

Proposals to redesign inpatient Older Persons Mental Health (OPMH) services

1. Purpose

The purpose of this paper is to outline our proposals in relation to Older Persons Mental Health services delivered by Southern Health NHS Foundation Trust.

These proposals are:

1. To continue to deliver organic dementia care on two wards (32 beds - the capacity we have been operating with for over two years) across Hampshire and Southampton. This means delivering organic dementia care on Poppy Ward at Gosport War Memorial Hospital and Elmwood Ward at Parklands Hospital, Basingstoke and repurposing Beaulieu Ward in Southampton Western Hospital.
2. To use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness
3. Southern Health's proposed vision to transform and enhance OPMH community services to meet the future demands of older adults with mental health needs across Hampshire and Isle of Wight.

Glossary

Word	Description
Dementia	Dementia is a syndrome associated with an ongoing decline of brain functioning
Organic illness	An organic illness (mental Health) is a term used to describe a dysfunction of the brain that occurs in Dementia or Alzheimer's that excludes psychiatric disorders.
Functional illness	functional illness (Mental Health) applies to mental health illness that does not relate to dysfunction of the brain such as dementia and includes severe mental illness such as schizophrenia and bipolar mood disorder.
Occupied Bed days (Bed Occupancy)	the number of hospital beds occupied by patients expressed as a percentage of the total beds available

2. Summary

- 2.1 Southern Health operates specialist inpatient mental health services for older people at four hospital sites across the county, Parklands Hospital in Basingstoke, Gosport War Memorial in Gosport. Melbury Lodge in Winchester and The Western Hospital in Southampton. These hospitals each serve the entire Hampshire and Southampton population. At these sites, the Trust provides separate inpatient wards for older people with organic (dementia) mental health needs and functional mental health needs.
- 2.2 Over the last two years the Trust has undertaken extensive refurbishment across its acute adult mental health wards to improve the quality and safety of the clinical environment and to meet national standards. This work has required us to operate with a reduced number of beds to allow this refurbishment to take place. This has meant we have only had two organic dementia wards in use at

any time. During this period, the two wards in operation (32 beds) have seen occupancy levels similar to the nationally recommended occupancy of 85% and there have been no waits for access to Organic beds reported, demonstrating that the previous capacity (46 beds) for this type of care exceeds demand.

- 2.3 The Trust also provides support in the community through specialist older people's mental health community mental health teams, alongside memory assessment services and enhanced OPMH support into care homes, based across Hampshire and Southampton. It is the trust's ambition to develop these community services further, and we have been reviewing the delivery of its OPMH services benchmarking against evidence base and best practice models including piloting a crisis support model in the community alongside engaging with service users and families to design proposals to transform and enhance future OPMH service delivery and respond to future changing demands.
- 2.4 The ICB have supported this proposal by completing a Quality Impact Assessment (QIA) looking at risks and opportunities and their impacts and this has been presented along with this paper to the ICB QIA Panel who were supportive of this paper proceeding to overview and scrutiny committees for consideration. Minimum risks were identified, and the panel felt these were mitigated through the engagement Southern Health NHS Foundation Trust has and will continue to do with service user families and staff and with the assurance that there will be no redundancies as a result of this change and staff will be supported into vacant roles. A summary of engagement and communications to date, and planned, is provided below.
- 2.5 The ICB also found that the positive impacts of this change outweighed negative impacts and this included care closer to home, improved experience and environment for people with a functional illness, improved patient safety and clinical effectiveness and staff wellbeing. There is also acknowledgement that this proposed change is in line with meeting the values and principles of the NHS Constitution providing best value for taxpayers' money and the use of public funds for healthcare by not operating services which exceed demand.

