

## **JHOSC Supplementary Information: 30.01.2013**

### **1. Updated information on the numbers of Medway residents accessing acute mental health services outside Medway, and the associated costs, over the last four years:**

#### **Patients staying in the KMPT area**

- 1.1 As acute mental health services have been commissioned jointly from KMPT by Medway and Kent PCTs/CCGs throughout this period, there are no additional costs to either of them when their residents are treated in any KMPT unit, whether it is in their home area or not.
- 1.2 Increasing numbers of patients have been crossing the boundary between the two council areas in the last couple of years as a result of the imbalance in bed distribution. The proposals we have been consulting on are designed to address this because it is much better for service users and their carers if the local Crisis Resolution Home Treatment team (CRHT) has strong links with the hospital unit serving their area.
- 1.3 The situation was aggravated when the CQC required four High Dependency beds in the East Kent Psychiatric Intensive Care Unit to be removed in 2010/11 and the impact is clear in Table 1, which shows sharp increases in the percentages of Medway patient ward stays at non-Medway wards. The CQC requirement meant that more East Kent patients have been treated in Medway since then and, consequently, more Medway patients have been treated in Maidstone and Dartford and the balance of bed usage and its management has been upset.

#### **Patients placed outside the KMPT area**

- 1.4 Kent and Medway patients sometimes have to be placed outside the KMPT area (when they need the level of services that KMPT normally provides) when all KMPT's beds are occupied. When this happens, KMPT has to pick up the bill and make its accounts balance: so the issue becomes a cost pressure within KMPT. These costs do not impact on local health expenditure. There were no such placements from Medway in 2009/10, 2010/11 or 2011/12. But in the first nine months of 2012/13, 16 Medway patients were treated outside KMPT and the related cost pressure is £110,348.
- 1.5 Trusts from many different areas of England have been reporting similar sharp rises in Out of Area Placements between January and October 2012 but the increase is too recent for there yet to be any clear understanding of why this has been happening. Acute care Hospital Trusts also reported seeing a peak of admissions during this period.
- 1.6 KMPT addressed this situation by introducing a discharge co-ordinator in east Kent and this has been successful in helping patients with the practical aspects of returning home, reducing delayed discharges and supporting patients' timely transition from acute inpatient care to

community/treatment at home. This improvement has also had a positive impact on bed management in Medway and west Kent.

- 1.7 It is perhaps worth noting that all acute mental health services have seen an increase in their work in the last few years, apparently linked to the impact on individuals of the global economic situation. This has put Community Mental Health Teams and the CRHT teams, who have been treating many of these people, under some pressure, which the current proposals are also designed to alleviate.

### Out of Area clinical specialisms

- 1.8 Each year, a very small number of Medway patients have needed highly specialist treatment in other parts of the country. Examples include specialist treatment for eating disorders and for individuals with learning disabilities and an unusually high degree of challenging behaviour. These so-called Out of Area Placements are only made when clinically necessary, i.e. when the complexity of the individual's needs is beyond the scope of non-specialist units, either because they need higher levels of staffing or specific staff skills.

### Data

- 1.8 **Table 1** below shows the number and percentages of Medway patients staying at KMPT units outside Medway and at specialist units outside KMPT since April 2008.

	2008/9	2009/10	2010/11	2011/12	*Apr – Dec 12
Medway patients ward stays (total)	15784	13400	11023	8782	6791
Medway patients ward stays at non Medway wards (total)	2144	1162	1374	1529	1005
% of Medway patient ward stays at non Medway wards	13.6	8.7	12.5	17.4	14.8
Medway patient ward stays non KMPT (total)	N/A	0	0	0	167
% Medway patient ward stays at non KMPT wards	N/A	0	0	0	2.5
Medway patients (number of individuals)	269	277	273	283	317
Medway patients at non Medway wards (number of individuals)	67	83	95	94	79
% of Medway patients staying at non Medway wards (within KMPT)	24.9	30.0	34.8	33.2	24.9
Medway patients at non KMPT beds	N/A	0	0	0	16
% of Medway patients staying at non KMPT wards	N/A	0	0	0	5%

**Table 1: Medway patient ward stays outside Medway 2008/9 – December 2012**

*\*Note: data for April – Dec 2012 cannot be used for year on year comparison.*

- 1.10 **Table 2**, also below, shows the KMPT patients resident in east and west Kent who stayed in Medway's A Block in the current year.

