

Meeting:	Kent and Medway NHS Joint Overview and Scrutiny Committee
Date of Meeting:	3 July 2012

Achieving Excellence in Mental Health Crisis Care

INTRODUCTION

1. NHS Kent and Medway and Kent and Medway NHS and Social Care Partnership Trust recognise the need to improve the quality of care for adult mental health service users who are acutely unwell.
2. The PCT Cluster and the Trust have reviewed current services, with service users and other stakeholders and seek JHOSC support for a three-month public consultation on proposals that will deliver
 - more equitable access to high quality hospital wards
 - strengthened acute services delivering more care in people's homes
 - better recovery outcomes for those receiving acute treatment

REVIEW FINDINGS

3. The review found:
 - a. **Reducing hospital bed use** over four years, due to successful alternatives established in the community, particularly since 2004. This is illustrated in the graphs overleaf.
 - b. **Too few acute beds** in East Kent, with people often placed out of the area covered by their community-based Crisis Resolution and Home Treatment (CRHT) team, a situation that prevents seamless care and creates delays
 - c. **Long-standing concerns** about the quality of the environment in A Block at Medway Maritime Hospital, the inpatient unit for people from Medway and Swale, despite considerable previous effort to identify a local inpatient alternative
 - d. **Psychiatric intensive care** is supported in west Kent by a very effective acute ward outreach service (PICO), not currently available for east Kent.

