



Mental Health Transformation in Kent and Medway

Update for the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC)

1. Introduction

Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the Kent and Medway Clinical Commissioning Group (formerly led by the East Kent CCGs before the CCG merger to form NHS Kent and Medway CCG on 1st April 2020) have been working together to improve adult mental health services across Kent and Medway. This includes changes to acute adult inpatient services at St Martins Hospital in Canterbury.

Presentations on the St Martins programme were made to the Kent Health Overview and Scrutiny Committee (HOSC) in July 2019 and the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) in August 2019. A further update was presented to the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) at its meeting on 6th February 2020.

This update has been developed to give JHOSC members the latest information from the programme and to seek their advice and views on next steps.

2. Context

CCG merger

As JHOSC members will be aware, all eight Kent and Medway clinical commissioning groups merged into a single Kent and Medway CCG on 1st April 2020, meaning that this single CCG now holds commissioner responsibility for the St Martins programme, along with other mental health related work streams and programmes. The St Martins programme will align with these Kent and Medway wide priorities for transforming adult mental and dementia services.

Coronavirus

As with all health and care systems across the county, the NHS in Kent and Medway has been focussed on the emergency response to the coronavirus pandemic, meaning that longer term transformation programmes have been paused over the past few months. While there is still a significant operational focus on coronavirus, KMPT and the Kent and Medway CCG are keen to re-start discussions with JHOSC members about the next steps and priority areas for this work.

Before the pandemic, the St Martins programme had achieved one of its core objectives of moving patients into the new Heather Ward on the St Martins (east) site. It had also received a final report of bed modelling to assess demand for acute adult inpatient beds over the next five years and formed a clinical reference group to guide further work.

This paper has been developed to:

- update JHOSC members on the successful move of patients from the old Cranmer Ward to Heather Ward;
- explain how the programme will be aligned with other Kent and Medway mental health transformation work under the umbrella of a single CCG;
- present the results of the bed modelling work for adult mental health inpatient services undertaken at the end of 2019;
- update members on the clinical reference group's work to date; and,
- Continue discussions about appropriate patient and public involvement including the need for formal public consultation.

3. About the St Martins programme

Background and context

Best practice and national policy in mental health care is increasingly focused on caring for people as close to home as possible and reducing reliance on hospital admission unless it is clinically necessary. As with many other health and care systems across the country, commissioners and providers in Kent and Medway are focussed on making improvements to community-based services with the aim of treating, caring for and supporting people in more effective ways both in and outside of hospital. At the same time, there is a need to review how existing beds are used and where they are located; to look ahead to future demand, as well as making the best use of staff, estates, facilities and budgets in the years to come.

246 general acute mental health inpatient beds are currently available across Kent and Medway, split across seven sites and broadly designated as either for younger adults or older adults, but also used on a 'needs led' basis.

Impact of the coronavirus on acute inpatient mental health services

In line with the national picture, the onset of the COVID-19 pandemic in March 2020 created a level of suppressed demand – evident both in the community teams for adults and older adults, to the order of between 47% and 64%, with less or little reduction in inpatient admissions or demand for crisis services.

Some modelling work has been undertaken using historic data which takes account of seasonal variation. The aim of this piece of work was to estimate the expected number of referrals or admissions per calendar month. This works shows that:

- Community Mental Health Team (CMHT) referrals are expected to peak in September at around 15% above the expected figure for the time of year;
- Community Mental Health Services for Older People (CMHSOP) show returning referrals are weaker than CMHT, but closer to the expected.

- Admissions for younger and older adults are also close to or exceeding expected levels.

