

Transforming mental health care services in Kent and Medway – proposed changes at the Frank Lloyd Unit in Sittingbourne

Update for the Kent Health Overview and Scrutiny Committee (HOSC)

1. Introduction

Before the merger of Kent and Medway clinical commissioning groups (CCGs) into a single Kent and Medway CCG in April 2020, work was underway (headed by the former West Kent CCG) to review and improve the clinical model of care for dementia patients across the county, of which the use of the Frank Lloyd Unit in Sittingbourne is an integral part. The cohort of patients affected are those with complex needs requiring highly specialist care and support. This includes patients who receive funding from Continuing Health Care.

An update on the future of the Frank Lloyd Unit, including proposals for its de-commissioning in place of different, more personalised and better value for money care settings, was presented to the Kent Health Overview and Scrutiny Committee (HOSC) in March 2020. Committee members raised concerns about these plans and considered that the decision of the Kent and Medway CCGs to de-commission the Unit was not in the best interests of the local population for the following reasons:

- a) The decision to close is premature without sufficient alternative provision being available in Kent and Medway
- b) Insufficient consultation has been carried out
- c) There is a lack of proper clinical evidence that the closure is in the best interest of patients
- d) There will be workforce implications that will need to be taken into account in light of the closure.

The Committee asked that the Kent and Medway CCGs (now the newly constituted Kent and Medway CCG) consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer their decision to the Secretary of State on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

The new Kent and Medway CCG has made it a priority to conduct an internal review of the process leading to the proposal to de-commission the Frank Lloyd Unit and the development of a case for change and new clinical model of care for the cohort of patients affected.

This paper has been developed to:

- update HOSC members on the findings of this internal review;
- respond to the comments and recommendations from HOSC members;

- outline the steps that the CCG is intending to take to reassess and re-start this work; and,
- seek HOSC's input and support to continue to develop a robust case for change and model of care for this cohort of complex dementia patients across Kent and Medway.

2. Current status of the Frank Lloyd Unit

The Frank Lloyd Unit is a Care Quality Commission (CQC) registered mental health unit of two wards, in a self-contained unit on the Sittingbourne Memorial Hospital site. The unit only supports patients who are in receipt of NHS Continuing Healthcare (CHC) funding. Each ward has a bed capacity of 20. For the past 12 months only one of the two wards has been in operation as the number of referrals reduced. Since January 2018, there have been eighteen successful discharges from the Frank Lloyd Unit to a range of care homes and nursing homes within Kent and Medway that care for individuals with dementia and complex needs. These discharges were subject to discussions and care planning between clinicians and patients' families to ensure that more appropriate long term care could be found for their loved ones. The last person on the ward successfully moved to their new care setting in March 2020. Since that time the unit has been closed although it is available to care for individuals if needed. More information about the unit is included as **Appendix A**.

As previous updates to HOSC have described, the issue of underutilisation and appropriateness of the Frank Lloyd Unit in caring for vulnerable CHC patients on a long-term basis has been long-standing. Discussions with Kent and Medway NHS and Social Care Partnership Trust (KMPT) about potentially closing the unit and using the associated funding in different ways to better care for this cohort of patients closer to home have been ongoing for several years. The unit has not been fully used for some time due to it being a hospital environment and considered by clinicians and commissioners as not ideal as a long-term placement that can be considered "home". Subsequently, as the last cohort of patients' wellbeing improved, it allowed for placements to be sourced that can focus on the person's long-term care.

3. Internal review of the proposed de-commissioning of the Frank Lloyd Unit and development of a new model of care for Kent and Medway

The eight Kent and Medway clinical commissioning groups merged into a single Kent and Medway CCG (KMCCG) on 1st April 2020. KMCCG now has responsibility for the programme of work around the Frank Lloyd Unit and developing a new model of care for this patient cohort.

KMCCG has undertaken an internal review of the work connected with the Frank Lloyd Unit. This was driven by concerns raised by HOSC members as well as a review of ongoing work programmes and processes under new leadership arrangements. Key

findings from the internal review as well as responses to the comments made by HOSC are set out below.

Key findings from the internal review and actions taken

- **Kent and Medway CCGs did not adequately follow due process around proposed service changes at the Frank Lloyd Unit**

KMCCG's internal review has demonstrated that the eight Kent and Medway CCG's did not adequately follow due process when changes were made to the model of care for this cohort of patients with dementia and complex needs, including plans to de-commission the Frank Lloyd Unit and provide more care within a community setting.