**Average Bed Demand
4 Year History & 2 Year Forecast**

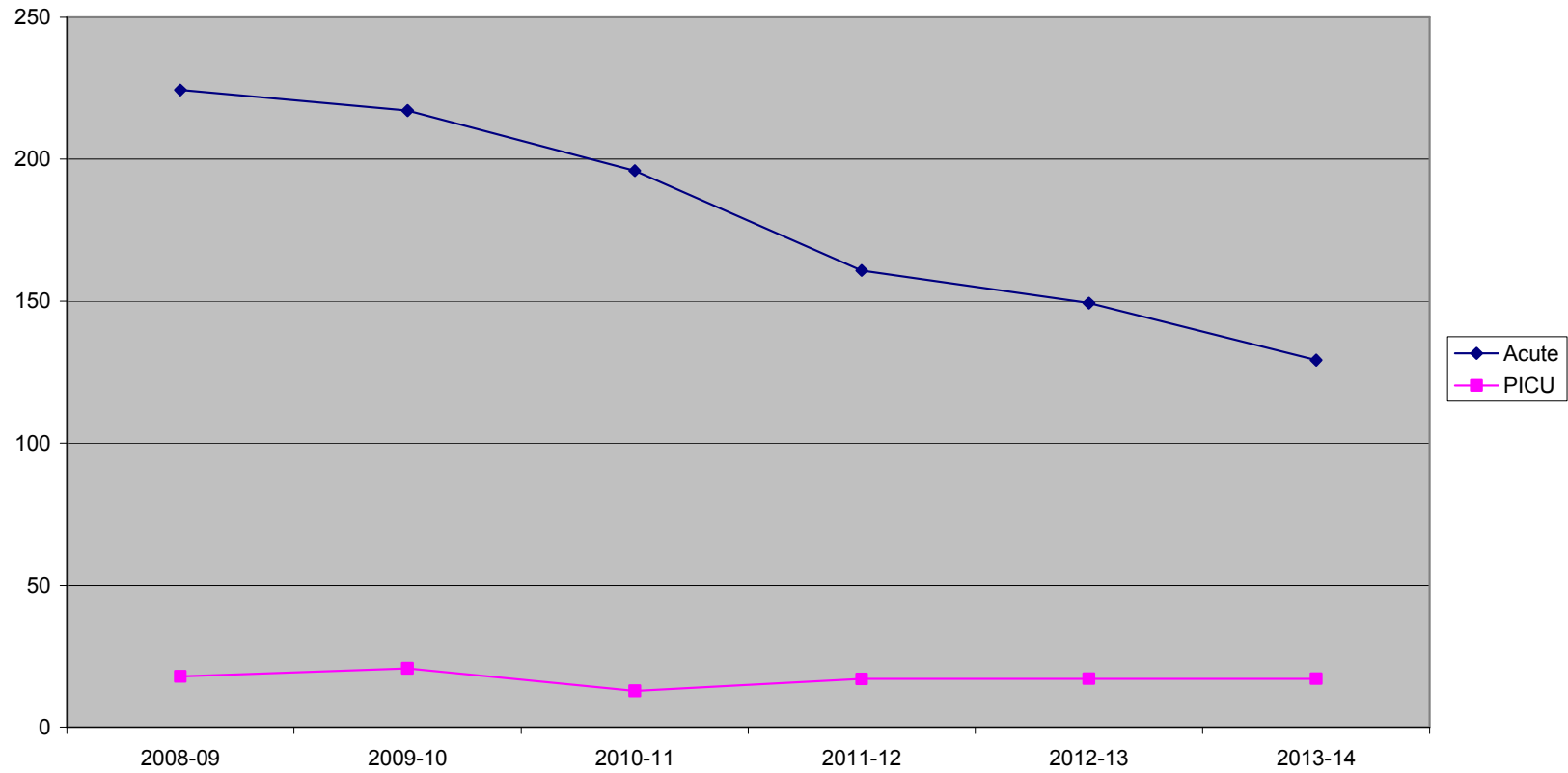


Fig 1: Reducing bed demand over the last four years extrapolated to forecast 2013-14