3. Context

- 3.1 Informed by national mandate and best practice (NHS Long Term Plan, NHS Community Framework Model), it is Southern Health NHS Foundation Trust's ambition to deliver evidenced based practice that leads to better outcomes for people who access our services, to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing needs in least restrictive way where and when service users and carers need it. For some, admission to hospital for their mental health needs is absolutely the right place to be, but only for as long as is necessary and with interventions aimed at supporting the person to live the life that they would prefer.
- 3.2 Southern Health currently provides specialist dementia wards in Southampton, Gosport and Basingstoke. This is a Hampshire (including Southampton) wide resource with one overarching bed management system, with people admitted to the closest ward to their home where possible. Please note, these inpatient facilities do not currently serve the population of the city of Portsmouth or the Isle of Wight, who come under the care of Solent NHS Trust and Isle of Wight NHS Trust respectively. However, we have been working in partnership with Solent and Isle of Wight to look at the overall bed provision across HIOW ICS to help meet future demand.
- 3.3 The below table outlines the older persons inpatient mental health provision across the trust for people with an organic or functional illness. Please note Snowdrop Ward (previously called the

Stefano Oliveri Unit) is currently closed due to refurbishment and upgrade work and Poppy Ward is hosting these patients with functional needs. Beaulieu and Elmwood Ward are operating as organic wards. Snowdrop Ward is due to re-open in June 2023 as a functional mental health ward.

Location	Hospital name	Ward Name	Dementia/Functional (number of beds)	Number of beds
Southampton	Western Hospital	Berrywood Ward	Functional	14
		Beaulieu Ward	Organic Dementia	14
Portsmouth & Southeast Hampshire	Gosport War Memorial Hospital	Rose Ward	Functional	14
		Poppy Ward	Organic Dementia	14 (Poppy Ward is currently caring for patients from Snow drop at Melbury Lodge in Winchester while it is being refurbished)
Mid & North Hampshire	Parklands Hospital	Beechwood Ward	Functional	18
		Elmwood Ward	Organic Dementia	18
Southwest Hampshire	Melbury Lodge	Snowdrop Ward	Functional	15 (currently undergoing refurbishment, due to open June 2023)
Total Beds			Functional	61
			Organic Dementia	46 but the Trust has been operating on 32 for the past two years

4. Proposal: To continue to deliver organic dementia care at two wards across Hampshire and Southampton, instead of three.

4.1 For over two years (October 2020 to date) Southern Health NHS Foundation Trust has operated on a reduced dementia bed capacity (32 beds) to allow for several ward refurbishments to be carried out across the Trust's mental health inpatient estate. During this period, we have been able to observe demand and capacity requirements for organic dementia beds which has demonstrated that with one ward closed, the two remaining dementia wards were able to meet the demands for older persons organic mental health needs.

