



HEALTHWATCH KENT: MENTAL HEALTH IN FOCUS

The experience of patients and their families following the closure of mental health beds in Medway and the transfer to Kent.

June 2014

Contents

Contents.....	<u>2</u>
About Healthwatch Kent.....	<u>3</u>
What is Healthwatch?	<u>3</u>
Our Mission Statement	<u>3</u>
Our Values.....	<u>3</u>
Background	4
Objectives	4
Our Approach	4
How did we go about it?	
Who did we talk to?	
What People Told Us	7
Experience of transition	
Lack of communication	
Complaints	
Experience on Sapphire Ward	
Security	
Lack of activities	
Distances	
Lack of joined up after care	
Access to beds	
Holistic Care Model	
How plans for acute mental health inpatient care were developed	
Accessing Information	
Progress on the KMPT Redesign Programme	
Our Recommendations	19
Our Next Steps	19
Acknowledgements	20
Appendix 1 : Topic Guide	21
Appendix 2 : Summary of KMPT report	23

What is Healthwatch Kent?

Healthwatch Kent was established in April 2013 as the new independent consumer champion created to gather and represent the views of our community.

Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

What we do

Healthwatch Kent took over the role of Kent Local Involvement Network (LINK) and also represents the views of people who use services, carers and the public to the people who commission plan and provide services. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission take action.

Our Mission Statement

Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and social care services and take your voice to the people who commission health and social care services in Kent.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email

info@healthwatchkent.co.uk

Our Values

- Volunteer led (5 staff, 60 volunteers)
- Information and Intelligence based
- Support and Guidance
- Two way communications
- Partnerships and relationships - achieve more in partnership than alone
- Honest, accountable and transparent

Background

Healthwatch Kent has heard concerns from members of the public, voluntary organisations and health professionals from all over Kent about the closure of Sapphire Ward in Medway Maritime Hospital on 19th December 2013 and the subsequent transfer of patients to facilities in Dartford, Maidstone and Canterbury.

The patients affected were female patients receiving care for mental health issues.

At the time of writing, plans are underway to move the male patients from Emerald Ward at Medway Maritime Hospital.

At Healthwatch Kent we heard these concerns and wanted to investigate further to identify some of the issues and make recommendations for the future. We also wanted to clarify if some of the plans around transport and support for families had been put into place.

Objectives

The objectives of the review were:

- To talk to patients, their families and carers, as well as staff and stakeholders, to understand the concerns and identify the issues associated by the transfer of patients
- To develop a foundation of solid evidence that Healthwatch Kent can use in its discussions with the people who commission and deliver mental health services and to help inform our future priorities
- Understand what the experience of the patients who would have gone to Sapphire Ward, a Centre of Excellence - is the new service better?

As part of this project we will be visiting the mental health wards and speaking to patients and their families. This will be done as part of our Enter & View authorised visits. The evidence from these visits will form a follow up report.

Our Approach

Three months after the closure of Sapphire Ward, Healthwatch Kent commissioned Activmob to undertake a detailed review of the situation.

This report summarises what people said to us, combined with our own findings thr

How did we go about it?

- We spoke with **63** people to talk about their experiences. Using a bespoke Topic Guide (see Appendix 1) we explored their issues and concerns and discussed the impact of the transfer of patients.

- We sought to find carers and patients who didn't typically share their experience as we wanted to ensure we heard from everyone, not just people who felt well enough to speak out.
- We attended existing carers informal groups and activities to have individual and group conversations. These safe and trusted environments enabled us to speak to more families who would not traditionally speak out or attend groups.
- We undertook desk research to review the official plans and commitments made by the Provider, Kent & Medway Social Care Partnership Trust (KMPT)
- We reviewed the relevant official data regarding the transfer of patients including data around the number of admissions and where the patients came from. We also reviewed the Acute Services Redesign Programme information as the closure of Sapphire & Emerald Ward is part of that programme.

The following sources, produced by KMPT, provided the core information.