CRHT Episodes Kent & Medway

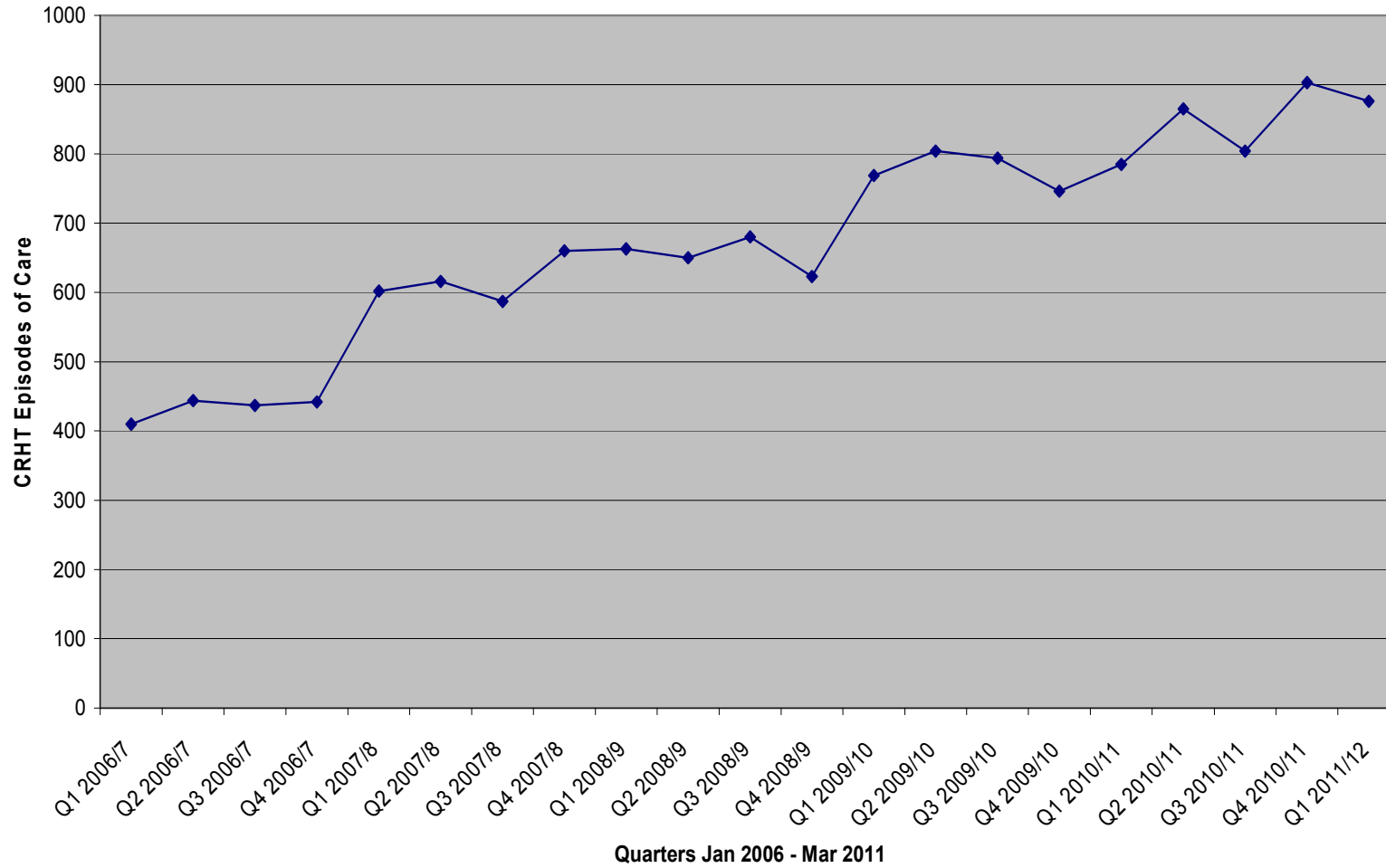


Fig 2: Increasing CRHT episodes of care over the last four years to 2011-12

Acute Ward Stay Days by Financial Year and Local Authority

Local Authority	4 Year History				Trend Forecast	
	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Year	1	2	3	4	5	6
Ashford	3771	4918	4325	2241	2518	2000
Canterbury	9195	7692	5778	5012	3304	1857
Dartford	4121	5749	4442	3946	4107	3923
Dover	5518	5066	4897	3559	3249	2644
Gravesham	4578	3822	5074	2945	3193	2828
Maidstone	3974	3871	3570	2922	2720	2374
Medway	15784	13400	11023	8782	6402	4063
Sevenoaks (Total)	2665	2720	2931	3949	4082	4488
Sevenoaks - DGS	1615	1335	1609	2181	2178	2375
Sevenoaks - South West Kent	1050	1385	1322	1768	1904	2113
Shepway	2665	4792	4268	3492	4294	4489
Swale (Total)	4175	4553	4517	3236	3407	3122
Swale - East Kent	1183	1260	1057	746	683	532
Swale - Medway	2992	3293	3460	2490	2724	2590
Thanet	8452	8441	9171	6944	7304	6924
Tonbridge and Malling	2659	2051	2705	1660	1683	1449
Tunbridge Wells	3443	3298	3096	2117	1944	1526
East Kent	30784	32169	29496	21995	21351	18447
West Kent	21440	21511	21818	17543	17732	16594
Medway	18776	16693	14483	11272	9126	6653
Unknown (address or responsibility)	4398	1326	1135	1712	81	0
Grand Total	75398	71699	66932	52522	48289	40950
Average Bed Use (No PICU/O changes)	207	196	183	144	132	112
Average Bed Use (PICU/O proposal implemented)						119

Table 1: Four year reduction in Acute Ward Stay Days and two-year forecast

4. Analysis of four years of data leads us to conclude that, allowing for the usual variations and the seasonal peak between January and March, 150 beds will be required by Kent and Medway plus 12 in one psychiatric intensive care unit (PICU). We propose to allocate the beds proportionately to match actual demand for them over the last four years. Using the postcodes of every service user admitted to an acute or intensive care unit in these years we were able to estimate bed need by service locality and then area. This relative bed usage data shows that
 - East Kent service localities need more beds than at present
 - Medway and Swale localities have about the right number of beds allocated to them
 - North Kent and South West Kent service localities need fewer beds than at present
5. This information has allowed us to propose how each service locality can be allocated to an inpatient ward and aligned CRHT, based at the high quality hospital inpatient units that KMPT has now, plus those they can readily gain use of for acute mental health care (see Annexe A).

DISCUSSIONS WITH STAKEHOLDERS

6. This situation and a range of options to address the issues have been discussed with service users, carers, staff and other stakeholders in recent months. On February 24, a workshop of more than 50 people, including service users, carers, staff, local councillors, GPs, social workers and mental health advocates selected from a 'long list' of eight options the three options proposed for public consultation. These options are all supported by clinicians and agreed by stakeholders to be those which will best deliver a 21st century in-patient mental health service for Kent and Medway.
7. Since then, the issues and the options have been discussed by all 10 Local Planning and Monitoring Groups in Kent and Medway, which consist of representatives from all the service user and carer groups, as well as partner services in the public and third sector.
8. Separate meetings have been held with Medway Service User Engagement Group, Swale Service User Forum, a Buddy scheme focus group of service user experts by experience from Medway and east Kent, Kent and Medway LINKs Mental Health Network, GPs and mental health clinicians from across Kent and Medway, Medway and Swale Clinical Commissioning Groups.
9. Stakeholders have raised a number of key issues of concern, which are outlined and addressed in paragraphs 20-32 below.