NHS England (NHSE) Guidance '*Planning, assuring and delivering service change for patients*' first published in 2013, outlines the requirements for health service reconfiguration, including the Secretary of State's 'four tests' which are designed to build confidence within the service, with patients and communities. KMCCG acknowledge that the previous work undertaken by Kent and Medway CCGs did not meet the four test areas, namely: 1) support from GP commissioners, 2) strengthened public and patient engagement, 3) clarity on the clinical evidence base, and 4) consistency with current and prospective patient choice. An additional test to ensure that patients will continue to receive high quality care should bed numbers be reduced was introduced in 2017 and is a key area for commissioners to consider as they seek to assure their plans. KMCCG apologises unreservedly for these omissions and accepts that Kent and Medway scrutiny committees should have been formally consulted. The CCG further acknowledges that their service reconfiguration process was not applied in full.

Action taken: KMCCG is working hard to rectify these shortcomings with a refreshed programme of work with the five tests as its guiding principles. The CCG will ensure it works closely with NHSE/I in this programme going forwards, to strengthen internal assurance and checks and balances as the programme of work progresses over the next period. KMCCG will work hard to ensure there is sufficient engagement, consultation and clinical leadership of the development of any new approach to dementia care, to involve and assure stakeholders and regulators (including HOSC members, NHSE/I), patients and carers and the wider public about the future shape of dementia services for this patient cohort.

- **The need for a robust case for change, a Kent and Medway 'model of care' for dementia patients with complex care needs, and options for delivering that care**

While we believe that the community-based model of care provided for many of the patients previously at the Frank Lloyd Unit is in line with national objectives for improving dementia services and appropriate and will bring benefits in terms of patient outcomes and experience, we acknowledge that insufficient work has been undertaken at a Kent and Medway level to develop a robust local 'case for change' and new clinical model of care for dementia patients in this complex care cohort. Any such case for change, model of care and options for delivering that model of care, requires thorough testing and involvement of a wide variety of stakeholders (in light of the five tests set out above), including HOSC members, patients, families, carers, staff and the general public, before any proposed changes are made to the way services are organised. Despite the best of intentions to deliver better experiences and outcomes for patients, the Kent and Medway CCGs did not do this.

The former Kent and Medway CCGs took the view that the £4m currently being spent on a block contract for a unit operating at significant under capacity would be better spent on more community care and support for this cohort of dementia patients. This would be in line with national policy and would represent better value for money and improve patient experience and clinical outcomes. We recognise that this was a decision made with the best of intentions but without due process and involvement. The new CCG is committed to confirming service specifications prior to consultation on options for the future.

Action taken: The refreshed programme of work for patients in this complex care cohort will build on current work and undertake full demand and capacity modelling based on demographic and clinical data, robust clinical engagement to design an effective and improved new clinical model of care, review and analysis of locally-held data relating to dementia patients (including admission and readmission to hospitals from community care), patients, carer and staff experience data and feedback, to inform the development of a thorough case for change and options for the future.

A programme of engagement, involvement and consultation will be undertaken as necessary to test these options with HOSC, stakeholders, staff, patients and their carers, and the public before any changes are made to services. In the interim, we will continue to monitor and review the use of inpatient and community services for dementia patients in this complex care cohort across Kent and Medway to ensure that care is provided that is both clinically appropriate and responsive to the needs of patients, carers and families.

Responses to comments from HOSC:

- ***The decision to close is premature without sufficient alternate provision being available in Kent and Medway***

We acknowledge that insufficient work has been undertaken to thoroughly develop a suitable model of care for this cohort of dementia patients across Kent and Medway and are working to rectify this as a matter of urgency.

It was agreed by commissioners and KMPT that whilst notice was served by the CCGs, this would be dependent on any patients still in the Frank Lloyd Unit being successfully and appropriately found alternative placements. The unit could not be closed whilst there were still patients in residence. Patients have only been moved from the unit when more appropriate placements for their care have been found, a process that would have happened in the interests of their clinical and personal interests even if the unit remained fully open.

While we acknowledge that due process has not been followed, it is clear that the intentions of commissioners was to move from a service where people were admitted into the Frank Lloyd Unit and remained there until the end of their life; to a service which enabled patients to have a period of assessment and then be discharged to a less intensive environment at an appropriate time via delivery of tailored care and support. However, in a number of cases it was appropriate for patients to remain within the Frank Lloyd Unit as the clinical assessment of their needs indicated that the Frank Lloyd Unit was the most appropriate environment. Inevitably some patients remained there until the end of their lives, rather than being moved.

- ***Insufficient consultation has been carried out***

We acknowledge and apologise that we have failed to follow due process within this regard. We will develop robust plans to consult on a clear case for change and a proposed new model of care.