- Implementation Plan from December 2013 (from Medway Council Website)
- Update Highlight report from January 2014 (from Medway Council Website)
- Update Highlight report from April 2014 (from Medway Council Website)
- KMPT website

Other sources for background included:

- Review undertaken by Mental Health Strategies - Spring 2013
- Medway Council - website
- Medway Council - Health Overview and Scrutiny Committee papers

At all times we sought to understand what it would be like for a member of the public to find these sources and review the information.

Data, insights and experiences were collated and coded in order to analyse key findings and themes.

Who did we involve?

	Numbers	Who?
Groups (some face to face and some over the phone)	6 groups (around 40 people)	<ul style="list-style-type: none"> • East Kent Carers Group • Maidstone Carers Group • Together Group • Platform • Carers First

		<ul style="list-style-type: none"> • Porchlight
Carers and families (not on the radar)	13	Across Kent
Professionals (including those supporting patients, carers and families)	10	<ul style="list-style-type: none"> • Invicta Advocacy • Maidstone Mind • Platform Project • Canterbury and District Mental Health Forum • Carers First • Kent & Medway Police • KMPT • RETHINK • Healthwatch Medway

What People Told Us : Headlines

- More work could have been done to prepare patients and their families on the move from Medway to Dartford, Maidstone & Canterbury.
- Communication between patients and staff could have been better and easier to understand. Staff could also have been briefed to answer questions and help people first hand.
- Patients, their families and voluntary organisations felt that the move had caused a **negative impact** on the recovery of patients.
- Kent & Medway Social Care Partnership Trust (KMPT) who deliver the service, could have done more to **identify potential teething problems**. This has led to families and voluntary sector organisations often having to “*fill in the gaps*” in order to ensure that patients receive what they need in terms of care.
- Patients and families often felt that **their needs were not considered** with some stating a lack of empathy from the Trust as to how the changes would affect them. They also felt that more information could have been shared with patients and families during that time which caused unnecessary anxiety.
- A number of excellent initiatives have been put in place by KMPT, such as *Street Triage* (a 12 week pilot which saw a Mental health worker being based within the Police station on Thursday, Friday and Saturdays from 4pm to midnight to provide immediate joint assessment of people presenting in mental health crisis) but we have concerns that the commitment to deliver a smooth transition process for patients has not been experienced by many.
- Information about the Acute Bed Redesign Programme needs to be more explicit and transparent especially on their website

Much of the feedback we received fell into the following themes

Experience of transition

Raised expectations

During the re-design consultation a number of key commitments were made by the Trust to the public to ease the transition of patients from A Block in Medway to Little Brook Hospital in Dartford. These included a number of specific services and support including:

- A Transport Plan to support families and friends in travel costs away from Medway and Swale.
- The creation of Centres of Excellence

- Additional psychiatric support at Medway Accident & Emergency plus a quiet place for people to wait away from waiting room.
- Additional support in the community and for crisis support outside of hospital setting.

Patients felt that they had not been made aware of these commitments. People spoke of their *“fears becoming a reality”* and *“expectations raised”*.

Communication about The Transport Plan, which is aimed at supporting families and friends to visit patients who were placed outside of Medway, did not seem to have taken place. Families either hadn't heard of the Transport Plan or if they had questions, staff did not know any details to help answer them.

The concept of Centres of Excellence was welcomed by everyone we spoke to. However, the expectations of what a Centre of Excellence would deliver could have been made clearer as some patients feel it has not met their expectations.

The public's understanding was that each Centre would:

“...be an expert in certain types of care or illness not excellent in the same thing”

“...each Centre would include levels of standards on medical care”

“Why shut Medway, Dartford is not better and not a centre of excellence”

KMPT have acknowledged that the concept needs a clear definition and are currently undertaking a process to define what a Centre of Excellence is in conjunction with service users and carers.

In terms of the increased support at Medway Maritime Accident & Emergency, people's experiences over the past three months has been poor. We could find no evidence of any specialist support available between 3.00 am and 8.00 am. Families reported that staff were *“insensitive”* and *“don't know how to deal with mental health”*.