PROPOSALS

10. Proposals have been developed to address the review findings. They are to:

- a. **Strengthen the Crisis Resolution Home Treatment teams** so they can provide more support to service users and their carers, including practical help and respite to support families
- b. **Develop three hospital Centres of Excellence for the most acutely unwell**, each providing:
 - Faster and more complete recovery for service users
 - Patients reporting a better experience including feeling safe and being able to see the progress they have made in improving their mental health
 - An excellent acute inpatient mental health service in itself, delivered by highly effective staff who are well supported and able to deal with any crisis
 - Opportunities for therapeutic interventions at weekends and into the evening
 - Purpose built accommodation for safe care and the promotion of recovery.
 - Hubs of good practice with a research programme that attracts and retains highly qualified, expert and motivated staff.
- c. **Expand the psychiatric intensive care outreach service** to cover the whole of Kent and Medway, providing support to staff in the Centres of Excellence so that the need to transfer patients to a psychiatric intensive care unit is reduced
- d. **Consolidate inpatient psychiatric intensive care in one place**

11. These proposals would mean:

- **Recruiting 26 Support Time and Recovery workers to the CRHT teams**
- **Creating an additional acute ward at Dartford's Little Brook Hospital**
- **Opening eight additional acute beds at Canterbury's St Martin's Hospital**
- **Moving out of the two wards in Medway Maritime Hospital's A Block**
- **Basing the psychiatric intensive care unit at Little Brook and extending the outreach service to cover East Kent**

CENTRES OF EXCELLENCE

12. KMPT is committed to creating Centres of Excellence (CoEs) for inpatient care. There is no standard model for this nationally, although the direction of travel is clear from policy papers developed over the last 10 years. KMPT proposes taking a rigorous approach to developing a useful model that others

might share and its Acute Service Line Programme board for this redesign describes its 2012 CoE model 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 to improve continuously and work collaboratively. The defining features of a CoE are therefore: A critical mass of specialist staff organised around one locus; [i.e. Hub] 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.”

13. CoEs help to drive quality, breadth of services and interventions offered. The opportunity for research and development alongside academic partners enables greater consistency of practice and outcomes to be achieved and shared.

BENEFITS FOR SERVICE USERS AND CARERS

14. As the Centres of Excellence develop and the CRHTs are strengthened, service users and carers will

- a) **Receive more cohesive and complete care and support through a crisis**
- b) **Have more opportunities to choose home care and treatment**
- c) **Have equity of access to a hospital bed in a high quality centre designated for their community's use**, which is known to reduce the risk of delayed discharge, helping people return to their home environment and daily routine as soon as possible.
- d) **Benefit from investment in greater support from their locality's CRHT:**
 - Around 160 additional care packages are expected to be delivered across Kent and Medway in a year
 - Around 3,600 extra home visits will be delivered, giving practical help to service users and their carers.

15. NHS Kent and Medway and KMPT aim to develop further a single, clear route for service users and carers to access mental health services. The Trust is determined to ensure it offers its patients a seamless, multidisciplinary, urgent care pathway.

OPTIONS

16. Public consultation is proposed on three options for the three centres of excellence and the dedicated patient pathways to those inpatient wards. In all of them, people from Medway would be treated at Little Brook Hospital, Dartford, when they need a hospital stay. In options A and C it would have its own CRHT and in option B it would share one with Swale. These options were those prioritised by the workshop referenced in paragraph 6 above.

17. For people from Swale (excluding Faversham)

- Option A would mean hospital stays in Priority House, Maidstone
- Option B would mean hospital stays in Little Brook Hospital, Dartford
- Option C would mean hospital stays in St Martin's Hospital, Canterbury

In all the options people from Faversham would be admitted to St Martin's Hospital.