We will build on the programme of pre-consultation stakeholder engagement around the proposed de-commissioning of the unit undertaken in 2019 (see section below for more information).

Work is underway to plan for consultation on the clinical model of care for this cohort of patients with complex needs and dementia. We will aim to complete this by 31st March 2021 subject to COVID-19-related requirements.

- ***There is a lack of proper clinical evidence that the closure is in the best interest of patients.***

We believe that there is a compelling body of national clinical evidence to support the move to more community based care; however, we acknowledge that insufficient work has been undertaken at a local level to understand the

demand and capacity of the Kent and Medway population for highly specialist dementia services now and in the future.

In Kent and Medway, commissioners made the decision to focus on putting in place the support to keep people in their usual place of residence, avoiding any unnecessary hospital admissions to minimise disruption to both patients and their carers. Guidelines from the National Institute for Health and Care Excellence (NICE)¹ and national policy set out in the NHS Long Term Plan published in 2019, set out a clinically-evidenced ambition to increase the capacity and responsiveness of community and intermediate care services for dementia in the next five years to enable people to remain in the community for as long as possible².

While this move was based on national policy and best practice, we acknowledge that a robust Kent and Medway-focussed case for change should have been developed to ensure that the current and future needs of the local population were taken into account and that this should have been subject to consultation. It is our intention to build on existing work, best practice guidance and national best practice and develop a Kent and Medway 'case for change' for this cohort of patients that reflects the needs, priorities and preferences of patients, families and carers.

While we will base our future work on the national profile to provide services for patients as close to their home as possible, we will also take into account local needs and requirements through in-depth demand and capacity modelling and clinical leadership. We will review how patients who have been moved to a domestic setting, or nursing or residential home, have adapted and whether these moves have impacted on readmission rates. We will develop a proposed model of care that ensures that services are available to all patients who need them, focused on high-quality, personally-tailored services.

We will also consider people with dementia who do not meet the Continuing Health Care criteria as part of the new clinical model development. We also recognise that for a very small cohort of patients, an inpatient unit will be clinically appropriate, and the new service model will take this into consideration.

- ***There will be workforce implications that will need to be taken into account in light of the closure.***

We will look again at workforce considerations as part of the development of a robust clinical model for dementia patients. In terms of staff working at the Frank

¹ NICE Guideline NG97 Dementia: assessment, management and support for people living with dementia and their carers, 20th June 2018

² NHS Long Term Plan, Section 1.20. We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home. 7th January 2019

Lloyd Unit, KMPT has confirmed that staff involvement has been a high priority during this period, in recognition of the fact that retaining staff across all service areas is a priority for the Kent and Medway system. We are aware that the trust formally consulted with staff to start an internal redeployment process to safeguard clinical skills and expertise as referral numbers and bed occupancy rates reduced.

A phased release of staff into new roles started in September 2019 and was completed in March 2020 when the last patient in the Frank Lloyd Unit was found a suitable alternative placement. Nine qualified and 20 unqualified staff were successfully deployed into suitable vacant roles across the trust. This included the ward manager and two deputies. KMPT had seen staffing levels significantly reduce prior to the formal staff job role consultation process as staff had already started to find themselves other roles both internally and externally.

Additional clinical leadership and management support from KMPT's Older People's Services has remained in place throughout the period of change to ensure good levels of care quality were maintained alongside support to safely transfer patients, their families and staff.

4. Next steps

Using the Secretary of State's 'Four Tests' and the additional 'Fifth Test' as guiding principles for this work, we will:

- Undertake a full review of current dementia services being provided to this cohort of patients with complex needs.
- Undertake demand and capacity modelling to better understand the requirements of the Kent and Medway population both now and in the future.
- Develop a robust 'case for change' for Kent and Medway.
- Develop options for the future clinical model for this cohort of dementia patients with complex needs, their families and carers, considering a range of factors including clinical quality and outcomes, patient experience, access, workforce, and value for money.
- Develop options for how and where the new clinical model could be delivered, aligned to national policy and clinical best practice.
- Ensure public and stakeholder involvement in developing the case for change, the proposed model of care and the options; and consulting on this as appropriate.
- Continue to engage with HOSC, NHSEI assurances panel, patients, carers, the public, staff and stakeholders before, during and after consultation.