Families gave examples of their loved ones *“left on a chair, in a corner in a waiting room for hours while they tried to find a bed”* and patients being *“lost”* whilst waiting for a bed.

Mental health service commissioners, namely the Kent Clinical Commissioning Groups, have recognised this gap and have already agreed funding for a more comprehensive service across all Kent & Medway A&E departments.

In terms of the improved levels of community and crisis support expected as part of the transition package, people felt their experience had been poor and no improvement has been seen.

“If you have been discharged from hospital and call the Crisis Team you get no response... your only option is to call the police or go to A&E”

An additional concern is the number of patients, families and support workers who stated that medication reviews were not happening.

Finally Sapphire Ward was a female only ward and people expected it to remain female only when it transferred to Dartford. However the new Ward is mixed in Dartford.

Lack of Communication

During this transition period communication between the Trust, patients, support workers, carers and families has been **poor** based on the evidence and experiences captured during this project. This lack of communication has caused many of the negative views highlighted throughout this report.

At the start there appears to have been a lack of information and clarity on what would happen to patients. Patients and families spoke of being asked to move to *“Dartford from Medway A Block with a day’s notice just before Christmas - they could not wait until after”*

Other examples included patients and families not knowing which hospital they were going to until they arrived. Many service users are members of groups and forums in their local community. These groups provided invaluable friendship and support and by moving patients away from these groups, the impact has been difficult.

Complaints

The people taking part in our study reported that the complaints process was not helpful. The current system is complex, takes time, and people feared possible repercussions of making an official complaint. Participants in the project stated that this was why they did not make formal complaints.

“we don’t see the point anymore, we have given up”

This view was held by the majority of patients, families, carers and support staff that we spoke to.

Experience on Sapphire Ward

The feedback we received from patients about their experience at Little Brook Hospital was mixed. For many patients, and others being supported in the community, comments such as: “ *your real fear is not getting a bed at all....*” And therefore having a bed in Little Brook Hospital, Dartford was better than nothing

People generally felt happy that the Hospital is purpose built with individual rooms. However some issues regarding facilities for smoking and visitors were raised. For example, families would like to speak to their loved ones in the community room, rather than in a small visitors room. Some patients felt the community room was not a comfortable or a safe space to speak.

“the smoking area is horrible and outdoors.... A member of staff stands at the door with a lighter to light your cigarette!”

Some families raised issues of hygiene on Sapphire Ward, stating that they needed to shower their loved one when they visited as they were unable to do so themselves properly.

Healthwatch Kent is conducting an Enter & View visit to Little Brook Hospital. The findings from this visit will be used to further investigate these comments

Security

Some families raised a number of issues and concerns about security. These included experiences of their loved ones absconding whilst under close supervision and the fear that staff cannot see fully into a patients room simply through looking through the door looking glass. This caused anxiety for families who knew their loved one was under close supervision. Other families spoke of their loved ones feeling “*tormented by other clients and so does not come out of her room very much*”

The security measures in place for visitors including what bags could be taken onto the ward was highlighted as a concern. Security was perceived as lax.

Lack of activities

All participants taking part in this project had had experience of being on Sapphire Ward in Dartford, either as a patient or family member. All of them highlighted the lack of activities offered to patients.

“I spent my days wandering around the place, looking into doors seeing if there was anything going on”

The community room was felt to be lacking in home comforts and not welcoming. Again, Healthwatch Kent is conducting an Enter & View visit to Little Brook Hospital to experience this for ourselves.

Distances and transport

Some patients have found themselves far from home which has caused challenges for some.

For some patients, being in Dartford and away from familiar surroundings had a **direct impact on their recovery**. Specifically when on Section 17 leave * patients are reluctant to leave the hospital not only because buses poorly serve the hospital, but also because the patient is not familiar with the area and therefore is unsure of where to go.

