

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Online on Wednesday, 17 March 2021.

PRESENT: Cllr D Wildey (Vice-Chairman), Cllr B Kemp, Cllr W Purdy, Mr P Bartlett (Chair), Mr D S Daley and Mr K Pugh

ALSO PRESENT:

IN ATTENDANCE: Mr T Godfrey (Scrutiny Research Officer), Mrs K Goldsmith (Research Officer - Overview and Scrutiny), Michael Turner (Democratic Services Officer) and Dr D Whiting (Consultant in Public Health, Medway Council)

UNRESTRICTED ITEMS

35. Membership

(Item 1)

Members were informed that Bryan Sweetland had stood down from the Committee and had been replaced by Diane Morton.

36. Apologies and Substitutes

(Item 2)

Diane Morton had sent her apologies.

37. Declarations of interests by Members in items on the Agenda for this meeting

(Item 3)

There were no declarations of interest.

38. Minutes from the meeting held on 28 September 2020

(Item 4)

1. The Clerk of the Committee explained that at the last meeting under item 7 "Provision of mental health services – St Martins Hospital", Karen Benbow had agreed to circulate a written update about the Thanet Safe Haven to Members of the Committee. This had been received and would be circulated to Members after the meeting and be attached to the minutes from this meeting.
2. It was RESOLVED that the minutes of the meeting held on 28 September 2020 were a correct record and they be signed by the Chair.

39. Provision of Mental Health Services - St Martin's Hospital

(Item 5)

Karen Benbow, Director of System Commissioning, Kent and Medway Clinical Commissioning Group (KM CCG), Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning (KM CCG), Vincent Badu, Deputy Chief Executive/ Executive Director Partnerships & Strategy, Kent and Medway NHS and Social Care Partnership Trust (KMPT), and Dr Rosarii Harte, Deputy Medical Director (KMPT), were in attendance for this item.

1. The Chair welcomed the Committee's guests from the NHS, who proceeded to provide an overview. The report in the Agenda updated the Committee on the way the Trust had managed the Covid pressures, outlined the transformation programme in the context of significant financial investment, and provided a summary of changes to St. Martin's.
2. Members were also informed that the move from Cranmer Ward to Heather Ward had been timely as it was a better environment for infection control. The biggest pressure of Covid was on outreach and community services rather than inpatient beds. Demands on the inpatient bed stock had been managed so that a ward was able to be made available for Medway Foundation Trust.
3. It was reported that the Covid pandemic had impacted some groups more than others, with an increase in dementia presentations, and a greater impact on children and adolescents, those with Autism Spectrum Disorder, as well as those with co-morbidities. There had also been an increase in domestic violence. While there were always times of extreme pressure, placements had always been found and there had been no need to go out of the County. In response to a specific case raised, it was explained that there were other barriers to accessing services than simply the availability of beds.
4. One of the main areas of discussion with the Committee was on financing. It was explained that the £51m available came from different funding streams. £12.6m had been ringfenced for estates; money for capital investment came with a timetable. The health economy had to attain the Mental Health Investment Standard, and this meant an increase in the resource directed to this area.
5. The local work formed part of a national programme where community mental health was a priority under the mental health long term plan. NHS colleagues described it as a once in a lifetime opportunity to shift from a situation where patients were steered to align with services to one where care pathways were built around the patient. There was an oversight group which had the involvement of Kent and Medway Councils as well as third sector and voluntary groups. There were patient engagement activities across all four Integrated Care Partnership (ICP) areas.
6. Clarity was provided that the bed number of 246 referred to in the report took into account the temporary reduction of 15. It was also explained that Member

comments on the use of the word temporary had been taken on board, and that legal advice had been sought and that it was down to local discretion.

7. Bed use had been analysed by the NHS. Some individuals had been admitted to inpatient wards for less than seven days and this indicated they could be better supported in the community without a hospital stay. Home treatment teams were available, and the service worked very closely with the police on section 136 referrals. There was a 24/7 patient flow team which assisted with flow both in and out of hospital, addressing access and discharge barriers where necessary.
8. The issue of housing growth was raised by Members and the impact this would have on the need for more inpatient beds questioned. It was explained that the bed modelling would hold to 2024 and demographic growth was factored in. The NHS view was that the shift to a community-centric service with additional support like primary care practitioners, would mean the need for people to access inpatient beds would reduce even further over time, helping the sustainability of the service. Work was also ongoing with public health colleagues on the preventative workstream. However, more work was needed on the longer term and NHS colleagues undertook to report back on this in due course.
9. In response to a specific question, it was confirmed that the complexities in Medway and Swale had been recognised and work was starting in those areas first.
10. RESOLVED that the Medway HASC and Kent HOSC consider the closure in the broader context of the proposals to reconfigure mental health services more widely.