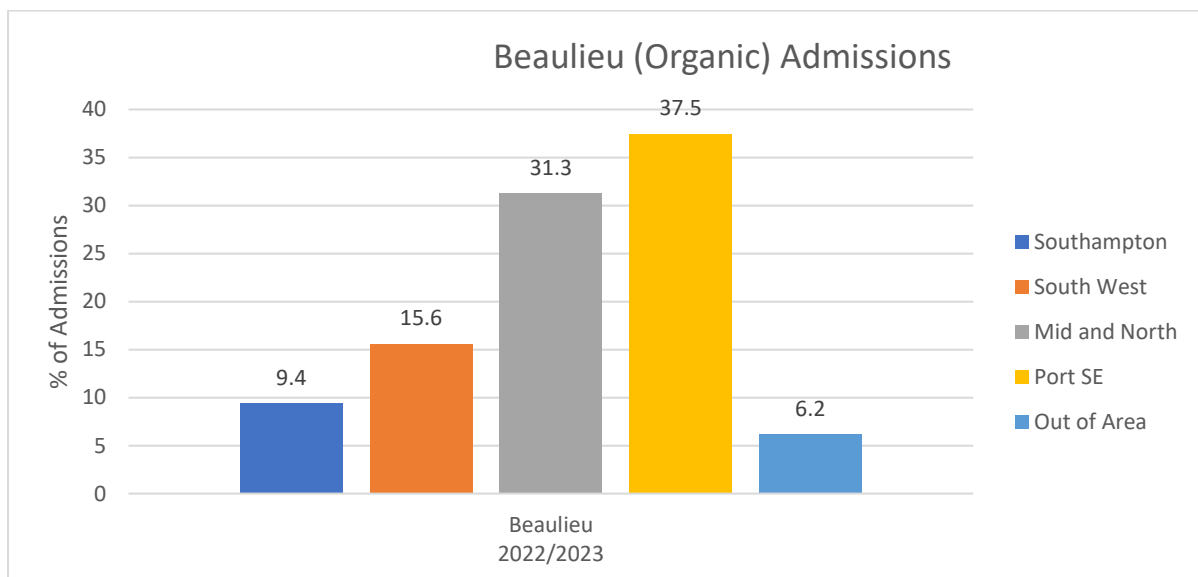
4.2 Based on predicted growth in dementia prevalence across Hampshire and Southampton, if there were no improvements made to the existing models of care (both within the inpatient units and in the community), 32 beds would remain sufficient to meet the needs of the local populations until 2028 (albeit with a potentially higher occupancy rate than 85%). The greatest area of growth over the time period is for the severe end of illness, these are the people who are more likely to require future acute/intensive support. Utilising the projected number of older people living with severe dementia as an indicator to predict demand on specialist dementia inpatient care, the 32 beds would become fully occupied at the end of 2025. This represents the worst-case scenario, and there is work that can be done to improve capacity. For example as detailed below there are several patients in hospital waiting for onward care either in the community or waiting for a care home placement. Development of community services to support patients at higher level of need will further mitigate the demand for inpatient care and this is our ambition for the future. Furthermore, we are constantly monitoring

demand and capacity and have the ability to review and increase capacity within our functional and organic units should this be necessary in the coming years.

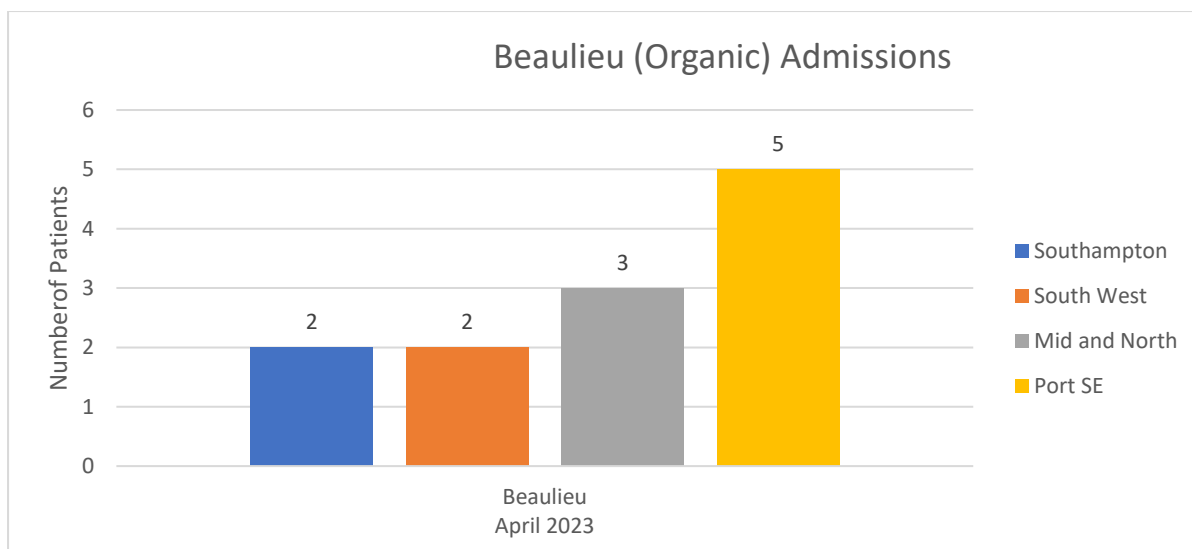
4.3 Even if the worst-case scenario is encountered in the future, in the interim years we cannot justify operating at a level which exceeds current demand when there is immediate need across other services.