Patients said that friends, family and carers were unable to visit as often which has, in their view, impacted on their recovery.

For friends and family having loved ones in Little Brook, Dartford has caused a number of personal difficulties. These include:

“Not knowing where Dartford or the hospital is and never having driven there was really difficult the first time”

“I was only able to visit once a week due to the distance... in Medway I would have visited every day”

Families and carers want, and often need, to be involved in the patient's care planning. However for those who were invited to attend care planning meetings that only last 30-minutes in Little Brook, Dartford it has not been possible to attend due to the distance of the Hospital. Families also quoted that very often other professionals, such as social services, travelling from Medway were not attending these meetings either.

Older carers felt strongly that the travel issues they have faced would be worse for a younger family where *“you still feel you can make a difference by visiting the hospital and want to be involved”* Again they felt that this had a negative impact not only on the patient’s recovery but also on the whole family.

* Section 17 leave - enables patients who are under Section to start having some time away from the hospital.

Lack of joined up after care

Comments about a lack of joined up care has been highlighted throughout this project. Residents in Swale feel that in terms of services *“if you live in Swale, you are in no man’s land and passed from area to area based on funding splits”*. **The lack of clarity for Swale residents** is causing service users, families, friends, carers and support workers a great deal of distress and anxiety. Evidence from participants suggests a lack of joined up working from the discharge stage through to locally based follow on support for patients.

There appeared to be a lack of Care Plans in place for some patients whilst others felt that as carers, they should have been involved in planning for the after care.

Examples of patients being discharged from Little Brook Hospital too soon, with no follow up package, no support and nowhere to go were shared with the team. Patients have also been discharged without the family / carer being told.

“my daughter is now home on very strong drugs and just sleeps all day..... it is either that or she is in hospital”

“my daughter was sent home with the wrong medication and I had to go back over to Medway to pick up another prescription”

If families and carers are unable to visit Little Brook, they reported to us that they are finding it hard to get information. Feedback from those we spoke to suggest that it *“depends on who you get on the phone as to whether they will give you any information”*

Local voluntary sector organisations are increasing their thresholds to meet the demand and work with sicker people. They also reported concerns that specific groups of people are not being supported within the current system and have nowhere to go. These include recently released prisoners, those on the sex offenders register and people with personality disorders.

Kent Police are generally regarded highly by those we spoke to including patients, service users, carers, families and support workers. They are often providing

regular support, looking in on people in the community where there appears to be no one else involved. They are also used when the Crisis Team do not respond as a way of accessing urgent support.

Access to beds

The issue of accessing acute beds has been highlighted by everyone spoken to during this project. Whilst this project is not focusing on the number of acute beds available, some helpful insights were gathered and should be noted.

- Patients and their families are grateful for any bed they can get when they are in such a desperate state.
- Patients are sometimes waiting very long periods of time in A&E for a bed to be found. Examples of patients being allocated a bed but then it was reissued to someone else with no communication
- Poor facilities in A&E and a lack of communication is causing additional distress

Holistic Care Model

In general, patients and their families are seeing a service that does not provide a holistic approach to care. Evidence suggests that other health and medical issues are not dealt with at Little Brook, Dartford or are not being picked up. There is inconsistency in how these issues are dealt with.

“my husband has medication for other conditions which I was taking onto the ward for him and then I was told not to... I had no assurance whether he was still taking these tablets”

In other cases, the hospital relies on family to take their loved ones to appointments away from Dartford.

“I had to take my son back to Medway to visit the dentist as Dartford had no service locally”

How plans for acute mental health inpatient care were developed

To assist Healthwatch Kent's evaluation, Kent & Medway Commissioning Support Team (KMCS) provided us with the following summary of the process leading up to the decision to move beds from Medway. KMCS provide practical support and coordination to the Clinical Commissioning Groups that fund services across the county.

KMCS provided a clear and honest summary of the process but it should be noted that Healthwatch Kent found it extremely difficult to do this in retrospect without their assistance. This raises concerns about the transparency and availability of documents to the general public.

