, KMPT buildings, Age UK and other voluntary sector centres, and shopping centres

Online information has been available at: <http://www.easternandcoastalkent.nhs.uk/get-involved/consultations-and-surveys/dementia-and-older-peoples-mental-health> with suitable links to the KMPT website and the dementia helpline, Dementia web and information

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about KCC select committee reports and other evidence which has informed the review

- Your Health magazine has featured dementia and OPMH in the last two issues featuring the review and consultation, 30,000 copies distributed across east Kent.
- Presentation and discussion with a range of local groups such as dementia cafes and pensioner forums.
- Three public meetings were held in Canterbury, Deal and Ashford. The audiences at these meetings were relatively small but well informed with a broad range of service users, carers, commercial care organisations, councilors, and third sector support organisations attending. An independent research team conducted 13 in depth interviews with care home staff, and the voluntary sector organisations who support people with dementia and with carers.
- Consultation with various staff groups.

The consultation documents were available in various formats including: easy read, large print, and audio.

It was acknowledged from the outset that it would be difficult to reach this vulnerable group of service users and carers, but we have worked closely with those organisations and services with whom there is already an established trust to enable discussion of the issues and record their views.

2.1 Key Themes from Consultation

An independent analysis of the outputs from the consultation was undertaken and are summarised below.

- Widespread support for the expansion and improvement of community based services, underpinned by an endorsement of the benefits of keeping dementia patients within a safe, secure and settled environment wherever possible.
- A need for the personnel who are delivering community-based care to be trained and skilled in the handling and treatment of dementia patients. Similarly within the hospital wards the key need was for trained, quality nursing staff who understood dementia patients and who were, therefore, able to deliver the critical emotional support required.
- A desire for effective collaboration and communication between all parties involved in the delivery of care to dementia patients and support to their carers.

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- Regarding hospital services the main comments were regarding the ease of access to hospital wards, for carers and also for staff, particularly if facilities are centralised in one location only.
- For this reason the majority of respondents supported Option 1 – three wards across three locations

3. Economic Analysis

An economic analysis of all options has also been undertaken. The economic case is divided into three sections:

- Non-financial options appraisal which identified the three options to be included in the consultation process.
- Financial appraisal of the capital and revenue implications of each of the options.
- Risk assessment of the options

Following a full review of the above option 2 is the preferred economic option. The reasons for this are summarised below.

Option 2 would provide:

- Two centres of excellence giving a critical mass of staff at inpatient units, therefore enabling more therapeutic interventions to be made across extended hours.
- Care will be provided from a high quality environment that is known to deliver improved outcomes and meets best practice guidance.
- Best care arrangements for people with organic and functional illnesses.
- A 15% revenue saving from the current position.
- The lowest risk profile of all options as identified in the risk assessment.
- The best available balance of the three options that offers two locations for access and the clinical and safety advantages of a reduced number of sites.

4. Summary analysis

The analysis of the outputs from the consultation demonstrated that the majority of those people who responded supported the three site option (option 1). This result was mainly due to the fact that this option delivers the greatest level of access to inpatient provision.

However, this option does not offer the same clinical or safety advantages that a reduction in sites would offer, by offering best practice care in a high quality

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environment, and giving a critical mass of staff at inpatient units, therefore enabling more therapeutic interventions to be made across extended hours.

Option 1 also generates the smallest financial saving.

The concern of patients and their carers of access to inpatient services have been taken into account and will be mitigated by the introduction of a volunteer car scheme. Volunteer drivers will be recruited and carers will be able to book a journey through the scheme to take them from their home to the hospital unit.

The main priority from respondents was improving community care and support for patients and carers.

In order to improve the overall quality of care KMPT needs to make efficiencies in the acute services line to make the most effective use of current resources, and provide scope for sustaining the investment in community care.

Maintaining inpatient provision on all three sites presents significant operational; risks for KMPT namely in providing an out of hours medical rota due to the problems of recruiting junior doctors, which has implications for patient care. Reducing the number of sites to two makes this more manageable and significantly reduces the risks.

Both the St Martin's and Thanet Mental Health Unit are owned by KMPT. This means the redesign can be delivered with relative ease. The Ashford site is leased from EKHUFT. Continuation of the unit on the Ashford site is unlikely to be compatible with EKUHFT long term estate and clinical strategy. There are also likely to be considerable restrictions on refurbishment and potential increase in revenue costs.

Option 3 generates the greatest level of saving, although it requires the most capital investment. It is also the least accessible of all the options and was the least supported option in the consultation.