4.4 Patient demographic

4.4.1 When reviewing the data looking at patients' admissions over the last two years to the organic ward (Beaulieu) it is evident that in 22/23 there are a higher % of patients who live in wider Hampshire who are admitted to the ward than Southampton or Southwest Patients indicating that for 75% of patients care is not being provided closer to their home. The projected number of older people living with severe dementia is predicted to grow by 42.2% in Southampton and 62.3% in Hampshire by 2030. This could further increase the proportion of specialist dementia inpatient care beds being occupied by Hampshire residents.



4.4.2 As of 17 April 2023 there are 32 patients in organic beds with 4 beds available across the two wards for admissions. Within Beaulieu we currently have 12 patients being cared for, of which seven are currently fit for discharge, five are waiting for placement care providers from Hampshire County Council and two from Southampton City Council. The table below demonstrates the mix of patients on the ward currently.



4.5 Organic wards options appraisal

4.5.1 As part of the Trust's transformation programme, a clinically led OPMH inpatient review group has been working across Hampshire and Southampton to critically evaluate each of our dementia wards to understand suitability and sustainability of our inpatient model.

4.5.2 As part of this review, a dementia beds options appraisal has been carried out with the following objectives as the assessment criteria:

- The correct number of beds to meet the demand of the older population
- Make best use of limited resources
- Physical environment of wards will meet Quality Network for Older Adults Mental Health Services (QNOAMHS) accreditation
- Wards will be able to mitigate single sex breaches highlighted by CQC inspection
- Wards in appropriate locations to meet population demand
- 'Ward environment meets Southern Health PLACE assessment standards (including minimising ligature risks)
- Dementia Friendly environment (meet national standards)

4.6 Recommendation of review group

4.6.1 The review group assessed three options (see Appendix 1) and following this they recommend option two of their appraisal, which proposes that we remain operating out of 32 organic beds across two wards/sites (the capacity we have been operating with for over two years) with 14 beds in Poppy ward at the Gosport War Memorial Hospital site and 18 beds in Elmwood ward at Parklands Hospital site.

4.6.2 Poppy and Elmwood were identified by the review group as the preferred organic wards as not only was it identified that the demand profile of the population demographic sat at a much higher % for Hampshire patients than Southampton it was also recognised that Poppy Ward benefited from the Governments £400 million national grant scheme in 2020 when the ward was refurbished with individual en-suite rooms and upgrades to meet accreditation standards. Elmwood ward has also recently received investment and upgrades and is adjoining five other mental Health wards at Parklands hospital (Male/Female Adult acute wards, PICU ward, MOJ ward, Functional ward). These ward upgrades were co-produced with service users and staff. The Trust Dementia Environment

steering group created the Trust Standard for wards, the core group comprised of carers, service users, clinical experts and estates colleagues.

4.7 Impacts of proposed change

4.7.1 Staff

There are 33.27 whole time equivalent number of substantive staff working on the ward who will be affected by this proposal. We will engage and consult with them including a one-to-one meeting with their managers and will be offered vacancies across the Trust (in both inpatient and community settings). As of 31 March 2023, there are currently 99.46 vacancies across the Southampton Division and 109 vacancies in the South West Division which are within the geography of the Western Hospital.

4.7.2 Patients

When planned works on Beaulieu ward are due to begin patients will either be discharged to their onward care arrangement or if patients are still in treatment and requiring an inpatient stay, they will be transferred to Poppy Ward or Elmwood ward which ever ward is closest to their home. At the time of writing (17 April 2023) seven patients are fit for discharge.

4.7.3 Families and carers visiting loved ones

As previously stated, there is a higher percentage of patients who live in wider Hampshire who have organic mental health needs than those who live in Southampton. Therefore for most patients' admission to Poppy and Elmwood wards will result in care being provided closer to their home. For those who live in Southampton a train journey to Basingstoke is 34 minutes and then a link bus direct to Parklands Hospital is an eight minute journey. Similarly there is a direct train from Southampton to Fareham which takes 21 minutes with a direct link bus to Gosport war memorial hospital which takes a further 20 minutes.