The decision to close A Block at Medway Maritime Hospital followed a consultation on mental health crisis care in Kent and Medway. The consultation was carried out between 26 July 2012 and 26 October 2012. It was called "Achieving Excellent Care in a Mental Health Crisis."

The consultation was led by commissioners of healthcare (then primary care trusts, now clinical commissioning groups) with Kent and Medway NHS and Social Care Partnership Trust (KMPT).

The outcome of the consultation was support for four key changes to mental health crisis care. These were that:

- 1. people from Medway in a mental health crisis who need inpatient care will be treated in Little Brook Hospital, Dartford, and people from Sittingbourne and Sheppey will receive treatment in Priority House, Maidstone (subject to availability). A Block in Medway will no longer be used for inpatient care for people in a mental health crisis.*
- 2. the three KMPT centres at Dartford, Maidstone and Canterbury will be developed to become centres of excellence.*
- 3. there will be a psychiatric intensive care outreach team in east Kent to match that already available in west Kent and Medway and psychiatric intensive care beds will be consolidated at Little Brook Hospital in Dartford.*
- 4. the Crisis Response and Home Treatment service will be strengthened and aligned to centres of excellence to promote continuity of care.*

Between January and March 2013, these changes were approved in principle by the clinical commissioning groups in Kent and Medway, the board of NHS Kent and Medway (representing the three local primary care trusts), and the board of Kent and Medway NHS and Social Care Partnership Trust.

This was subject to four key actions which were required by the board of NHS Kent and Medway before the changes were put into effect:

- the early strengthening of community crisis services*
- a fully developed transport plan*

- a quality impact assessment
- further analysis of the numbers of inpatient beds required to meet patient need into the future. This was in response to concerns raised by carers and by Medway Council.

The further work on bed numbers, carried out by the Public Health Directorate of Medway Council, showed an error in the original calculations. As a result, the number of acute beds to be commissioned was agreed at 174. This is 14 more beds than were commissioned at the time of the consultation (160) and 24 more than originally proposed in the consultation (150).

In July 2013, the Joint Health Overview and Scrutiny Committee (JHOSC), made up of councillors from Kent County Council and Medway Council, met to consider the outcome of the consultation, the proposed increase in the number of acute beds, and an independent report commissioned by the JHOSC earlier in the year.

After considering all the evidence, the JHOSC agreed to the changes so long as the NHS:

- makes a significant investment in the development of crisis resolution and home treatment teams (CRHTs)
- presents an implementation plan to the separate Kent and Medway Health Overview and Scrutiny committees, to be overseen by NHS England
- develops a clear plan for the delivery of the three centres of excellence
- provides regular monitoring of performance as the changes progress.

The NHS was happy to agree to these conditions, many of which were already part of NHS plans, including the investment in the development of CRHTs. The JHOSC resolved that its work was complete and it did not need to meet again on this issue.

On 20 August 2013, Medway Health and Adult Social Care Overview and Scrutiny Committee met to consider the decision of the JHOSC. The committee decided to refer the decision to the Secretary of State for Health on the grounds that:

- the local authority is not satisfied that the consultation on acute beds has been adequate, on the grounds of seriously flawed data presented by the NHS, limited options and other errors made throughout the consultation process
- the local authority considers that the proposal would not be in the best interests of the health services in the area of Medway

This referral was made on 3 September 2013.

The Health Secretary referred the matter to the Independent Reconfiguration Panel (IRP) for its advice. The IRP assessed the matter and advised that it did not consider a full review would add any value.