West and east Kent patient ward stays in Medway (total)	1405
Patient overflows within KMPT bed stock by East and West Kent into Medway (total)	88
East Kent patients staying in Medway wards	59
% of East Kent patients bed days staying in Medway wards	13.92%
West Kent patients staying in Medway wards	29
% of West Kent patients bed days staying in Medway wards	3.54%
% of Medway patients bed days staying in east Kent wards	2.12%
% of Medway patients bed days staying in west Kent wards	14.03%

**Table 2: Residents from East and West Kent treated in Medway's A Block between April-Dec 2012**

2. **Details of the levels of staffing at Medway A-block over the last four years along with an analysis of the changes, which could have affected demand:**
- 2.1 Staffing levels for each KMPT ward are set in line with the number of beds/patients to be cared for. A consistent policy is applied across every KMPT facility ensuring parity, based upon national practice and in line with other mental health inpatient units. The staff ratio on all acute inpatient wards in KMPT is 6:6:3. (Early: Late: Night shifts).
- 2.2 However, staffing is increased when patients' acuity and the needs of individual patients within the ward increases, such as a number of patients requiring 1:1 observations.
- 2.3 Overall, staffing at Medway's A Block has increased in the last three years, the skill mix has been enhanced and the number of senior staff has gone up significantly since 2010. This is because those admitted to A Block now are more acutely ill than they might have been when admitted there in the past, due to the successful support now given to service users at home by the Crisis Resolution Home Treatment team.
- 2.4 **Table 3** shows the detailed breakdown of staff changes in Medway's A Block over the last four years. The differences between the numbers of budgeted posts and staff actually in post are due to vacancies, which are covered by locum staff so that the service is delivered.
- 2.5 The figures for 2009/10 reflect a time when ward sizes varied because the service was run for all ages together, rather than separating mental illness from dementia as now, and there was a high vacancy rate.
- 2.6 Vacancies are peaking again now, due to the uncertainty caused by the year of discussion and debate preceding a decision about Centres of Excellence.

## Sapphire ward establishment

### Budget:

Position	2009/10 (March 10)	2010/11 (March 11)	2011/12 (March 12)	2012/13 (Dec 12)
Ward Manager	1:00	1:00	1:00	1:00
Deputy Ward Manager	2:00	2:00	2:00	2:00
Senior staff nurse	0.80	0.96	0:00	0:00
Staff nurse	9.33	8.74	6.87	10.13
Healthcare assistant	6.67	9.77	12.13	10.27
<b>Total</b>	<b>19.80</b>	<b>22.47</b>	<b>22.0</b>	<b>23.40</b>

### In Post

Position	2009/10 (March 10)	2010/11 (March 11)	2011/12 (March 12)	2012/13 (Dec 12)
Ward Manager	1.00	1.00	1.00	1.00
Deputy Ward Manager	0.91	2.00	2.00	2.00
Senior staff nurse	0.00	1.00	1.00	1.00
Staff nurse	3.99	8.47	7.41	6.41
Healthcare assistant	2.80	10.40	8.00	8.00
<b>Total</b>	<b>8.70</b>	<b>22.87</b>	<b>19.41</b>	<b>18.41</b>

## Emerald Ward establishment

### Budget:

Position	2009/10 (March 10)	2010/11 (March 11)	2011/12 (March 12)	2012/13 (Dec 12)
Ward Manager	1.00	1.00	1.00	1.00
Deputy Ward Manager	2.00	2.00	2.00	2.00
Senior staff nurse	2.00	0.96	0.00	0.00
Staff nurse	6.80	8.74	6.87	10.13
Healthcare assistant	10.53	9.77	12.13	10.27
<b>Total</b>	<b>22.33</b>	<b>22.47</b>	<b>22.00</b>	<b>23.40</b>

### In Post

Position	2009/10 (March 10)	2010/11 (March 11)	2011/12 (March 12)	2012/13 (Dec 12)
Ward Manager	0.00	1.00	1.00	1.00
Deputy Ward Manager	2.00	1.91	1.91	1.91
Senior staff nurse	0.00	0.00	0.00	0.00
Staff nurse	5.20	7.80	9.60	7.20
Healthcare assistant	12.80	8.80	9.80	7.20
<b>Total</b>	<b>20.00</b>	<b>19.51</b>	<b>22.31</b>	<b>17.71</b>

**Table 3: Breakdown of staffing in Medway's A Block over the last four years**

The difference between budgeted posts and staff in post reflects vacancies, which are covered by locum staff. KMPT has worked to gain consistency in both staff numbers and skill mix in all its wards. The posts for qualified staff have increased to cater for the more acute and complex needs of patients admitted to hospital these days.

