



## Kent and Medway

Chris Smith  
Chairman  
Kent and Medway NHS Joint Overview and  
Scrutiny Committee  
Kent County Council and Medway Council

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Medway Council

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Dear Colleagues

The PCT cluster Board met today (20 February) to discuss the options for acute mental health services in Kent and Medway. There was a strong attendance by councillors from Medway Council, carers and the advocacy projects which support service users. At the beginning of the meeting council representatives were able to table some questions previously submitted and other members of the audience were also able to raise several points of concern.

We are aware that there are a number of outstanding issues which the JHOSC has raised which are in the process of being answered, and that the committee will reconvene shortly to consider the mental health crisis care proposal and the answers to members' outstanding questions.

During a wide ranging debate today we touched on the work which has been undertaken over the last 10 years to identify a site in Medway, which has not been possible. We need to be mindful that revisiting this would delay the further improvements in the quality of mental health service and would not consolidate the services into specialist centres of excellence in line with providing the best service for patients.

It was noted that KMPT is already making significant increases in its CRHT and STR resource along with increases in the PICU outreach, but we are of the view that sequencing to further strengthen the acute service at home needs to be in place sufficiently before final changes are made.

The Board noted that all eight Clinical Commissioning Groups who are the future leaders of NHS commissioning have approved implementation of Option A. And the Board was reminded that the Francis report exhorts us to move rapidly to best practice and safest services across the NHS. This plays directly to our responsibility for Kent and Medway residents at a time when we know we have a model of care which is clinically unsustainable in the longer term and gaps in provision which rely on these changes. In the light of this it was appropriate for the Board to take a decision in principle, with some additional assurances, in advance of the final JHOSC outcome.

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The recommendation agreed is that:

The NHS Kent and Medway PCT Cluster board endorses the model of care which improves service for people who have acute mental health problems by:-

- Extending psychiatric intensive care outreach services to Medway and east Kent where it is currently unavailable.
- Strengthening crisis resolution home treatment services
- Developing centres of excellence for the most unwell in line with national best practice
- Consolidating inpatient psychiatric care.

The Board supported the implementation of option A subject to the following requirements being met:-

- That the bed number sensitivity analysis is undertaken and that this is confirmed as being in line with best practice evidence for the size and type of population in Kent and Medway within this model of care.
- That sequencing of implementation is undertaken to introduce CRHT in advance of bed changes. We recommend that CCGs consider this in how they use their transitional non recurrent resources during the period of implementation.
- That a quality impact assessment is undertaken and clear benefits identified as KPIs.
- That the transport plan is completed and any remaining gaps in transport provision closed.

We request that these are completed and considered for approval at the CCG and cluster board meetings on 20 March if the work can be completed to this timetable. If not, these are to be taken to CCG boards and confirmed by the Area team of the NHS Commissioning Board as part of their ensuring that the CCG have clear and credible plans for health services in Kent and Medway for the future.

Best wishes.

Yours sincerely



**Felicity Cox**  
Director Kent and Medway  
NHS Commissioning Board  
Chief Executive NHS Kent and Medway