18. For people from Swanley, Option B would mean hospital stays in Priority House, Maidstone.

19. In each option, the CRHT teams will be aligned so that they have a base and strong working links with the Centre of Excellence serving the same area of Kent and Medway as they do, to ensure seamless care. The CRHT staff will be spending most of their time out and about on their 'patch', providing home treatment and support to service users.

20. The new arrangements will fit with the range of improvements to mental health services made in the last few years. These include:-

- **A clear pathway** for patients via their local Access Team (8am to 8pm) and Crisis Resolution and Home Treatment Services (8pm – 8am), either directly if they are already known to mental health services or through being referred by their GP
- **A liaison psychiatry team** at the general hospitals
- **Psychiatric nurses at the custody suites in main police stations** providing swift assessment and diversion where appropriate
- **A suicide prevention training** package and protocol for Kent Police;
- **A protocol with South East Coast Ambulance Service** to ensure people with mental health problems are taken to the most appropriate place
- **An Assertive Outreach team** to engage with people who might otherwise be at risk of losing contact with services
- **Increased investment in early intervention** services for people experiencing a first episode of psychosis

ISSUES FOR SERVICE USERS AND CARERS

21. Key issues of concern among stakeholders in our discussions so far are:

- **Whether there are enough beds in East Kent** as so many overflows to other areas' inpatient units in recent years have demonstrated a shortage
- **Closing Medway's A Block** mental health wards means having no mental health hospital facility in the Medway Towns and therefore new arrangements for service users and carers from Medway and Swale (excluding Faversham)
- **Transport** for family and friends visiting people in hospitals further from home
- **Carers want more support** than the Crisis Resolution Home Treatment teams are giving at present
- **Choice** of hospital for service users and how this is achievable in a crisis

ENOUGH BEDS IN EAST KENT

22. The analysis of four years of actual bed usage data indicates the proportion of beds that should be in east Kent is 68, eight more than is currently available, and this is the number in our redesign proposals.

CLOSING MEDWAY'S A BLOCK

23. Medway's A Block is unsuitable for 21st Century mental health care. The wards have

- poor sightlines for staff to observe people who are acutely unwell
- dormitory bays with only curtains to offer privacy around the beds for people who may be very distressed or very delusional
- restricted access to the outside so patients have to wait to be accompanied by a member of staff, which builds up anger and frustration, with an experience of care as containment and a major impact on staff time and resources
- lack of facilities for visitors to meet service users privately, and the general atmosphere there, means few people actually go and visit patients there.

24. It has 34.5% of adult acute mental health beds in west Kent and Medway – but in 2011/12, it had:

- 43% of the reported violent incidents to staff and other patients
- 38% of the referrals from acute wards to PICU and
- 53% of reported serious incidents, all five of which resulted in injury

25. The staff based at A Block do the best possible job of providing care within the restrictions of this environment, but are clear that they could achieve better health outcomes with their patients in a more suitable facility. KMPT's

inpatient units at Dartford, Maidstone or Canterbury are all purpose-built, with single en-suite rooms and are noticeably calmer places.

26. People from Medway and Swale who use A Block deserve to have the same standard of facilities as everyone else in the county. The Trust and Medway PCT (now represented by NHS Kent and Medway) have been trying to find a suitable and affordable solution for a number of years, and further details of the options which have been considered and ruled out are available on request.

TRANSPORT

27. At present, friends and family visit service users infrequently in the current acute inpatient units; we would like this to happen more often and are developing a plan to enable this.
28. Service users from Medway researched the travel issues and produced a report pointing out that road links were good for people able to travel by car and public transport from Medway to Bluewater was also good. The Trust has found there are regular buses from Bluewater to Little Brook Hospital and will make detailed information available through its crisis team and the hospital as well as online on its own website and www.liveitwell.org.uk.
29. A service user from Swale researched the travel issues from Sittingbourne and Sheppey and found the journeys from Sittingbourne to Maidstone and Canterbury took a similar length of time (within five minutes) and cost the same. He found the same was true when travelling from Sheppey. The cheapest way to make the journeys was by bus, using a day saver ticket at £6.70, which is cheaper than the journey to A Block from Sheppey.
30. KMPT proposes a bookable volunteer transport service to assist service users' families and friends with the last part of their journeys to Priority House, Maidstone, and the first part of their return journeys, which would otherwise be a 10-minute walk, as there will not be enough demand to warrant a shuttle bus service.

