



Health Overview and Scrutiny Committee

July 2017

Update on the report on the Transformation of Mental Health Rehabilitation Services for east Kent.

This paper provides the Kent County Council HOSC with an update on the transformation of the Kent & Medway NHS Partnership Trust (KMPT) mental health rehabilitation services in east Kent. The HOSC supported the proposed transformation plans in October 2016.

1. Background

The HOSC supported the proposals presented by KMPT and east Kent CCGs to redesign the Rehabilitation Service for people with severe and enduring mental illness in East Kent.

Rehabilitation Services play a pivotal role within the mental health system as a whole, working in an integrated way with acute psychiatric wards, Out of Area Treatments (OATS), Forensic psychiatric services, community and third sector services. The primary aim of Rehabilitation services is to support service users to attain optimal independence. These services specialise in working with people whose long term and complex needs cannot be met effectively by general mental health services. Use of health and social care resources by this group can be particularly intensive and can take a number of years due to the user groups complex needs profile - compounded by co-morbidities like poor physical health, substance misuse or cognitive difficulties.

The overall vision for the redesigned rehabilitation service is that people are supported close to home, rather than through a variety of out of area placements. The redesigned service works in partnership with housing providers to ensure there is a tiered approach to supporting people move into their own tenancy within East Kent.

2. Strategic Context

The Five Year Forward View for Mental Health and the East Kent Adult Mental Health Strategy (2016 -2021) both clearly identify the need for individuals to be able to access 'high quality services close to home', and the proposed Rehabilitation Service transformation supports this direction of travel. In addition the strategy also lays out a trajectory for services to increasingly move away from a 'bed based' focus to a more community based intervention, and as such this proposal meets those criteria from a commissioning perspective.

The East Kent Mental Health Strategic Improvement Group, on behalf of the four east Kent CCGs and Kent County Council, have considered this transformation proposal and support its objectives and will ensure that mental health commissioners will be involved in the strategic oversight of the process, also ensuring that there is active service user and carer engagement at all stages of the redesign of the service.

2. Proposed Method

The process of the redesign of the rehabilitation service will be undertaken in a number of steps.

1. The closure of the Davidson ward at the St Martin's site in Canterbury, the current patients on Davidson unit will be supported in the three other inpatient rehabilitation units in East Kent, staffing will be increased in these units during this transition phase.
2. Clinical evidence supports the view that the patient population who are currently receiving in-patient care on Davidson would have their therapeutic needs better met in an adaptive stepped care pathway. This was approved by the Kent County Council HOSC.
3. The development of a rehabilitation community team in East Kent
4. Working with housing association to develop a range of supported accommodation to support patients
5. To return patients from expensive out of area placements to their local communities, and support them to maintain their placements.

The planned closure of the Davidson Unit, this financial year, was the first phase of a plan of total redesign across Kent and Medway for rehabilitation services. The philosophy was driven by key documents including the Joint Commissioning Panel for Mental Health Guidance for Commissioners of Rehabilitation Services for People with Complex Mental Health Needs, which sets out a desire for patient with severe and enduring mental illness to be supported in community settings, close to their home, rather than in institutional wards. This supports a whole systems approach including a range of inpatient and community services.

3. Update for the proposed change

1. The Davidson Unit at St Martins is now closed and the resources have been re allocated to begin to establish a fully responsive rehabilitation service within the community. Patients from Davidson were supported in the three other inpatient rehabilitation units in East Kent. Staffing was increased in the existing units during the transition period.
2. Working groups have been set up with commissioners, service users and carers to develop the rehabilitation community team, based on local need.
3. The existing community based services will be further enhanced ensuring collaborative working with multi agencies including the third sector to provide an effective, safe and seamless service.

4. KMPT has begun working with housing associations to increase the range of supported housing to facilitate patients' rehabilitation and their recovery.
5. KMPT is working closely with the CCG's in east Kent and has identified and understood the patients in the out of area beds, and has identified a cohort of patients to return to the county, supported by the rehab community team. KMPT is working with a local housing provider to facilitate this.

4. Recent CQC inspection

Since the last paper to the HOSC, KMPT was inspected by the CQC for the second time, at the first inspection the rehabilitation services received a rating of 'requires improvement', they have subsequently received a rating of 'Outstanding', which is the highest rating the CQC can award, and was partly based on the services transformation plans.

5 Clinical Commissioning Groups

It is to be noted that the four east Kent CCGs have been fully involved in this work and are supportive of the direction of travel at all stages.

6. Conclusion and recommendations

The HOSC are asked to note the progress on the closure of Davidson Ward and the move towards the community based model of care, endorsed by the CQC, and are asked to support the direction of travel for this ongoing transformation moving forward.

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