Improvements at St Martins Hospital

KMPT and the Kent and Medway CCG have been working together to improve the facilities at St Martins Hospital in Canterbury, which includes four acute mental health wards catering for older people and younger adults who need inpatient care. At the St Martins Hospital (west) site, the old asylum-style building contained one ward, Cranmer, a 15-bed inpatient ward for people aged 65 and over, for the assessment and treatment of acute mental health difficulties (such as severe dementia) and frailty. The building was of poor quality and its design and layout, even if upgraded, would not have met the modern standards expected for patients, families and carers, and staff. Whilst acknowledging the work of the staff based within Cranmer ward, the Care Quality Commission (CQC), repeatedly highlighted the need to provide care from a safe, modern, fit-for-purpose environment. In response to these concerns and the drive to improve patient care, Cranmer ward was closed and KMPT left the St Martins (west) site in February 2020. St Martins (west) has been sold to Homes England for £6.32million. The money from the sale will be invested in local mental health services across Kent and Medway where it is most needed.

A planned upgrade to one of the wards on the St Martin's (east) site, now known as Heather Ward, was completed in early 2020, offering a much higher standard of facility for inpatients. Patients from Cranmer ward moved to Heather ward in February 2020. All changes were discussed with patients, families and staff who were fully supportive of the move, recognising the many benefits to both patients and staff as a result. There is a firm commitment to their ongoing involvement in future plans and proposals.

Moving the beds from Cranmer into Heather ward (essentially amalgamating two former wards into one) means that there will be a temporary 15 bed reduction in the number of adult inpatient acute beds available across Kent and Medway while a review of the ideal clinical model for adult mental health patients and the number and location of beds currently available, against current and predicted future demand, is completed. Commissioners and providers are confident, from looking at the data and inpatient demand and activity over the last 12 months, that even with this current temporary reduction, sufficient beds are available now and in the short-term, to ensure that people who need a stay in hospital can be treated in the right environment to suit their needs.

4. Service improvement initiatives – reducing reliance on hospital admission

In February 2020 the JHOSC was updated on three initiatives that KMPT has already introduced to improve services and which have helped to reduce reliance on admitting people to hospital when they need urgent care. These projects are enabling people to

receive more of the care and support they need without necessarily being admitted as an inpatient. They are enabling the health and care system to make better use of inpatient bed capacity and ensure that there is access to inpatient care for people who need to be admitted to hospital, hence the ability to move the beds from Cranmer onto Heather ward.

Improving 'patient flow' and discharge planning

This project looks at whether people need to be admitted to hospital and helps patients to go home sooner, once they are clinically ready to leave, by having a clinical team focused on supporting more effective discharge arrangements. Following the introduction of the team there was an initial decrease in admissions of 11% and that progress has continued with a further decrease since October 2018 of 16%. This equates to a daily average drop in the admissions rate from 6.9 to 5.8 – i.e. one person fewer, every day, being admitted.

- The number of beds occupied by patients in the adult acute service has reduced by 6% since the introduction of the team.
- The number of days that patients who had been assessed as clinically well enough to leave hospital but remained in a hospital bed whilst waiting for community and social care arrangements to be put in place, has reduced by 24%.

The need to admit patients requiring general acute care to beds outside of Kent and Medway (to supplement capacity within Kent and Medway) has reduced from a high point of 70 placements outside of Kent and Medway in 2017 to zero in the early part of 2020 (allowing patients to be cared for nearer to their own homes).

However, there has been a minimal increase in out of area bed use post Covid, which amounts to a total of 38 bed-days, equivalent to 0.18% of total bed days. The patients concerned were repatriated quickly and there has been no subsequent upward trend.

The success of this project has led to additional investment which has enabled the development of a 24/7 service which now includes dedicated staff who help ensure services are in place to care for patients in their own communities, allowing them to be discharged as soon as clinically appropriate.

The team are committed to learning from patient experience and regularly invite patients to meet with them to reflect on their care. Through this, clinical teams continuously and actively learn and adapt working practices to reflect the needs of patients, their families and carers.

Offering urgent care support and a signposting service 24/7 as an alternative to inpatient treatment when clinically appropriate.