- 2.5 **Table 4** below illustrates the bed base of the wards in Medway’s A Block over the past four years, demonstrating that the staff to patient ratio has been further increased than Table 3 indicates, due to a reduction in beds and therefore in patients requiring care at any one time..

ward	Number of beds 2010	Number of beds 2011	Number of beds 2012	Number of beds 2013
<b>Sapphire</b>	16	16	16	16
<b>Emerald</b>	21	19	19	19

**Table 4: Beds in the wards in Medway’s A Block over the last four years**

**3. Details of the staffing of the different CRHTs across Kent and Medway, with the location of the new and proposed Support Time Recovery Workers indicated clearly:**

- 3.1 In addition to investing in more ward staff, KMPT has also strengthened its community-based services Crisis Resolution & Home Treatment (CRHT) Teams and Liaison Psychiatry teams.
- 3.2 Liaison Psychiatry is based at Medway Maritime Hospital, providing support to staff in A&E and on general wards when they are dealing with patients who are service users or who appear to have mental health problems as well as any physical health issues they may be at the hospital for. This service is not affected by the proposals in the public consultation and will continue to be provided at the hospital.
- 3.3 Medway CRHT will, as now, be based with the Medway inpatient facilities because close links between ward staff and CRHT ensure a proven better service to users and their carers. If Option A is put in place, for example, Medway CRHT would have their base in Dartford – but they would also have a presence in Medway and spend much of their time working in Medway. KMPT is also exploring a satellite crisis presence/team in Medway.
- 3.4 Community mental health services, for those not in an acute phase of illness, which are used by the vast majority of mental health service users will continue to be based in Medway. They will be in a new base at Canada House in Gillingham, with Recovery and Access services co-located for the first time.

**STR workers**

- 3.5 A dozen Support Time and Recovery staff are currently being recruited to the two CRHTs in East Kent and three are being recruited to Medway as part of the re-enablement project.

3.6 If Option A is implemented, a further 11.36 WTE STR workers will be recruited for teams in West Kent and Medway. Four of these will be in Medway, in addition to three being recruited at the moment – an increase of seven full-time staff spending most of their time in Medway working with the area’s service users as part of Medway’s CRHT – along with four more in Maidstone and South West Kent and three in Dartford. Should future demand analysis demonstrate greater need in a particular locality, KMPT will adjust the allocation of STR workers accordingly.

3.7 **Table 5** below shows the current and future CRHT staffing across Kent and Medway.

<b>Staff Type</b>	<b>Dartford</b>	<b>Medway</b>	<b>Maidstone / SWK</b>	<b>North East Kent</b>	<b>South East Kent</b>
<b>CURRENT</b>					
Team Leader	1.00	1.00	2.00	1.00	1.00
Qualified Nursing/OT	11.67	19.39	21.27	22.46	14.80
Unqualified Nursing/OT	3.60	3.47	1.00	11.69	11.44
STR Worker	0.00	0.00	6.73	0.79	0.79
Social Worker	0.00	0.00	1.00	1.00	0.50
<b>Current Total</b>	<b>16.27</b>	<b>23.86</b>	<b>32.00</b>	<b>36.94</b>	<b>28.53</b>
<b>ADDITIONAL STAFF CURRENTLY BEING RECRUITED</b>					
STR Worker	-	3.00	-	6.00	6.00
<b>ADDITIONAL STAFF IN OPTION A</b>					
STR Worker	3.36	4.00	4.00	-	-
<b>Future Total</b>	<b>19.63</b>	<b>30.86</b>	<b>36.00</b>	<b>42.94</b>	<b>34.53</b>

**Table 5: current and future CRHT staffing across Kent and Medway**

#### 4. **Travel plan – progress to date:**

4.1 From the feedback during the early stages of the review and consultation we know there are concerns about travel, particularly for family and carers visiting inpatient facilities out of their local area. We have established a transport group which includes a service user to oversee the development of the transport plan.