In its report (available at www.irpanel.org.uk) in November, the IRP noted:

- *there is widespread agreement about the need to improve mental health services and equity of access to services across Kent and Medway*
- *it is also widely accepted that Medway Maritime Hospital A Block is no longer fit for purpose - its vacation by KMPT is the subject of ongoing discussion*
- *the NHS has acknowledged that there were flaws in its original analysis - the errors identified with the support of the Medway Council Public Health Directorate have been corrected and an increase in bed numbers is now proposed*
- *a further review of the original model of care, taking into account responses to the consultation, has resulted in enhancements to the services proposed*
- *the Joint HOSC has supported the proposals subject to four requests - to which the NHS has agreed*
- *the Joint HOSC requested that the independent report it commissioned be presented to CCGs - the report identifies a number of areas where the case for change is lacking in detail and where improvements could be made and more work usefully be done*

The IRP concluded:

Although not a perfect template for considering service change, events in this instance do, nevertheless, highlight some positive aspects of the process as it is meant to work - the benefits of consulting widely, of the scrutiny of proposals by local authorities and of joint working across organisations. The work of the Joint HOSC, and Medway Council's actions in drawing attention to the public's concerns and then in providing assistance that led to correction of the initial error on bed numbers, are to be commended.

The report also said: The development of these sites (Little Brook Hospital, Priority House and St Martin's Hospital) as centres of excellence is a logical next step consistent with trends elsewhere in the country - though, as the independent advisor's report highlights, further work is required to describe precisely what constitutes a centre of excellence and how they will be delivered. That further work should also provide a clearer picture for patients of what they can expect to see as a result of the changes, for example, how the future care pathway will work from the patient's point of view. More detail on the transport plan - including mitigation plans for those patients from the most deprived areas who will be required to travel furthest - would help to build greater confidence in the proposals.

On 20 November 2013, the Health Secretary responded to Medway Council to let them know that he supported the IRP's recommendation and agreed the implementation programme should be allowed to proceed as soon as possible.

During our discussions with patients and carers Healthwatch Kent chose not to discuss the positives and negatives of the decision making process. As the decision had been scrutinised at the highest level, it was felt our efforts should focus on the quality of implementation of the plans.

Accessing Information

The decision to close A Block at Medway Maritime Hospital has led to a wider reconfiguration of acute mental health care in Kent and Medway by KMPT. This is called the Acute Redesign Programme. The Trust's regular Highlight Reports for the Acute Redesign project are available on the Medway Council website, but not easily found. The same reports could not be found on the Kent & Medway Partnership Trust (KMPT) website.

The KMPT website is difficult to use and navigate, which makes it difficult for lay people to access information. There are many acronyms and use of jargon. KMPT have acknowledged that the site needs to be redesigned to improve clarity, and this is underway.

Progress on the KMPT Redesign Programme

A range of interdependent projects was designed to deliver the Acute Services Redesign Programme and over the past three months, Medway HOSC has received regular Highlight Reports on progress.

These are presented in the table in Appendix 2, which summarises progress to April 2014, the most recent project review update from KMPT.

There are a number of inaccuracies in the information available to the public regarding the transition, commitments, plans and progress, which make tracking progress very difficult. For example:

- There were a number of project proposals that were presented in the Implementation Plan published in December 2013, including the countywide Liaison Psychiatry service and the Urgent Care Single Point of Entry. However these are not included in the Trust's Programme Plan shown in the Implementation Plan's Appendix B or in the Highlight reports presented to Medway Health Overview and Scrutiny Committee.
- The plan for the development of the Centres of Excellence also appears to be largely un-documented. Requests were made by JHOSC for clarification on the implications of these Centres of Excellence, but we can find no evidence that this has taken place. Furthermore it appears that some of the projects that are reported in the Trust's Highlight reports support the Centres of Excellence concept, but they are not referenced and a lay reader would not necessarily be aware that these are linked.

[At the time of writing](#), the last meeting of the Kent Health Overview and Scrutiny Committee in April requested that the next update should include the following pieces of information in relation to the Acute Bed redesign programme:

- More information requested on street triage to explain what is actually happening as opposed to what proposed.
- Further information requested on what information is available to carers and families of service users in relation to assistance with transport.
- Daily occupancy details of bed usage requested and full details of where Medway residents are being placed in Centres of Excellence.
- There were some additional concerns regarding potential policy changes KMPT were suggesting for the Transport Plan. Clarity on these plans was sought.