This project has been developed to offer short term help and advice with the aim of ensuring that people access the longer term support they need. For example, by referring people to housing, alcohol and substance misuse services and third sector support organisations. This service:

- is staffed by experienced mental health professionals providing practical psycho-social support over a 24-hour period for patients in emotional distress, but who have been assessed by a clinician and who don't need to be admitted to an inpatient hospital bed;
- ensures inappropriate hospital admission is avoided for people in distress, who may previously have been admitted to hospital due to a lack of any other service available;
- helps connect people with third sector organisations, who can provide ongoing help and support, and can help reduce people feeling lonely and isolated;
- works as an outpatient service that people can be referred to 24 hours a day, seven days a week; and,
- is available and accessible for patients across Kent and Medway.

People using this new service have praised it, saying:

"I came in a broken lady and left 24 hours later repaired all in the right places – fantastic"

"I came here with no hope and after a few hours I believe my life will change for the better. Thank you"

"The staff were all amazing in raising my confidence and making me feel safe, calm and welcome and worked hard all day and night to meet my needs."

The Trust completed an evaluation of the first 8 months of this new service which demonstrated that the service met all of its objectives (admission numbers reduced, increasing numbers of people diverted from hospital stays into more appropriate treatment and support, improving outcomes for people brought in on Section 136 of the Mental Health Act) with over 300 people being successfully helped by the service before returning home (patients who would otherwise probably have been admitted to hospital). The evaluation also showed high levels of satisfaction with the service from patients using it, who generally consider the outcome of the intervention preferable to being admitted to hospital, as the statements above indicate.

It is planned to re-evaluate the data in February 2021 when an additional 12 months information about the impact will be available, but KMPT remain confident that

significant numbers of people are avoiding hospital admission by using the Support and Signposting Service, and that there remain high levels of satisfaction.

Community Crisis Services

Whilst the Support and Signposting Service and the work of the Patient Flow Team will not have an impact on hospital based place of safety provision for people detained on Section 136, the aim is to deescalate crisis and prevent a detention on Section 136 whenever possible using community crisis alternatives. Safe Havens that had been offering virtual and telephone support across Kent and Medway during the COVID crisis are opening their doors during Autumn 2020. The Safe Havens offer a rapid diversion from hospital and A&E, where police, ambulance and paramedics can bring an individual in crisis to be greeted and supported by skilled and experienced staff, specialising in crisis de-escalation.

There has been significant NHS investment in mental health services across Kent and Medway and Kent and Medway CCG is currently scoping the options available to enhance community crisis alternatives via NHSEI transformation funding which becomes available 01 April 2021 – 31 March 2024.

Reducing the 'length of stay' for older people

This project was set up after it was identified that some older people were staying in hospital for longer than clinically necessary. It is widely agreed that this is not good for patients, with an estimated ten days of bed rest for healthy older people equating to ten years of muscle ageing with attendant loss of function. It also has the knock-on effect of reducing the number of beds available. Several factors were causing the prolonged stays, including delays in making sure that care was in place for people at home and in the community when they were ready to leave hospital.

Teams have worked hard to streamline and improve processes to make faster, more efficient decisions about admitting older people to hospital and getting them ready to go home again. By working more closely together and making decisions in partnership with patients and families they have been able to join up the way that clinical decisions are made about admission and discharge so that people don't need to stay as long in hospital and can recover in their own homes.

In the eight months between March 2019 and October 2019 length of stay has reduced by 14.9% compared to the previous eight months. The average length of stay reduced from about 84 days in February 2019 to 72.4 days as of January 2020. The average length of stay has since reduced further and is currently 70.5 days.

These projects are already delivering benefits including a better experience of care for patients and their families. Feedback from patients, families and carers to clinicians has demonstrated that they welcome earlier discharge back home with good community

support and are pleasantly surprised that this is a viable option. Families have also said that arranging what is known as a 'care programme approach' for people within a week of their admission has been a positive move as they have had their chance to share their concerns early and gain a better understanding about how their family member will be assessed and treated as well as being involved in planning for their discharge from hospital.