4.2 The plan includes the following elements:

- **Understanding current access to inpatient wards:** We audited the number and types of transport used by visitors to our acute inpatient services. This snapshot taken in the summer indicated that most visitors used their own transport, including those visiting Medway’s A Block.

- **Public Transport:** Service users from Medway and Swale have also tested the various public transport options from Medway and Swale to Dartford and details were included in the consultation. KMPT is completing work over the next month to identify any issues around evenings, weekends and bank holidays and will ensure our transport plan and guidance meets the needs of those visiting the service. We will also look at transport links from main towns around Kent and Medway to the three Centres of Excellence and take account of any flexibility required from inpatient units to facilitate visiting, while ensuring patients have sufficient opportunity to engage in treatment and therapeutic programmes while in hospital. Currently, all inpatient units have flexible visiting times with restrictions only around meal times.
- **Communication:** Availability of bus, train times, walking routes from the nearest bus stop and driving directions will all be available in each inpatient unit, from CRHTs and on the Trust website. A 'plan your journey' section is being developed on the Trust's website and a frequently asked question sheet is also being developed to address some common issues about inpatient services, such as visiting arrangements, attending meetings etc.
- **Voluntary Transport:** Access to the voluntary transport scheme will be available for those unable or who do not wish to use public transport. There is a charge for this service so that the expenses of the driver are covered. We are exploring the possibility of developing a discretionary scheme to support access to the acute service.
- **Hospital leave:** The voluntary transport scheme will also be used to facilitate, as required, leave from hospital as soon as any change resulting from the consultation proposals is in place.
- **Guidance:** Guidance notes will be developed to ensure clinical staff consider travel implications for visitors (carers, family, friends) when arranging meetings, leave etc. so that meetings are arranged at minimal inconvenience for those wanting to attend, including using Skype to support meetings that carers cannot physically attend.
- **Technology:** The Trust will provide patients with access to the internet using dedicated Trust computers so that they can maintain contact with family and friends through email and Skype as well as accessing online systems and services they might ordinarily use at home, including internet banking, shopping, games, social networking and so on.

The Trust already has three such facilities in place and, once any early lessons have been noted, will roll out 50 internet-connected computers for patients to use across the Trust. The roll-out is

expected to take three months, with each ward having at least one computer.

The Trust is also working on setting up free Wi-Fi access for patients to use the internet on their own computers and smartphones while staying on the wards, just as they can at home. This is likely to be facilitated through the care planning process and to include an advanced agreement about when patients will be able to access the internet and the times when their phones will be taken from them – while they have treatment, for example.

The transport group is also exploring the possibility of CPA meetings being held via the Trust internal video conferencing where the community teams could participate via video link with the inpatient unit. The group will explore this and the possibility for Carers and GPs who wish to attend the meeting but are unable to travel could participate by using the video conference facility at the local CMHT.

- 4.3 Example public transport journey times from Rochester, Chatham and Gillingham to Little Brook Hospital, researched by a service user and which when supplied to visitors include links to the bus and train company websites and a text code for up-to-date bus service information, are:-

**Public Transport from Rochester to Littlebrook Hospital Dartford (Visiting hours 5:30pm – 8pm)**

- 4:19pm** Rochester – Medway (From the centre of Rochester (Medway))  
**Walk for about 11 minutes to**
- 4:30pm** Rochester Rail Station  
PLUSBUS ticket available with train tickets for this station Visit: [www.plusbus.info](http://www.plusbus.info) to check fares etc  
Take Southeastern Train towards London Charing Cross Rail Station and get off at:
- 4:58pm** Dartford Rail Station  
**Walk about 5 minutes to**
- 5:09pm** Dartford, Home Gardens, Stop D (on Home Gardens  
Take Arriva Kent Thameside Bus 492 towards Bluewater bus station and get off at
- 5:15pm** Dartford, Stone House Hospital (E-Bound) (on London Road)  
**Walk about 12 mins to**
- 5:27pm** Littlebrook Hospital, Greenacres, Bow Arrow Lane, Dartford, Kent DA2 6PB.

