Kent and Medway

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Councillor Wendy Purdy
Medway Council

13th March 2013

Dear Cllr Purdy

Thank you for your letter of the 28th February.

I am sorry that Medway members did not feel that the concerns set out in your letter to me dated 19th February were fully addressed at our Board meeting on the 20th. Helen Buckingham, Deputy Chief Executive, had clarified with Julie Keith, Head of Democratic Services, that the paper tabled by Medway members at the recent Joint Health Overview and Scrutiny Committee (JHOSC) would not form part of our formal Board papers. However, she agreed that subject to the agreement of the Chair the paper would be circulated to all members, and I can confirm that the paper was circulated to all Board members by email on 15th February, five days in advance of the meeting.

Your letter to me of the 19th February was received at 4.30 pm that afternoon. The letter repeated the concerns set out in the longer paper, but did not add to them. It was helpful to have the clarity from members as to the five key questions which you wished to see addressed at the Board meeting in public, from the longer list of 17 questions contained in the full paper.

At the Board meeting, Councillors and others were given an opportunity to raise questions in advance of the Board discussion. You and your colleagues raised the questions as set out in your letter of the 19th February. A hard copy of your letter and the questions had also been provided to each Board member.

The draft minutes of the meeting show that your questions were raised in the first part of the meeting and that Colin summarised your concerns. An initial response was given to each question during that question and answer session, and fuller discussion on each of the points raised took place during the formal Board meeting. I am ensuring that the minutes of the meeting draw together the response to each question you raised from both the public session and the formal meeting. I do not believe, therefore, that it is the case that your questions remain unanswered.

At the Board meeting we considered the request that the Medway Councillors made to delay a decision but felt that the quality and safety issues raised by the carers, users and the unit itself, articulated by the GPs and other clinicians present, meant that delaying a decision would not be in the best interests of improving the quality and safety patient care.

In my letter to you following the Board meeting, in which I confirmed the Board's decision, I made it clear that the decision was contingent on a number of requirements being met, which do indeed relate to questions 1-3 in your letter of the 19th February. Those requirements are:

- 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.

Turning to your on-going concern on the location of in-patient services for people in Medway, I can confirm, that, subject to the requirements of the Board set out above being met, the decision has been made that we will confirm to KMPT that in-patient mental health services for the population of Medway should be provided at the Littlebrook Hospital site. I appreciate that you are disappointed with this decision. I can assure you that it has not been taken lightly by the Board or by any of the CCGs involved. We are required to ensure that we commission services which are of the highest possible quality within the resources available to us, and that we take account of all available evidence in doing so.

In making the request to the JHOSC meeting in July that we proceed to consultation, we were clear that the only option we were proposing at that time for in-patient services for Medway residents was Littlebrook Hospital. We were not prepared to consult on any other options which would deliver a sub-standard quality of service for people from the Medway towns. The JHOSC asked a number of questions for clarification, and asked for further information to be provided, which was supplied and summarised in the last JHOSC papers. Notwithstanding those requests for information the JHOSC clearly agreed that we should commence consultation on the proposals as set out – i.e. with only one option for Medway residents.

Best practice in mental health services has, for over ten years now, focused on ensuring an effective range of services are available to support people in the community, whether in their own private home, in a residential care setting or through use of facilities such as recovery houses. However, it is certainly true that some people will always require hospital admission due to the complexity of their needs, whether clinical or social, and the associated risks to the individual and/or the wider population. The model of care which we wish to commission includes a range of community services which are designed to support individuals at any point on their care pathway. Where people are in need of acute care, those services include treatment at home by Crisis Resolution and Home Treatment (CRHT) services or in mental health hospital acute or intensive care services.

There is an inextricable connection between the changes in in-patient MH services we wish to commission and the changes in CRHT services which we also wish to commission and which you are keen to see in place. You will have recognised that one of the Board's requirements is to see those CRHT changes in place before the reconfiguration of in-patient beds.

National best practice indicates that in-patient provision should be concentrated in 'centres of excellence' which can be defined 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 Centre of Excellence are therefore: A critical mass of specialist staff organised around one locus; 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." Our case for change and commissioning plans were reviewed by the National Clinical Advisory Team and their conclusion was that the overall bed numbers we plan to commission were, if anything, conservative, and they questioned whether we were being ambitious enough in terms of a reduction in bed numbers. Being mindful of concerns raised by partner organisations and service users and carers, we felt that we should not seek to reduce the bed numbers further at this stage.

It follows from the principle that in-patient care should be provided from centres of excellence, that it will not be possible or appropriate to provide an in-patient facility meeting these standards within every community. Nevertheless, you are correct that it is important that we take account of the relative needs of populations in assessing the appropriate locations, in addition to the resources available to us.

Within Kent and Medway we currently commission in-patient care from four sites. In moving to three centres of excellence, in line with best practice, it is therefore unavoidable that one population may feel that they have 'lost' a local service. It is therefore doubly incumbent on us to ensure that we are balancing the needs of local people and the resources at our disposal. Within North Kent, we currently commission services from 'A block' on the Medway Maritime site and Littlebrook Hospital in Dartford. As you agree, the environment at 'A Block' is not fit for purpose, and several reviews have confirmed to us and to yourselves that it will not be possible to make that site meet the needs of modern mental health services. Nor could it be expanded to meet the needs of the Dartford population or other surrounding localities. As you are also aware, we explored the potential of a number of other sites in the Medway area. No site has been identified which is clinically suitable and feasible within available resources. Medway Council's Principal Officer for Mental Health and Social Care Commissioner for Mental Health were members of the Medway and Swale Review and Redesign of Acute Mental Health Services Project Board and attended meetings at which the future location of in-patient services was discussed between January 2009 and July 2011.

In contrast, the facilities at Littlebrook are able to meet the high quality specification for services we wish to commission and are able to accommodate both the Dartford and Medway populations. Our first priority as a Board is to ensure that we commission services which are safe and protect the basic rights of the individual to care which preserves their dignity and promotes their recovery. It is therefore our firm belief that within the resources available to us and in line with best practice it is appropriate that we locate the in-patient services for the Dartford and Medway populations at Littlebrook Hospital.

It should be noted that, had we been able to identify a site from one of the three centres of excellence in Medway, this would have meant that a similarly deprived population in Dartford would be required to travel to Medway. Regardless of the final location of services, it is, as you rightly say, very important that we address the transport needs of carers as part of the implementation, and again this was part of the Board requirement. The draft transport plan forms part of the papers for the next JHOSC and will also be presented to our final Cluster Board meeting next week.

I note from your letter of the 19th February that you have commissioned an independent expert review of the predicted bed numbers. In line with the Board's requirements, we are of course undertaking a further internal review and will take account of the results of that review. We have received the report contained within the JHOSC papers for next week. It has highlighted a number of helpful points for us to consider as we undertake our revised analysis. We were pleased, however, to note in the closing paragraphs the statement that "A positive outcome of the additional analysis from this critique is that, even after controlling for socio-economic factors, projected population increases, and the extra acute inpatient beds required because of cutting the number of PICU beds, the projected range for future inpatient bed demand is usually lower than proposed supply of 150 beds for Kent and Medway."

I trust that I have been able to clarify the Board's position for you, and I look forward to discussing these issues with you again at the forthcoming JHOSC.

Yours sincerely

Felicity Cox
Area Team Director (Kent and Medway)
National Commissioning Board
Chief Executive NHS Kent and Medway

Copy To: Cllr Chris Smith, Chairman, Kent and Medway NHS Joint Overview and Scrutiny Committee
Colin Tomson, Chairman, NHS Kent and Medway