4.7.4 We acknowledge that a small number of Southampton and south-west Hampshire residents may need to travel further to visit loved ones, that would otherwise have been admitted to a bed in the city. If any difficulties arise, we would support any family and carers who contact us on a case-by-case basis, without any need for means testing or any other qualification for support. Over the past two years the trust has received no complaints in relation to geographical placement of service users to wards and there has been one occasion where we have supported a relative with their travel arrangement.

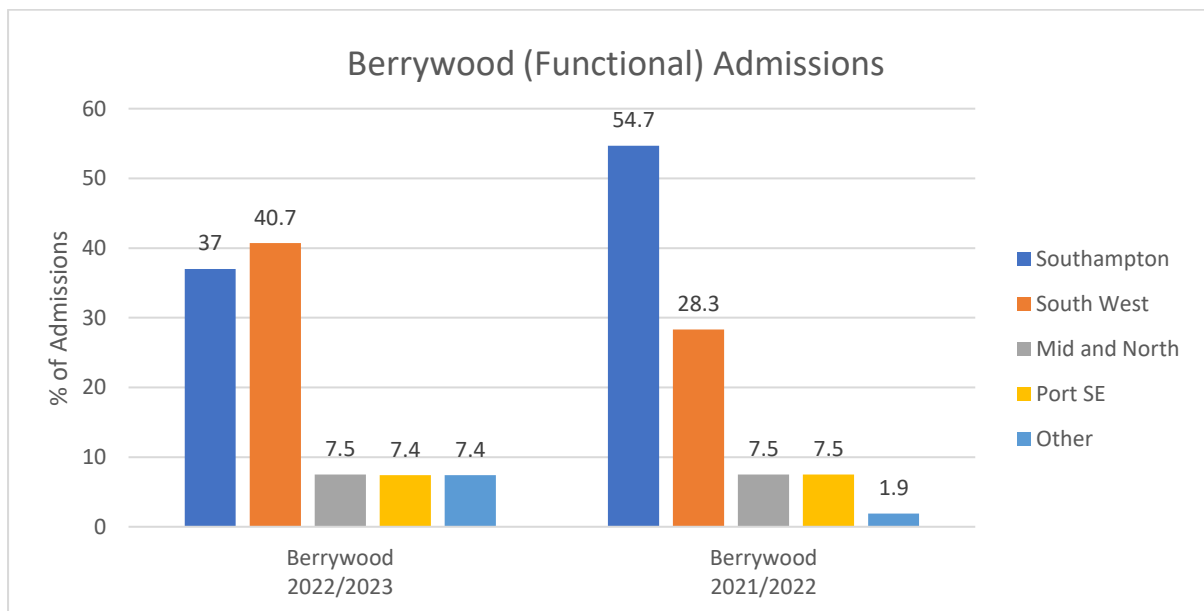
5. Refurbishment Plan: Use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness

5.1 We propose that Beaulieu ward is refurbished and repurposed using additional space from Berrywood ward to create an improved functional ward at the Western site in Southampton. This repurposed ward will still maintain 14 functional beds, however it will be bigger, at a higher specification and will meet single sex national guidance and the Royal College of Psychiatry accreditation standards. This approach will also make better use of the public purse as the findings of the review group identified that Beaulieu is a higher specification than Berrywood ward, as it underwent a refurbishment in 2018 where it was upgraded to become dementia friendly whereas Berrywood Ward would require significant investment to bring it up to national standards. This upgrade would benefit from the following:

- Further ligature improvement work to become a safer ward environment.
- Additional bathroom/toilet facilities in male and female wings improving single sex compliance
- A Physical Health treatment room
- Separate patient dining/activity areas (male/female)
- A Carer/Family room
- Staff shower facilities to support prevention and control
- Quiet/de-escalation room
- Additional office space
- Additional room for therapeutic activities
- The rest of the original space on Berrywood Ward will be utilised as a base by local physical and mental health community teams.