5. Stakeholder engagement and scrutiny

Stakeholder engagement around the St Martins programme has focussed on ensuring that affected patients, families and staff members have been involved in, and understand, the need for changes to the way that services are provided at St Martins. Relevant scrutiny committees have been kept informed of developments with information presented to the Kent HOSC and Medway HASC in July and August of 2019. At these meetings, committee members were clear that they believed the reduction of 15 beds as a result of changes at St Martins constituted a significant variation in service and, as such, any final decisions about the future provision of beds lost as a result of the shift of location of Cranmer beds to Heather ward should be subject to formal public consultation. In light of this decision by both the Kent and Medway scrutiny committees, an update on the St Martins programme was presented to the Kent and Medway JHOSC on 6th February 2020 (attached as Appendix 1).

A period of targeted and tailored engagement was planned by communications and engagement teams from KMPT and the CCGs, to inform the development of a pre-consultation business case and lay the groundwork for any formal consultation required but this was put on hold at the advent of the coronavirus pandemic in March 2020.

6. Bed modelling – outcome

Our February 2020 update to JHOSC noted that independent bed modelling was commissioned by the programme in November 2019 with a final report due in February 2020. We committed to updating JHOSC members on this work and would welcome discussion with members as to whether the bed modelling report has any materially different outcome on views around substantial variation of services.

About the bed modelling

The key question being addressed through this project, as agreed by the St Martin's Joint Programme Board (comprising commissioner, provider and local authority colleagues), was: *To identify how many inpatient beds are required across Kent & Medway for people with general acute mental health inpatient needs over the medium to long term (2024 & 2029) in the context of changes in underlying population health needs taking account of recent and planned service developments that improved patient flow and evidence-based alternatives in community settings.* This work modelled demographic growth in the Kent and Medway population, the current and predicted incidence and prevalence of mental health need, and the impact of recent

national benchmarking reports, alongside available data. It is intended to inform future planning around the number of inpatient beds and other service capacity which will be required to meet future need. The full report is attached as Appendix 2.

Key points to note are:

Whilst the availability of beds over the last two years has varied due to refurbishment and other factors, 246 beds were available across the county at the time of undertaking this modelling. (The report also details analysis of occupied bed days which when calculated equates to 243 beds – as individual beds may not be available on certain days for operational reasons). This makes no material difference to the findings of the report.

The outputs for the model above for 2024, assuming the realisation of the benefits from patient flow and community developments, suggest that this capacity is sufficient, but that by 2029 it is likely to be up to 17 beds short of requirements unless additional interventions or improvement in patient flow are realised. There is also a risk that were continued benefits from planned service developments not fully realised, this level of additional capacity could be required as early as 2024, hence the importance of ongoing monitoring.

Independent bed modelling report conclusion 1: In light of the findings summarised above it will be important to monitor the impact of existing service changes that are aimed at improving flow and providing alternatives to admission.

During the bed modelling process it was clear that additional interventions and improvements to patient flow were being considered, and that the full list of evidence-based interventions noted above had not been fully maximised. Two areas of particular focus were raised as being either early in the planning phase or a recognised priority for development, these being:

- The modelling suggested that the growth in underlying demand for ***services for older people***, including those with dementia, would be a greater pressure than that for younger adults and that there were fewer potential interventions that could address this underlying growth in need. It is also the case that occupancy in the Older People's Mental Health (OPMH) bed base has been higher with a small number of very long lengths of stay being experienced. This suggests the need to prioritise additional measures, in partnership with a wider range of partners including social care and housing providers, to improve services for older people with mental health needs in the community and at home in order to reduce the pressure on these beds.

- The evidence around the impact of **improved primary care** services is growing, although it may have a longer lead time to impact on acute bed needs. There are existing projects across Kent, and elsewhere, that are developing new models of care for meeting mental health needs in primary care, with appropriate support from specialist services.

These are only two examples, although in the light of the modelling they are most likely to address the rise in bed requirements in the latter part of the 2020s. The extent of benefit that could be derived from these developments, that might in turn address some of the future demand for inpatient beds, has not as yet been modelled and therefore has not been included in the bed modelling report.

