

## Appendix 2

### **MEDWAY COUNCIL**

Gun Wharf  
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## **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**

Over the last eight years, there has been a transformation of mental health services for people in Medway and Kent who are acutely unwell.

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.

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.

#### **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’<sup>1</sup> 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

<sup>1</sup> 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?

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.

## 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.