40. East Kent Transformation Programme (written update)

(Item 6)

1. The Chair introduced the item and explained this was a written update and that if any Members had questions arising from it, then these could be passed on to the Clerk of the Committee who would liaise with the NHS for answers to be reported in the future.
2. The Chair explained that he would like to know whether assurance had been received from NHS England about the £400m of funding, and if not, whether the Committee could offer any assistance in securing this. In addition, the Chair requested clarity on the viability of the Quinn Estates proposal and said that a bond would be required to eliminate any future viability issues from the developer.
3. AGREED that the Committee note the update.

41. Specialist Vascular Services Review (written update)

(Item 7)

1. The Chair introduced the item and explained this was a written update and that if any Members had questions arising from it, then these could be passed on to the Clerk of the Committee who would liaise with the NHS for answers in the future.
2. AGREED that the Committee note the update.

42. Date of next meeting: to be confirmed

(Item 8)

Kent and Medway Safe Havens Summary

Wednesday, 17 March 2021

Introduction

NHSE Community Crisis Care funding was secured to develop four safe havens across Kent and Medway. The safe havens are provided by Mental Health Matters (MHM) an organisation with over 35 years' experience in delivering support to those with complex mental health support needs.

Through working with experts by experience, carers, commissioners, statutory and emergency services and local providers MHM have developed a model which is person centred, safe, and effective in reducing crisis, distress and achieving significant positive outcomes.

The safe havens provide a supportive place to go for those in need where they will experience care in a welcoming, safe, comfortable and non-clinical environment that promotes independence and provides opportunities for recovery. This is key to providing a service that people will engage with at times of crisis and vulnerability.

The safe havens are open every evening between 6pm and 11pm (365 days a year) and offer a non-referral based, open access alternative provision for those aged 16+ who are experiencing, or at risk of, a mental health crisis.

Support delivered within the safe havens includes:

- Crisis De-escalation
- Emotional support and resilience building
- Peer-led support
- 1 to 1

Locations

The Kent and Medway Safe Havens Project Group determined the locations of the four safe havens by using data that considered the levels of deprivation, numbers of S136 / % conversion rates, Liaison presentation/assessments and crisis contacts. The safe havens are located in:

- Age UK Centre Gillingham, Medway
- Age UK Centre, Canterbury
- Mid Kent Mind, Maidstone
- Holy Trinity Church, Margate

The link to the safe havens is <https://www.mhm.org.uk/kent-safe-havens>

Thanet Safe Haven

Thanet safe haven opened virtually on 20th April 2020. Finding a suitable space in Thanet for the location of the safe haven proved challenging and the physical opening was delayed until 9th November 2020. The CCG Mental Health Clinical Lead, Dr Malasi visited the Thanet haven on 10th November 2020.

Data

The numbers attending the safe havens in person have been disappointingly low due to Covid and lockdown:

Nov 20	7 people attended in person and 1 person was brought in by the Police
Dec 20	11 people attended in person and 4 people were brought in by the Police

Promotion

We are currently working with both CCG and KMPT communications departments to promote the havens:

- Medway Messenger
- Leaflet drop on mental health crisis to every household in Kent and Medway
- Radio Advertising

Feedback on the Thanet haven from service users

Client advised that if they had not spoken with us this evening, they would have “*gone to Margate beach and gone with the wave*”.

Client brought in by the police and had been picked up at Ramsgate harbour wall. He advised that he was thankful that we were there to listen to him and help him realise that there is light at the end of the tunnel.

Client was a teacher who had become overwhelmed with pressures at work, this had led to suicide ideation and severe depression. The safe haven was the second point of contact for the client who has since come back to us twice to build resilience plans, a recovery plan and an action plan for when she is at her lowest points. The client advised that she was lost before she found the haven.

Client was referred by secondary services and advised that they felt generally listened too, free from being judged for having a serious mental illness and did not feel rushed, which was calming.

Client advised that no one understands them and that they felt better when they spoke to one of our staff. The client was able to calm and return home.

A 16 year old client from a local service came to the haven with their care support worker following a suicide attempt and stated, “*I felt like no one was talking at me, instead you talked with me and that made a difference*”.

Please contact Sharon Dosanjh, NHS Kent and Medway CCG at sharondosanjh@nhs.net if you would like any further information on the Safe Havens.

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