SUPPORT FOR CARERS

31. These proposals are responding to carers' views that they need more support from Crisis Resolution Home Treatment teams. The new Support Time and Recovery workers will significantly increase the crisis team's capacity to spend longer on cases.
32. They are trained to work with people who are acutely mentally ill and their families and friends, although they are not clinically qualified. They make an important contribution, supporting the service user in a variety of ways, depending on their needs – perhaps accompanying them on errands or shopping, providing respite for carers at the same time.

CHOICE

33. The mental health services these proposals relate to are specialist and only needed in a crisis: they are, in effect, the mental health emergency service. In a crisis in physical health paramedics scoop a person up and whisk them to the Emergency Department without offering them choice because what is needed is effective specialist care and risk management at some speed. This is a good parallel to mental health crisis services.
34. A hospital stay is generally a last resort these days – and one of the most crucial points is the need to go to the unit that works most closely with the individual's Crisis Resolution Home Treatment Team, so that there is seamless care when they are ready to go home. If a patient goes to a different hospital, the linkages to other services are such that people experience delays in discharge and dislocation from other services they need.

FINANCIAL IMPLICATIONS

35. The proposals are affordable and achievable. Initial costings by KMPT indicated that the planned ward improvements would cost £247,000 in the first year of implementation but that net savings would still be generated from 2013/14, after investments in extended CRHT, PIC Outreach and transport services.

ACUTE WORKFORCE IMPLICATIONS

36. The trust has a policy – and a good track record – of keeping clinical redundancies to an absolute minimum. It aims wherever possible to retain the clinical skill and expertise it has within its services.

ACUTE SERVICES RECENT PERFORMANCE

37. Acute Mental Health Services in Kent and Medway have modernised their practice and delivered a strong performance record in the last year or so:
- Increase in CRHT episodes of care of 26% over the past 8 months
 - Reduction in Admissions of 4.7% between 10/11 and 11/12
 - CRHT bed management is consistently above the Monitor target of 90%, as all alternatives to a hospital stay are examined before admitting a patient to a bed (NOTE: this target rises to 95% in 12/13)
 - CRHT volume of Home Treatment is consistently above the national target, showing that it is working as an alternative to hospital across Kent and Medway

- Emergency re-admissions rate is consistently below the 5% target, showing that patients are not being discharged prematurely
- Delayed transfers of care are consistently below the 7.5% Monitor target, showing that bed blocking is at a minimum
- Consistent length of stay figures, with a median length of stay of between 15-17 days and a mean of around 30 days

TIMESCALE

38. The proposed implementation timeframe is between October 2012 and March 2013, but this itself will be subject to further discussion with service users, NHS colleagues, partner organisations, and wider stakeholders.

39. Kent County Council and Medway Council Health Overview and Scrutiny Committees (HOSCs) have considered the proposals and agreed they amount to a substantial change of service warranting full public consultation and the formation between them of a Joint HOSC (JHOSC) for the process which could take place between July and October 2012.

RECOMMENDATION

The JHOSC is recommended to approve taking the proposals in this report to three months public consultation between late July and late October 2012.

ANNEX A

Area	Ward location	Current Beds	CRHT	PICU/ PICO	Proposed beds	Proposed CRHT	Proposed PICU/ PICO
East Kent	Arundel Unit, William Harvey Hospital, Ashford	36	2	8 at Canterbury No PICO	68 (including those currently used as PICU)	2 (with additional Support Time Recovery Workers)	New PICO service in East Kent 12 at Dartford
	St Martin's Hospital, Canterbury	18					
	Beds on older people's ward at Queen Elizabeth the Queen Mother Hospital, Thanet	5					
Medway	A Block, Medway Maritime Hospital	35	1	12 at Dartford PICO service prevents 30% admissions	0	1 (with additional Support Time Recovery workers)	Continued PICO service in Medway and West Kent
West Kent	Little Brook Hospital, Dartford	32	1		48	1 (with additional Support Time Recovery workers)	
	Priority House, Maidstone	34	2		34	2 (with additional Support Time Recovery workers)	
Total		160	6	20	150	6 (with 20 additional Support Time Recovery workers)	12

Table 2: Current and proposed service arrangements