



JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17TH MARCH 2021

Changes to adult acute inpatient services at St Martins Hospital and Mental Health Transformation in Kent and Medway

Update for the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC)

Report from: Karen Benbow, Director of System Commissioning
Author: Andy Oldfield, Deputy Director Mental Health and
Dementia Commissioning

1. Introduction

Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the Kent and Medway Clinical Commissioning Group (KMCCG) have been working together to improve adult mental health services across Kent and Medway. This includes changes to adult acute inpatient services at St Martins Hospital in Canterbury.

Presentations on the St Martins programme were made to the Kent Health Overview and Scrutiny Committee (HOSC) in July 2019 and the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) in August 2019. Further updates were presented to the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) at its meetings on 6th February 2020 and 28th September 2020.

Since the September update, work has continued to respond to the pandemic and we have briefly described in this paper our response to the challenges posed. However, in recent months we have also had the opportunity to set out a comprehensive programme of mental health service transformation, with unprecedented levels of funding and investment available (£51m) over the next five years.

This provides a very real opportunity to change and improve the model of acute inpatient care and community mental health provision in Kent and Medway.

Therefore, whilst this paper provides a summary of the changes to adult acute inpatient services at St Martins Hospital in Canterbury with recommendations about the future of scrutiny in relation to this work, we ask that this service change be reviewed in the context of a broader transformation agenda.

Transforming mental health services in Kent and Medway

Alongside the opportunities with new investment to develop services as set out in the NHS Long Term Plan, the Covid-19 pandemic has brought forward by necessity a number of new ways of working that will accelerate the improvements planned.

Key service changes that will continue post-Covid include:

- Development of a public facing crisis line; built onto the existing KMPT Single Point of Access, the number of calls into the service has doubled since May 2020. Investment will allow the service to fully develop into a single point crisis line working closely with 111 and third sector providers of crisis telephone services.
- Agile working for all mental health providers; large numbers of staff have been able to work from home with the digital technology to maintain clinical work. This has improved productivity and staff sickness rates, excepting Covid-19, have reduced.
- Psychology services have improved the therapeutic offer to people with complex emotional disorders via digital platforms and there is a significant element of new transformational monies being targeted at people with complex emotional disorders at primary care network (PCN) level.
- Use of digital technology and telephone for clinical contacts and team meetings expanded exponentially. The digital offer complements face to face therapeutic interventions, improved access to crisis support and a more flexible workforce able to work from home.

However, as predicted the impact of the pandemic has seen in the last few months increased acuity, delayed transfers of care and certain groups of people requiring psychiatric crisis or inpatient care. There has been a short term pressure on KMPT bed use but despite these challenges Kent and Medway continues to have one of the best national records for ensuring people who need a psychiatric admission are admitted to a Kent bed. The use of out of area beds has been very low despite some significant levels of increased complexity.

To facilitate closer working between all those involved in the commissioning and provision of mental health services, the Mental Health Learning Disability and Autism Improvement Board has been created as a system-wide initiative. The Board provides senior leadership from all partners across Kent and Medway to ensure oversight of, and drive forward, the improvement priorities.

The Board's focus on adult acute inpatient mental health services will include:

- Reducing the need for people to be admitted to an acute ward by improving community-based support
- Improving psychiatric intensive care for women

- Developing specialist dementia services for people with complex needs
- Eradicating outdated and unsafe dormitory wards
- Redesigning community mental health services.

Given this and with the investment and focus on mental health, we intend to push forward on an engagement programme with people in Kent and Medway to discuss these improvement priorities in the context of their own experiences, hopes and ambitions for mental health services over the next 5 years.

Changes to acute adult inpatient services at St Martins Hospital, Canterbury

In September, we updated members of the JHOSC on the work that had been ongoing to improve the facilities at St Martins Hospital in Canterbury. At the St Martins Hospital (west) site, the old asylum-style building contained one ward, Cranmer, a 15-bed inpatient ward for people aged 65 and over, for the assessment and treatment of acute mental health difficulties (such as severe dementia) and frailty. The building was of poor quality and its design and layout, did not meet the modern standards expected for patients and staff.

A planned upgrade to one of the wards on the St Martins (east) site, Heather Ward, was completed in early 2020 offering a much higher standard of facility for inpatients. Patients from Cranmer ward moved to Heather ward in February 2020 and Cranmer ward was closed and the St Martins (west) site sold. All changes were discussed with patients, families and staff who were fully supportive of the move, recognising the many benefits to both patients and staff as a result.

At the time of the closure and alongside the work to improve the inpatient environment, several community options have been developed to reduce reliance on bed based provision and to move care closer to home:

- i) Extension and improvement of the KMPT Patient Flow Team, which operates 24/7, supporting ward-based clinical teams in effective and clinically appropriate admission and discharge planning
- ii) Improved clinical advice to the police before the utilisation of Section 136 of the Mental Health Act through the KMPT phone line (the 836 number) specifically for police and SECAMB colleagues.
- iii) Development of a KMPT support and a signposting service offering short term 24 hour alternative to inpatient treatment where this is clinically appropriate. The service can be accessed 24/7, for up to a period of 24 hours.
- iv) Development and delivery of four safe havens across Kent and Medway as alternatives to hospital admission where this is clinically appropriate. These services are operated by Mental Health Matters, a third sector organisation.