It is therefore recommended that option 2 is taken forward for implementation. This option does not have the patient safety issues associated with option 1 and whilst concerns do remain about accessibility for some families and carers, option 2 presents less of an issue than option 3. As indicated previously, one of the mitigating actions will be to consider the establishment of a volunteer car scheme based on a similar scheme in west Kent. In addition it should be noted that the vast majority of patients will, through the investment in community support, be treated much closer to home than is currently the case and will only be admitted to hospital when it is clinically necessary.

Reducing the number of inpatient sites also reduces management and administrative costs as well as consolidating clinical staff and expertise.

Clinical support for this option has been provided by Dr Karen White, Medical Director of KMPT, and Dr David Kanagasooriam

5. Meeting the case for change tests

The following tests have been met through the process of developing and consulting on the options and in reaching the recommended option 2:

5.1 Support from GP Commissioners

CCG GP representatives have been involved in the development of the options and recognise the case for change. There has been strong support for the investment in local community services and acknowledgement that this will lead to reduced hospital admissions. There is broad recognition that the two site option of Option 2 will bring improvements in both environmental and clinical quality for the care of the patients when needing an in-patient service.

All CCGs have now confirmed their support for option 2.

5.2 Strengthened public and patient engagement

The extensive public consultation process has achieved good public and patient engagement and this will be continued through continuing contact with a variety of local forums.

5.3 Clarity on clinical evidence base

There is good clinical evidence that delivery of care to older people nearer to home and avoidance of inappropriate hospital admissions produces better clinical outcomes. The proposals will increase the support available in the community and provide a quick response in the event of a crisis without the need to resort to hospital admission. Hospital admission to an acute psychiatric bed will be reserved for when it is clinically appropriate.

5.4 Consistency with current and prospective patient choice

The increased provision of enhanced local community support is consistent with patient choice. Although option 1 would be the preferred option of patients due to accessibility, the increased community support will increase the level of access for the majority of patients. In addition the reconfiguration will reduce the need for acute psychiatric hospital admission for the minority of patients that require this level of care.

In conclusion, option 2 is likely to be the most sustainable of all the options and whilst it does not generate the same level of savings as option 3, it is more economically

advantageous than option 1. Most importantly option 2 will deliver the improved outcomes for all older people with acute mental health needs across east Kent.

6. Timetable for implementation of inpatient redesign

It is proposed that the capital developments to support the redesigned inpatient service take place between 2012 and 2014. It is intended to begin the refurbishment programme on the Thanet site as there is already empty space and will provide options to decant wards as necessary. Work has already been started to plan in advance of the conclusion of the consultation process as all options include Thanet. The order in which the remaining two wards are developed is still to be determined.

However, exact timeframes will be dependent on a number of factors, including the receipt of planning permission and the capital development procurement route selected.

A communication plan has been developed to support the implementation of the proposed changes.

7. Risks to Implementation.

Potential risks to implementation are detailed in table 1 below.

Risk	Mitigating Action
Failure or delay in obtaining planning permission.	Engagement with local council at an early stage of planning.
Inability to recruit sufficient staffing.	KMPT undertaking stakeholder and consultation with staff.
Savings not realised or not realised in full.	Good project management.
Demand greater than anticipated and community services unable to cope.	On-going monitoring of community services to identify issues at an early stage.
Exact location of St Martins option still to be determined.	Complete the site assessment as a matter of priority.

Table 1

There were concerns that the one ward at Canterbury would not provide sufficient beds for admissions from Ashford and that there would be a risk that people from Ashford would have to travel to the wards at Thanet. The new bed capacity has been modelled against the admission pattern for the 12 months up to July 2012 and although a guarantee cannot be given that this would never happen, it is unlikely that Ashford patients would have to go to Thanet.

Additionally there were concerns raised through the consultation that the increasing incidence of dementia would mean there would be a risk that the new pattern of beds

would not be sufficient. Modelling of the increased incidence has been undertaken and 45 beds will be sufficient to accommodate increased demand in line with the increased incidence.

8. Timetable for Approval and Implementation

The timetable for approval of recommendations and implementation of inpatient redesign is given below in table 2.

Presentation and approval by CCGs	July – August 2012
Presentation to KMPT Board	20 July 2012
Presentation to HOSC	7 September 2012
Presentation to the NHS Kent and Medway Board	26 September 2012
Begin implementation of inpatient proposals	October 2012

Table 2

9. Recommendations

The Health Overview and Scrutiny Committee (HOSC) are asked to support the recommendation to proceed with the inpatient reconfiguration based on option 2.