Independent bed modelling report conclusion 2: There is potential to further improve patient flow and reduce the length of stay of a cohort of older people with mental health conditions that could, when evidenced and modelled, offset and delay the impact of underlying increases in demand from demographic change.

Independent bed modelling report conclusion 3: The modelling could also demonstrate the potential benefits in terms of bed requirements from the development of enhanced primary and community care support to people with mental health needs.

7. Clinical leadership

A group of primary care and secondary care clinicians have been brought together as a Joint Clinical Reference Group for Kent and Medway to build on the work to date and develop a clinical model of care for adult acute mental health services, taking into account the current and future need for inpatient beds.

This will ensure any potential future changes to mental health inpatient provision are clinically-led, are based on clinical evidence and best practice, and result in the best outcomes for patients. The group met twice prior to pausing at the outset of the coronavirus pandemic and members have reviewed the bed modelling work to understand the potential need for inpatient capacity in future years (2023/24). In addition to this they will consider the type of inpatient beds that may be required to meet patients' needs (for example, psychiatric intensive care beds and locked rehabilitation beds) and will consider how best to strengthen services in the community to mitigate the need for inpatient beds; for example, improvements in dementia care that support patients to be cared for more appropriately and safely in the community. KMPT's new medical director is a consultant in old age psychiatry and her expertise will be valuable in helping to develop a new focus on this area.

Work is currently in progress to re-establish the clinical reference group to ensure that this piece of work is taken forward as a matter of priority.

8. Key questions/areas that require agreement and resolution

The St Martins programme is overseen by a Joint Programme Board (JPB) comprising senior leaders and representatives from commissioner, provider and local authority partner organisations as well as expert advisors on communications and engagement. The JPB has considered the results of the bed modelling and initial discussions from the CRG as well as responding to input from scrutiny committee members and advice from NHS England and NHS Improvement. Key questions and areas that require resolution are listed below.

1. We have sought legal advice as to whether the removal of 15 beds from a Kent and Medway acute inpatient bed base on a four to five year basis can be considered 'temporary' as we believe this informs whether this constitutes a significant and substantial variation in service and whether a formal public consultation is required. It is important to note that patients locally continue to have access to inpatient care on the St Martins site.

The advice we have received suggests there is not a definitive answer to this question but supports the view that further discussion with JHOSC (as we had planned) once the bed modelling information was available would help to arrive at an agreed position.

Key issue: is a reduction in inpatient bed capacity until 2024 'temporary' or something more permanent, and therefore requires formal consultation (in addition to the planned and ongoing comprehensive engagement with local authorities, patients, carers, staff, stakeholders and local communities on these issues and service developments) – however strong the clinical case for change?

2. If a formal public consultation is not required, both the CCG and Trust consider it to be necessary and prudent to carry out a comprehensive but proportionate public engagement/involvement programme around the changing model of care, in line with best practice and guidance.
3. The size and shape of this programme would not be limited to the proposed reduction of inpatient beds in the short-term, but inform the work of the Joint Clinical Reference Group for Kent and Medway to develop the longer term clinical strategy, improve outcomes and patient experience and inform future commissioning decisions. This work will include the learning and examples from other systems such as the Sussex Clinical Strategy developed by the Sussex Partnership NHS Trust and endorsed by partner organisations.

9. Recommendation

The Kent and Medway JHOSC is asked to:

- consider and comment on the information included in this update
- provide their steer on whether the new information provided by the bed modelling means that the short-term reduction in bed numbers still constitutes a substantial variation of service
- In light of the above, what a proportionate level of involvement with the local authorities via the JHOSC, patients and the public would look like and whether, in their view, they think the change warrants formal public consultation or whether a detailed involvement and engagement programme would be sufficient
- To note any other changes to the programme's scope and alignment with other Kent and Medway mental health work programmes.

ENDS