5. Work to date

We believe that while the former CCGs have not followed due process, much of the work already undertaken to inform a Kent and Medway case for change and new model of care has value and is a sound foundation to build upon over the coming months. Previous work proposed to develop a new model of care for this cohort of dementia patients across Kent and Medway, based on the principle of providing the right support at the right time to enable patients to remain independent for as long as possible as well as providing support to their families and carers. Early thinking has suggested that the development of an enhanced community model in partnership with local providers should focus on:

1. Reducing unnecessary admissions to hospital (both acute and mental health)
2. Reducing the length of stay in hospital
3. Providing an increase in supported discharges to appropriate care settings
4. Providing an increase in people with dementia (or suspected dementia) who are supported to return home following hospital discharge
5. Providing an increase in support for carers in the community to enable them to continue with their caring role
6. Providing an increase in assessments for continuing healthcare conducted outside a hospital setting.

A workshop involving clinicians from a variety of backgrounds and specialisms relating to dementia care, was held in December 2019. It identified an additional two elements to the proposed model of care for Kent and Medway:

- **A community service**, a dementia intensive support service, to support people with dementia in their own homes and care homes at a time of crisis, or urgent need, with the aim of avoiding hospital admission and supporting people to remain in their usual environment wherever possible. The assumptions supporting the model are that a number of individuals with dementia and/or delirium and challenging behaviours:
 - a. can be supported in their own home and have a hospital attendance or admission avoided
 - b. can be supported in a care home and avoid hospital admission
- **A small number of specialist beds** for those complex individuals with dementia and behaviours that challenge and who are not able to be managed in most care or nursing homes. We will test this as part of our demand and capacity work to establish if this is the case and, if so, how many beds are required across Kent and Medway.

6. Engagement with patients, families and carers

There has been a significant programme of engagement with Frank Lloyd Unit patients, families and carers. We will build on this approach and extend our engagement to cover the wider cohort of dementia patients with complex needs and their families and carers, the general public and stakeholders as we develop a case for change, clinical model of care and options for the future, in advance of consultation.

An overview of the engagement undertaken with Frank Lloyd Unit patients is set out as **Appendix B**.

7. Clinical leadership and oversight

A clinical reference group meeting which consisted of primary care and secondary care clinicians has been set up to provide clinical recommendations on the proposed new model of care. Clinical model scoping work has been undertaken on the proposed new Dementia Intensive Support service for this cohort of patients.

8. Summary/conclusion

KMCCG have undertaken a thorough review of the process to propose the de-commissioning of the Frank Lloyd Unit and the development of a supporting model of care to benefit this cohort of dementia patients with complex needs across Kent and Medway. We have found this process to be lacking in terms of assurance, clinical engagement and consultation. We unreservedly apologise for this and the new CCG is committed to putting this right. Commissioners now want to continue development of a robust case for change, and a proposed new model of care in line with statutory duties, aiming to consult on our plans by the end of March 2021 (subject to COVID-19-related requirements). The CCG is committed to regular engagement with HOSC as part of this process and will ensure that regular updates are presented to Committee members as well as consultation with NHSEI in line with statutory duties and good practice.

9. Recommendation

The Kent HOSC is asked to:

- Note the results of KMCCG's internal review described in this paper
- Consider and discuss responses to the Committee's recommendations in light of the next steps and actions set out in this paper.
- Note and comment on the next steps outlined within the paper.
- Agree an appropriate date for the Kent and Medway CCG to return to HOSC to give a further update on progress on this programme.

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Director of Health Improvement

Appendix A – About the Frank Lloyd Unit

When operating, the unit provides inpatient care and treatment for people who are in receipt of NHS Continuing Healthcare (CHC) funding and have a diagnosis of dementia with related complex behaviours that would be difficult provide care for in more general settings. The ward is not an acute psychiatric admission ward and people who have used the service require long term health care and are unlikely to significantly recover.

The ward was assessed as outstanding by CQC in 2017 however it has been acknowledged the ward should not be considered a home for life; it is very much a therapeutic environment to provide assessment, treatment and expertise in terms of the care needed to reduce the behavioural impact of having a dementia. KMPT also recognises the organisation is not a specialist in providing continuing health care services per se. It is a specialist in providing care to people with complexity in presentation relating to dementia.

The unit was accessed by all former eight CCGs in Kent and Medway within the NHS Standard Contract. The unit was originally made up of two wards of 20 beds, 30 of which were commissioned on a block basis at a cost of circa £3.029m per annum. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however, the unit ceased taking cost per case patients in 2016 in response to a reduced demand spot purchased capacity was no longer required.

The service provided at the unit was originally commissioned as a short term inpatient service (admission was generally intended to be for six months) for people with dementia and complex needs, which aimed to settle patients with the use of behaviour care plans and dementia mapping and then discharge them back to a community home or care/nursing home. However historic data shows that when CHC patients were admitted to the Frank Lloyd Unit they were unlikely to be discharged again, even when they became physically frail and at the end of life. This means that the unit was operating out of scope and at significant cost, providing a prolonged service for patients whose physical needs has greatly surpassed their mental health needs and who could have been more suitably looked after in the community.