As part of our role on the Health Overview & Scrutiny committee we will be keenly awaiting the updates in these areas.

Our Recommendations

- Healthwatch Kent has asked Kent & Medway Social Care Partnership Trust to outline what actions they will take to:
 - **Learn from the experiences raised in this report** to ensure a better experience for patients on Emerald Ward who will shortly be moved
 - Establish a clear way to **communicate** regular updates to patients, families, carers and other organisations
 - **Work closer** with locally based Forums and Groups such as the county wide Mental Health Action Group to help assist two way communication and dialogue
 - Have a clear process of how the organisation **listens to patients**, families and carers about the impact of service change and amend their plans accordingly
 - Urgently examine their **complaints process** to make it easier for patients, families and carers to make complaints where necessary
 - Work to make the KMPT website easier to use and understand
 - Undertake an urgent review of what is really happening to patients in A&E and crisis situations. Healthwatch Kent can help with this.
 - Ensure Healthwatch Kent is kept up to date with all initiatives and plans for improvements

Our Next Steps

- Healthwatch Kent will continue to monitor and review the experience of patients.
- Healthwatch Kent is conducting two Enter & View visits to Sapphire Ward at Little Brook Hospital in Dartford to talk to patients, families, carers and staff about their experience. As well as talking to patients about their experience we will particularly be looking at issues raised in this report. We are planning further visits to the facilities in Maidstone & Canterbury.
- Healthwatch Kent will share the findings of this report with the mental health community and the wider Kent public.
- The report will be shared as part of our role on the Kent Health & Well Being Boards, the seven local Health & Well Being Boards and the Health Overview & Scrutiny Committee

Acknowledgements

Healthwatch Kent would like to thank:

- The individuals and their families who took the time to share their experiences and helped find further families to participate in our research
- And professionals for their assistance, expertise and insight
 - Invicta Advocacy
 - Maidstone Mind
 - Maidstone Platform Project
 - Canterbury & District Mental Health Forum





TOPIC GUIDE- Medway Acute Beds

Introduction check list

1. Introduce ActivMob and Healthwatch Kent
2. Briefing sheet (to cover, rationale, objectives, who is being involved and why, outcomes)
3. Clarify reasoning and use of the project and this conversation- anon
4. How will the discussion be structured- 3 areas transport, access/beds, general experiences related to the topic
5. Consent form

TOPIC and PROMPTS	NOTES
<p>About you <i>Where do you live?</i> <i>What are your interests?</i> <i>What do you enjoy doing/whats important to you?</i> <i>Service user/carer/other?</i> <i>How long have you been accessing MH services? Where? Types?</i></p>	
<p>Thinking about an example recently where you/someone you care for had to access acute care <i>What happened?</i> <i>What was the process?</i> <i>How long did it take?</i> <i>Where did you go first?</i> <i>Was it easy/hard?</i> <i>Was it good/bad experience-How did you feel during this process?</i> <i>What was the outcome?</i> <i>Did it meet your needs?</i> <i>Where you given a choice?</i></p>	
<p>Transport- Thinking about this recent experience (and others if you have it)</p>	

*Has transport and/or travel had a positive/negative impact?
 How? For your family?
 How did you feel?
 Have you accessed the transport fund-
 how did it work? Experience? How did you
 find out about it?
If negative-
 Have you got any examples?
 What was journey like?
 What could have been done differently?
 What help/support could have made it
 easier?
If Positive-
 Why?
 How did you feel?*

General Discussion
*Is this a typical example/experience or is
 it different to others you have had?
 Why do you think that is?
 Centre of excellence- understanding?
 How could we improve citizen
 involvement in the future? What does
 'good engagement' look like?
 Thinking about the remit of the project-
 is there anything else you would like to
 add?*