These projects have all contributed towards a reduced reliance on inpatient beds with better patient flow overseen by senior clinical practitioners (i.e. timely supported planned discharge when patients are clinically ready to leave hospital). This improvement is ongoing, and is regularly monitored to identify and tackle issues that arise and to ensure that this approach to managing inpatient resources is sustainable.

The successful impact of these changes has also supported the management of inpatient capacity during the pandemic and the management of patients within Kent and Medway (as described above) with the main exception being beds for female psychiatric intensive care. As a very specialist service, there isn't currently provision of female psychiatric intensive care beds within Kent and Medway, but as stated above, with new investment and as part of our five-year programme of mental health service improvement, we aim to address this and establish some female intensive care provision within the county.

Bed numbers and legal opinion

However, the JHOSC is aware that the closure and move of Cranmer ward into Heather ward necessitated a temporary reduction of 15 beds in the total number of adult inpatient acute beds available across Kent and Medway. This was in the context of developing a clinical model for adult mental health patients that would support current and predicted future demand.

We have always been clear that the size and shape of this programme would not be limited to the proposed reduction of inpatient beds in the short-term, but inform a longer-term clinical strategy, improve outcomes and patient experience and inform future commissioning decisions.

In September, we presented a bed modelling report to the Committee that predicted demand for inpatient services could be managed within a bed base reduced by 15 until 2024, but that by 2029 this would need to be increased unless there are further transformational changes in the way that acute mental health care is delivered and the benefits realised.

However, as the modelling was completed prior to us understanding the predicted impact of Covid-19 on demand and capacity forecasting we agreed to present a further update to the Committee once this work had been completed.

This additional modelling is underway and will be complete by the end of March. The timeline and scope for the project was extended, given the need to re-forecast predicted demand and capacity in light of the Covid-19 second wave.

However, as the work progresses there are some key messages that are evident:

- Each wave of Covid-19 has suppressed demand for mental health services, although the impact of the second wave of Covid-19 was not quite as significant as the first wave.

- There is still assumed to be some current expressed need from wave 1 Covid-19-generated, and that returning suppressed demand from wave 2 masks this position, such that current levels of demand are closer to that expected at this time of the year, but with greater complexity.
- An expectation that normal demand will resume at some point alongside Covid-19-generated and other returning demand, with peaks in demand expected between February and June 2021.
- Whilst there is an evident short-term impact of the Covid-19 pandemic, work progresses on predicting ongoing elevated levels of demand and where this will most impact in terms of service provision.

In the same September update, we outlined the legal advice we had received as to whether the removal of 15 beds from a Kent and Medway acute inpatient bed base on a four-to-five year basis can be considered 'temporary'. The advice we received suggested there is not a definitive answer to this question but supports the view that further discussion with JHOSC is required in light of the transformation programme and demand and capacity modelling to arrive at an agreed position.

Next steps

We recommend that given all of the above, the temporary bed reduction and development of a new clinical model for adult acute inpatient care (including the changes to the St Martins site) is approached within the context of the wider transformation agenda and our understanding of the impact of Covid-19. We also recommend that stakeholder engagement and formal public consultation on the future shape and configuration of acute adult inpatient mental health beds continues within that wider context.

Given this we would like to review the scrutiny requirement for the changes at the St Martins site. We recognise that following previous presentations on the St Martins work, committee members were clear that they believed the temporary reduction of 15 beds constituted a significant variation in service and, as such, any final decisions about the future provision of beds lost as a result of the change should be subject to formal public consultation.

As the St Martins (west) site has been closed and the patients moved to an improved environment, we would like to ask members to consider whether the scrutiny of this specific move of inpatient provision should draw to end and that the consequent temporary bed reduction associated with the upgraded facilities be reviewed as part of our broader programme of inpatient and community transformation.

Recommendations

The Kent and Medway JHOSC is asked to:

- note the update on and investment for the five-year Mental Health transformation programme;
- note the update on the changes to the St Martins Hospital site and that Cranmer ward (on St Martin's West) is now closed;
- note that the closure of Cranmer Ward and relocation to Heather ward on the St Martin's site has caused a temporary reduction of 15 inpatient beds across the total KMPT inpatient bed base; and,
- recommend to the Medway HASC and Kent HOSC that the temporary reduction in beds across Kent and Medway is considered as part of a broader programme to consult on our plans to reconfigure and improve acute inpatient care and community services more widely.

Going forward, the HASC/ HOSC will:

- receive an agenda item about the wider mental health transformation programme for Kent and Medway, including an update on the Mental Health Learning Disability and Autism Improvement Board. The CCG and KMPT will provide indicative timescales on this piece of work and commit to ongoing engagement with members as the programme develops.
- Once there is greater clarity about the proposals, each committee will determine if they constitute a substantial variation of service. The committees will need to decide whether to scrutinise the programme as a whole or broken down into smaller parts.
- If HOSC and HASC both declare substantial variations, then the JHOSC will begin formal scrutiny on the wider transformation programme.

ENDS