5.2 Patient demographic

When reviewing the data, it is evident that there are significantly higher admissions of people with a functional mental health illness, living in Southampton and Southwest Hampshire demonstrating the continued need for a functional ward to remain at the Western Hospital in Southampton.



5.3 Funding

Solent NHS Trust and Southern Health have agreed 840K investment in estates improvements for the Southampton OPMH ward estate, £600K from national mental health funding.

6. Proposed mitigations

- We would offer 'no-quibble' support for any individual who will struggle with any transport challenges if their loved one is placed further from home
- We would be able to use space in the proposed combined Beaulieu / Berrywood environment to flex the number of beds to meet potential future increase in demand for functional MH inpatient care, should the need arise
- Wards across the county would have the ability to flex to meet possible future increased demand for inpatient dementia care, should the need arise

- We will continue to undertake engagement with patients and partners to gain their feedback and address any concerns

7. Communication and engagement about proposed changes at the Western Hospital

7.1 A communications plan is in place to communicate regularly with patients, families/carers, staff and other stakeholders about the proposals. These plans include:

- For staff: One to one meetings, regular updates, clear contact points for questions, face-to-face team meetings, dedicated intranet page with FAQs, letters to staff
- For patients and families/carers: Informal face to face meetings FAQs, formal letter (with details of temporary relocation), contact details for questions (telephone and email), opportunity for families and carers to visit the temporary ward in advance of moving date, and spring/summer workshop (also involving staff).
- Wider stakeholders: Website, social media, briefing papers, letters, and articles in Southern Health's bi-monthly newsletter.

7.2 To date, ward staff, families and carers have been informed about proposed plans from May via letters, telephone contact and meetings, and this activity is ongoing. Generally, families have been positive about the proposals and although some concerns have been raised about transport, there has been acknowledgement that a high quality care environment is important. The Trust will be liaising with local Healthwatch and other partners in the coming weeks to ensure they are aware of plans, to listen to their views and address any concerns or questions.

8. Proposed Timeline

June 2023

- Carry out further ongoing engagement with patients, families, staff and partners with regards to the proposals

July 2023

- To commence the necessary refurbishment work at Western Hospital to improve the quality of the care environment

TBC 2023

- To reopen Beaulieu Ward as a functional Mental Health Ward
- To decant any current patients being cared for on Beaulieu Ward to Poppy Ward in Gosport War Memorial Hospital or Elmwood ward in Basingstoke
- To start works to repurpose Beaulieu Ward using some additional space from Berrywood Ward

9. Future Model: Our vision to transform and enhance OPMH community services to meet the future demands of people with older persons mental health needs across Hampshire and Isle of Wight.

9.1 The population is growing and living longer and healthier lives due to improvements and advancements in treatments and care. Our ambition for OPMH care is to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing need in least restrictive way and with better outcomes. The NHS Long Term Plan and the vision set out in the National Community Mental Health Framework states all NHS Trusts will need

to achieve improvements in access and treatment for older adults in line with local demographics within all adult mental health services.

9.2 Our vision

Our vision across Southampton and Hampshire is for seven-day alternatives to hospital admission for older people with mental health needs would offer high quality care closer to home with better experience and offering better value for money. We currently have provision for community services in core hours Monday to Friday and in inpatient OPMH wards, but we do not have bespoke urgent community response for mental health and dementia crises seven days a week, support is currently provided through the adult mental health crisis teams. To achieve this, we will be assessing and aiming to replicate the model used in the Community Intensive Support Team piloted in Southeast Hampshire and the community support for older people with organic dementia needs.

9.3 Engagement with patients, families, carers and staff about future models of care

We have been conducting a number of engagement sessions with service users, their families, and carers and with key stakeholders across Hampshire to help us to develop our new OPMH model. (see Appendix 2). The below vision statement was co-produced by service users, carers and our VCSE partners, and is the guiding statement for the Southern Health NHS Foundation Trust OPMH Transformation programme.

