

**Joint Kent and Medway Health Overview and Scrutiny Committee  
Wednesday 13 February 2013**

**Reconfiguration of acute mental health inpatient services**

**Medway Council – summary of concerns and questions**

**1. Medway's general stance**

- We note that clinical arguments for the proposed service change have been validated by the National Clinical Advisory Team and that the consultation process and outcomes have been independently assessed. We also note that continued acute inpatient provision at "A" Block would be inappropriate.
- However none of the consultation options contained a choice for Medway services users other than service provision in Dartford, and no serious attempt has been made by KMPT during the consultation period to re – examine the options for continued acute in-patient provision in Medway. Medway members remain very concerned about the re-location of acute inpatient mental health services to a remote and inaccessible location on the edge of Dartford, given the size and density of our population (254 787) and it's deprivation, including the proportion of people on incapacity benefit with mental health needs.
- Medway is happy to work in partnership with NHS colleagues to address some of our concerns but we are unimpressed by attempts by the NHS to place the onus on Medway Council to come up with transport solutions, alternative sites for inpatient provision in Medway and to progress the idea of a Recovery House. In light of the commitments given by the NHS at the July 2012 meeting, we are surprised there has been no attempt by the NHS to seek a meeting with Medway to properly address the concerns raised by Overview and Scrutiny.
- There remain very serious concerns about data inaccuracies in the information on which the options were drawn up and on which the formal consultation was based, the absence of a completed, comprehensive Transport Plan for detained patients, patients on Section 17 leave, and visiting family members, the quality and capacity of community based support in Medway and the absence of financial information and no sight of an equalities impact assessment and risk assessment for the preferred option
- As set out in the proposal from Medway, the Joint Committee is asked to request the Cluster Board to delay taking a decision on this matter as planned for 20<sup>th</sup> February, only 4 days after this meeting.
- Members of this Committee have a serious responsibility to ensure that the options presented in the consultation exercise were based on sound statistical information and that a service reconfiguration of this scale is truly in the interests of our communities. In light of the Mid -Staffs Inquiry and the recent call by the CQC for urgent improvements in mental health services we believe the Secretary of State will take a dim view of any Overview and Scrutiny Committee that does not rigorously question and check the merits of a change of this scale and a dim view of any NHS Trust that does not fully and properly address the concerns of Overview and Scrutiny. We would like

this submission to be published as supplementary information with the agenda and minutes of this meeting.

## 2. Access and Transport

- It is notable that the strength of support for the aims of this review was less when considering whether quality of care was more important than distance travelled to reach it. In question 7 of the survey most people said that quick access was the top priority for crisis mental health services. In the high level feedback presented by the University of Greenwich in the report, there was concern over travel and transport, and as far as priorities were concerned, an important item was **Access** (including coverage, amount of travel, how local the service was and how quickly the service could be accessed). Access for Medway patients will be slower under the preferred option of moving acute inpatient provision for Medway patients to Dartford.
- It is unclear whether the “secure transport” referred to in the agenda is going to be an ambulance equipped to the right standard for the safe transfer of patients between sites, particularly in a crisis situation, for example, individuals detained under a section of the Mental Health Act.
- The concerns of Medway members are accentuated by the comments reported back from the Medway consultation events and the widely acknowledged importance of social care and the wrap around services needed to ensure positive outcomes for mental health inpatient service users and their carers/families. In a recent survey by Rethink, 61% of service users felt that close contact and support from family was vital in their recovery.
- People admitted to inpatient acute services are very often experiencing a crisis and in reality need practical support from their loved ones as well as excellent in-patient clinical care. Accessibility to the home area for periods of section 17 leave is also important to support a phased return home. (Mental health care is very different from the sort of care needed for surgical procedures such as angioplasty, which is cited as a comparable successful service reconfiguration in the paperwork).
- Medway residents who do not have a car are facing a 2 -3 hour journey to visit loved ones at Little Brook Hospital (and our social care staff have tested the journey. From Chatham by bus it took 1 hr 20 minutes to get there and almost 2 hours on the journey back) at a cost of £11.60 for a return journey for each adult. The report tells us a KMPT survey suggests most visitors arrive by car - but it does not tell us how many people without a car have been unable to visit due to the time involved visiting an isolated distant site, the inaccessibility of the hospital and the exorbitant cost of fares. If a family of three people were wanting to visit a loved one at Little Brook Hospital from Medway one visit could cost as much as £36.
- We can see a range of suggestions and intentions relating to access and transport for visitors in the papers but this work is not due to be completed for a further month and there are no guarantees that adequate provision will be put in place once the Cluster Board takes its decision.

- Medway Members would be very concerned if the Cluster Board agreed to implement Option A ahead of this work being concluded and discussed by the Committee.
- This is not simply a matter of convenience – outcomes for people with acute mental health needs are known to be better with access to family, friends and their home community as they move towards recovery. A number of users will be parents on low incomes whose children need close regular contact. A number of users will also be long-term in-patients. Electronic contact cannot be a serious alternative to human contact.