Appendix B - Frank Lloyd Unit – patient, family and carer engagement

Families of patients previously in the unit were invited to meet with representatives from the CCG and KMPT on 28th August 2019 to hear about the proposed changes, ask questions, explore potential implications of the broader changes generally and the issues that might impact on their loved ones more specifically. Healthwatch representatives also attended to hear from and support the families.

Eleven family members took part in the discussion and the independent engagement facilitator explained that this was an opportunity to:

- provide families with some background and context for the proposed changes that may take place over the next few months; and,
- talk through potential implications, and mitigations, for their family members who are currently on the unit.

The discussion covered both the broader proposed changes for older people living with dementia and the implications for the current patients and their families. Feedback covered the following areas:

- Ensuring that existing patients and their families were supported through the transition process
- Understanding and responding to the needs of each individual patient
- Involving families and carers in the decision-making processes.

More generally families expressed concern about this service “being lost” and that patients in similar positions in the future would not be able to access the Frank Lloyd Unit.

A number of actions were identified as a result of the feedback provided during the meeting. The Continuing Healthcare Assessors, along with key clinical staff from Kent and Medway Partnership Trust (KMPT) and Clinical Commissioning Group (CCG) commissioning leads, would work closely with patients and their families to ensure that appropriate safe placements could be made by the end of March 2020. The commissioners would continue to assess progress for each of the patients and their families and put resources into ensuring that appropriate, safe, personalised care is put into place for everyone currently in the unit. Each individual would have a tailored package of care, reflecting the detailed plans that are already in place. This would include one-to one input, as needed, once transferred.

The CCGs and KMPT would work with each family to ensure the package is appropriate and that additional funding is made available as deemed necessary through transition and beyond.

External, independent, facilitative support will be offered to individual families to help them through transition. This support may be from a range of people/organisations – for example, advocates, Healthwatch, staff from the unit, independent agencies – who could provide support for some or all of the following areas (examples only):

- Act as a point of contact/liaison with the various agencies
- Look at individual plans
- Facilitate meetings
- Find the best available options, as near to the families as possible
- Be involved in individual discussions with Continuing Health Care assessors, to discuss people's individual requirements
- Go with the family to check potential venues
- Continue to liaise with the family and the new residence to ensure care provided continues to be safe, appropriate and responsive to individual needs and wishes
- Support families to write an outline (checklist) of what's needed, that could be sent to homes to find out whether they can match the needs
- Ensure detailed plans are read and followed at every stage of transition.

Commissioners agreed to meet with Continuing Health Care managers to:

- explore different ways of working with individual families, to ensure a detailed, personalised plan for safe and successful transition is developed, including assessors studying existing individual plans in detail before meeting with families
- consider approaches to supporting this group of patients, other than the current list of homes, and whether a scoping exercise of other facilities and homes could be conducted
- ask that assessors visit the homes on their lists, to understand what they offer and assure themselves of the quality of care, staff ratio, skills
- ask staff from prospective homes to visit the unit, to understand each patient and their needs and whether their home can accommodate those needs, before any visits from the family.

Due to some of the feedback from the families, it was noted that there may be a need to follow up patients who have been discharged over the last 6 months, to ensure they are receiving the most appropriate care for their needs.

Some of the family members shared their concerns about how future services would provide high quality care for the next generation. It was proposed that family members be involved in ongoing discussions about the emerging model of care, so that their experiences and ideas could inform and help shape future services.

Commissioners agreed that resources will need to be allocated to training and transferring skills and experience into community settings/residences, as part of the new care model.

A briefing paper was given to each family member at the end of the session. This included contact details, if there were any further issues or questions.

Families were advised that this was only the start of the conversation and that the commissioners and providers were committed to supporting them and their loved ones through this transition phase and beyond.

Over the next two weeks, commissioners and KMPT representative fed back to their leadership teams and agreed next steps.

Healthwatch representatives reported back and obtained a commitment to follow up on the reported standard of homes being offered.

Participants were advised that a period of pre-consultation engagement would take place in forthcoming months, where a range of methods (for example, survey, public meetings, social media) will be used to share the emerging plans with people across Kent and Medway and gain their feedback to inform the design of future services.

The families were thanked for coming and sharing their very personal and sometimes difficult experiences so openly. It was agreed that NHS staff and Healthwatch would stay in touch with family members to support them through transition and also to gain their views on the future plans as they develop.