**Return journey**

- 8:19pm** Leave Littlebrook Hospital  
**Walk about 14 minutes to**
- 8:33pm** Dartford, adj Brent School (on London Road) [SMS: kntatmwp]  
Take Arriva Kent Thameside Bus 490 towards Dartford, Prospect Place  
Get off at
- 8:39pm** Dartford, Home Gardens, Stop X (on Home Gardens)  
**Walk about 5 minutes to**



- 8:55pm** Dartford Rail Station  
Take Southeastern Train towards Gillingham (Kent) Rail Station  
**Get off at**
- 9:22pm** Rochester Rail Station  
PLUSBUS ticket available with train tickets for this station. Visit:  
[www.plusbus.info](http://www.plusbus.info) to check fares etc  
**Then walk for about 11 mins to the centre of Rochester**
- 9: 33pm** Rochester

**Public Transport Gillingham to Littlebrook Hospital, Dartford  
(Visiting hours 5:30pm – 8pm)**

- 4:20pm** Gillingham Kent  
**From the centre of Gillingham walk for about 4 minutes**
- 4:24pm** PLUSBUS ticket available with train tickets for this station. Visit:  
[www.plusbus.info](http://www.plusbus.info) to check fares etc  
Take Southeastern Train towards London Charing Cross Rail Station and get off at:
- 4:58pm** Dartford Rail Station
- 5:09pm** Dartford, Home Gardens, Stop D (on Home Gardens)  
Take Arriva Kent Thameside Bus 492 towards Bluewater bus station and get off at
- 5:15pm** Dartford, Stone House Hospital (E-Bound) (on London Road)  
**Walk about 12 minutes to**
- 5:27pm** Littlebrook Hospital

**Return journey**

- 8:19pm** Littlebrook Hospital  
**Walk about 14 minutes to**
- 8:33pm** Dartford, adj Brent School (on London Road)  
Take **Arriva Kent Thameside** Bus **490** towards Dartford, Prospect Place  
**and get off at**
- 8:39pm** Dartford, Home Gardens, Stop X (on Home Gardens)  
**Walk about 5 minutes to**
- 8:55pm** Dartford Rail Station Take **Southeastern** Train  
**and get off at**
- 9:30pm** Gillingham (Kent) Rail Station  
PLUSBUS ticket available with train tickets for this station. Visit:  
[www.plusbus.info](http://www.plusbus.info) to check fares etc  
**Walk for about 4 minutes to the centre of Gillingham**
- 9:34pm** Gillingham

**Public Transport from Chatham to Littlebrook Hospital Dartford (Visiting hours 5:30pm – 8pm)**

- 4:18pm** Chatham (Medway), Waterfront Bus Station  
**Walk about 10 minutes to:**
- 4:28pm** Chatham Rail Station

PLUSBUS ticket available with train tickets for this station. Visit: [www.plusbus.info](http://www.plusbus.info) to check fares & etc

Take Southeastern Train towards London Charing Cross Rail Station and get off at:

**4:58pm**

Dartford Rail Station

**Walk about 5 minutes to**

**5:09pm**

Dartford, Home Gardens, Stop D (on Home Gardens)

Take Arriva Kent Thameside Bus 492 towards Bluewater bus station and get off at

**5:15pm**

Dartford, Stone House Hospital (E-Bound) (on London Road)

**Walk about 12 minutes to**

**5:27pm**

Littlebrook Hospital

### **Return journey**

**8:19pm**

Littlebrook Hospital

**Walk about 14 minutes to**

**8:33pm**

Dartford, adj Brent School (on London Road) [SMS: kntatmwp]

Take Arriva Kent Thameside Bus 490 towards Dartford, Prospect Place

**Get off at**

**8:39pm**

Dartford, Home Gardens, Stop X (on Home Gardens)

**Walk about 5 minutes to**

**8:55pm**

Dartford Rail Station Take Southeastern Train towards Gillingham (Kent) Rail Station

**Get off at**

**9:55pm**

Chatham Rail Station

PLUSBUS ticket available with train tickets for this station. Visit: [www.plusbus.info](http://www.plusbus.info) to check fares & validity

**Then walk for about 11 minutes to the centre of Chatham (Medway)**

**9:36pm**

Chatham