#### Questions:

- **When will a final Transport Plan be in place with confirmed and definite arrangements dealing with transport links, costs, new signage, information and out of hours access?**
- **Will the secure transport to be used for patients be an ambulance equipped to the right standards?**
- **What help will there actually be for people in meeting the cost of travel to Little Brook Hospital from Medway?**
- **Bearing in mind the journey on foot is difficult in an unlit environment with no signage to Little Brook Hospital what are the plans to improve this situation?**
- **What arrangements have been put in place for transporting people to A&E from Dartford speedily?**

#### Data quality/accuracy

- Quite complex and concerning queries have been raised during the consultation by one individual who has an expertise in statistics. This includes important questions on the estimate of demand for acute in-patient beds and the number of beds required.
- KMPT have taken 14 pages to try and address these concerns.
- It would be very difficult for the Committee to know if the answers provided by KMPT are valid.
- Given the importance of these statistics and projections as the basis for the options on which this service reconfiguration is based, Medway has commissioned external independent validation of this information. A request to KCC members for this to be a jointly commissioned piece of work to be undertaken in advance of this meeting was declined.

#### Questions

- **Is the method used to calculate future number of in-patient beds requirements robust? It seems that only four data points have been used to produce a linear trend in the redrawn figure 2 in Appendix 2. Projecting forward two years is not well supported by such a small number of past observations. Furthermore a linear model is not**

**generally appropriate where projections suggest zero or negative number of beds in the near future.**

- **It would seem more appropriate to use the full dataset available for the last six years. The NHS Kent and Medway paper refers on page 2 to the fact that successful alternatives to inpatient treatment have been established in the community since 2004 so it is hard to see why data from 2006/7 and 2007/8 cannot be used which would make the picture quite different.**
- **The report recognises that inpatient beds will always be required for some mental health patients but it is important to try and provide an estimate of the size of this sub-group and therefore the required bed count to meet expected demand. How can the report authors be confident that the optimum bed count lower threshold has not already been reached especially as bed provision is already low with respect to the national benchmarking?**
- **The reduction in beds was not entirely based on the trend analysis, but as the original paper says the actual proposed bed reduction was based on other factors also particularly the strengthening of other services to enable the bed reduction and therefore is considerably more conservative than the trend analysis alone would suggest. However if the trend analysis has weaknesses and the size of the possible bed reduction cannot be based on this, the case needs to be very clearly spelt out how the additional resourcing for Centres of Excellence and CRHT provision will provide sufficient resource to support the specific bed number reduction proposed.**
- **We are asking the Joint Committee to agree to seek a delay in any decision –making by the PCT Cluster Board until the outcome of the external independent validation commissioned by Medway is available.**

#### **4. Estates Strategy/acute bed provision in Medway**

- **It is accepted that inpatient provision at “A” Block at Medway Maritime Hospital is not fit for purpose. This has been the case for the last ten years. It would appear the NHS accept the closure of “A” block will leave a gap in acute service provision and crisis services in Medway, evidenced by the offer to consider possible sites for re-provision of in-patient facilities in Medway and the suggestion of a Recovery House.**
- **However Medway members only received information about sites previously considered for acute provision locally on 7 January 2013 despite asking for it last July. We also received the criteria against which sites can be considered.**
- **Although the NHS is open to suggestions of locations for acute inpatient provision in Medway, lack of capital funding is cited as a major constraint and no serious attempt has been made by KMPT during the consultation period to re-examine the options in Medway.**
- **Medway Council’s property experts have considered the information provided in the last month and question the validity of the cost estimates in the paperwork. For example, the NHS estimate for a new build to replace “A” block is given as £13m. Medway’s Property Team put the**

figure at closer to £5m plus land costs. This is quite a difference of professional opinion.

- Medway would also query the need for all accommodation to be on one ground floor. It is possible to provide suitable access and security arrangements in a two storey building
- Given the feedback from Medway consultees we would like this Committee to withhold support for an option involving Medway people having to access in-patient acute services in Dartford until there has been a meeting between Medway's property experts and planners to evaluate current and new options for local provision.

### **Questions**

- **How were decisions not to invest in acute in-patient provision in Medway reached in the context of the overall KMPT Estate Strategy and priorities over the last ten years?**
- **What are the plans for patients accommodated in Ruby Ward at "A" Block if the other two wards are to be closed?**

### **5. Quality and levels of staffing for the CRHT team in Medway**

- We note the plans to strengthen the CRHT in Medway. Staffing levels are going up but we need to understand if this will address the history of underfunding of mental health services in Medway.
- There is evidence from patient surveys and feedback that the quality and timeliness of CRHT services in Medway are currently inadequate and we would like to see externally validated evidence that the service is judged to be good or better in advance of any change to acute in-patient services.
- There is a stated intention to increase the number of Support Time Recovery (STR) Workers in Medway if option A is accepted. These are, however, unqualified healthcare assistants.

### **Questions**

- **What is being put in place to ensure there are sufficient numbers of qualified and experienced CRHT staff in Medway over and above Support Time Recovery Workers to deal with the complex nature of decisions and risk assessments needed on behalf of vulnerable clients and their families?**
- **What consideration has been given to staffing levels for escorted leave and the accessibility of the home area for periods of section 17 leave to support a phased return home?**
- **What assurances do we have that the very important social care elements of care and support in mental health will be addressed in the new system?**
- **The Care Quality Commission recommend having access to psychological support at an inpatient unit. What plans are there to fill the vacant Psychologist post for Little Brook Hospital?**

- **What verifiable progress has been made to improve patient experience of CRHT services in Medway since concerns were raised with KMPT by the Medway Health and Adult Social Care Overview and Scrutiny Committee last October?**