Appendix: 2

Summary of KMPT Highlight Report April 2014 - Acute Beds Redesign Programme

ACTION AND OBJECTIVE	MILESTONES AS PER PROGRAMME PLAN, DECEMBER 2013	PROGRESS AT APRIL 2013
STREET TRIAGE “Mental health worker based with the Police Thursday, Friday and Saturdays 16.00 - 00.00 hours to provide immediate joint assessment of people presenting in mental health crisis. 12 week pilot.”	Pilot ended Dec 2012, Evaluation and further options defined 31 Dec 2013	Pilot period coming to an end in March 2014 - nurses and police working together to respond to possible S136 instances. Business case being developed and evaluation to have been completed by April 2014.
PARTNERSHIP IN CARE OUTREACH “To help prevent patients deteriorating whilst on an inpatient ward.”	Full-time staff operational 2 Jan 2014	Service already in place - scheme completed.
REFURBISHMENT OF DUDLEY VENABLES HOUSE “Convert former PIC unit at Canterbury to acute unit for East Kent.”	Refurbishment completed 28 Feb 2014 with a minimum of 14 beds	Patients moved to another ward 19 Feb 2014, refurbishment work to begin 30 March 2014 - due for completion July/August 2014.
UPGRADE OF BIRCH WARD, DARTFORD Birch Ward refurbishment	Refurbishment completed 1 Dec 2013	Refurbishment completed 9 December 2013, transfer from Medway to Dartford completed 19 December 2013.
SUPPORT TIME RECOVERY DEVELOPMENT “Investment in STR workers into Crisis Resolution Home Treatment Teams”	Service operational 31 Jan 2014	Recruitment still ongoing, KMPT collaborating with commissioners with a view to securing long-term commitment.

<p>TRANSPORT PLAN “Transport solutions for service users and carers.”</p>	<p>Transport plan approved 1 Dec 2013</p>	<p>Plan implemented - Trust website refers visitors to ward manager, to agree on appropriate course of action to remedy transport barriers. Staff aware they should refer to ward manager, who is in turn aware of options available to visitors. Posters developed.</p>
<p>DEVELOPMENT OF INTENSIVE DAY TREATMENT “7 day service running 10:00 - 20:00 hours providing a range of therapeutic interventions, medication and support.”</p>	<p>Service commences 16 Dec 2013, Evaluation and definition of future options 1 Apr 2014</p>	<p>Scoping of models underway, exploring potential sites - estate not yet identified, resources and commissioner support not yet secured. Implementation due October 2014.</p>
<p>DEVELOPMENT OF CRISIS/RECOVERY ACCOMMODATION “Delivery of respite care to support maintenance at home and potential prevention of inpatient admission. Working in partnership with third sector.”</p>	<p>Partner appointed 1 Apr 2014 Service commences 1 Jul 2014</p>	<p>High-level project initiation document being developed, partners and stakeholders being mapped. Commissioner/partner support and resources to be secured.</p>
<p>BUILDING OF ADDITIONAL CAPACITY “Develop additional capacity”</p>	<p>Business case approved Apr - Jun 2014 Contractors procured Apr - Jun 2014 Building completed Apr 2015</p>	<p>Work plan identified to support development of additional rooms in Dartford. Tender out for work on Priority House, Maidstone. Integration of new Sapphire Ward to be integrated with design for Priority House. Tender phase to commence May 2014, unit to be operational March 2015.</p>
<p>DEVELOPMENT OF PERSONALITY DISORDER HOSTEL, MEDWAY</p>	<p>Business case approved mid-Nov 2013 Contractors</p>	<p>Crisis pathway moved to Park Avenue, Gillingham, pilot in place, early indications suggest positive impact.</p>

<p>Day therapy service and hostel for people presenting with a personality disorder as alternative to hospital admission.”</p>	<p>procured mid-Nov 2013 Refurbishment and recruitment completed 2 Jan 2014 Hostel operational 16 Jan 2014</p>	<p>Refurbishment capital project due for completion. Business case for hostel element yet to be presented. Service to be known/referred to as a “Therapeutic House” from now on.</p>
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