“Older people in Hampshire and Isle of Wight have timely access to specialist mental health services where care is informed by evidence based best practice. Health, Social and Voluntary care services work together with service users and carers to create a package of care that is centered around individual needs, enabling them to recover and live well.”

10. Recommendations

- The committee is asked to consider the proposed changes.
- The Trust will provide progress reports to the committee as requested.

For more information

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Appendix 1: Appraisal of Bed Options

Options Matrix (explanation of scores)

Objectives	Option 1	Option 2	Option 3
	Keep Poppy and Beaulieu Wards open	Keep Poppy and Elmwood Wards open	Keep Poppy, Beaulieu and Elmwood Wards open with reduced beds
Correct number of beds to meet population demand	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition
Makes best use of limited resources	5 – opportunity to build IST in Mid and North Hampshire from workforce and/or reduces reliance on Bank & Agency.	5 – opportunity to build IST in Southampton from workforce and/or reduces reliance on Bank & Agency.	3 – does reduce reliance on bank & agency, does not release funds of workforce to establish ISTs. Does not reduce spend on wards (buildings)
Can meet QNOAMHS standards	1 – Beaulieu cannot meet QNOAMHS standards without further reduction of beds	3 – Elmwood does not currently meet QNOAMHS standards but could with maintaining 14 beds	1 – this would require significant investment to 2/3 wards to meet standards. Beaulieu would need to reduce to max 8 beds
Single sex compliance	2 – possible with significant investment on Beaulieu	4 – possible with minor refurbishment on Elmwood	3 – possible with minor refurbishment on Elmwood and major refurbishment on Beaulieu
Appropriate location to meet population demand	2 – South & South east (clustered)	3 – mid & South east (wider patch of Hampshire covered)	5 – current locations
Meets SHFT PLACE assessment standards	3 – significant work required on Beaulieu	4 – minor work required on Elmwood	3 – work required on both Elmwood & Beaulieu
Meets Dementia Friendly standards	4 – minor work for Beaulieu	5 – standard are met	4 – minor work for Beaulieu
Success Factors			
Acceptability: Service users and Carers, workforce, provider collaborative (Solent & IOW), Local authority	3 – consultation required	3 – consultation required	5 – no ward closed, increased substantive posts, geographic spread of beds.
Affordability: within current OPMH funding. Funds are saved for redirections to enhanced community services	4 – no additional spend	4 – no additional spend	1 – additional funds required to establish ISTs and two wards required improved spec to meet objectives.
Achievability: effort to achieve model vs impact. Workforce to support development inc. estates, HR, corporate services.	2 – significant work required to bring Beaulieu up to spec & would required bed reduction to meet standards	3 – minor work required to bring Elmwood up to spec for standards, keeping 14 beds	5 – no significant change, bed reductions on existing foot print.
Strategic Fit: Aligns to developing ICS dementia strategy. Improves quality and effectiveness	3 – increased community services, major work required for ward spec	4 – increased community services, minor work for ward spec	1 – no increased community services, continued reliance on inpatients for dementia care, works required on 2/3 ward
Decision	34	43 (preferred way forward)	36 (short list)

Appendix 2: Engagement with Our service users and carers:

Over the last two years, the OPMH QISG have sought to understand the experience of using our services from the perspectives of service users and their carers to inform the direction of the programme and ensure we are co-designing our future services to improve health outcomes and reduce inequality. This engagement is described as “discovering work” to help us understand where the gaps in our services.

As well as additional engagement planned specifically for those living in care homes in Hampshire and those from the Black, Asian & Minority Ethnic (BAME) community, who have so far been under-represented. Our ambition is to now create a co-production group to help us design our models of care to ensure the services meet the needs of our communities now and in the future.

Our service users and carers have told us. (Paraphrased, not verbatim)

- *Advance care planning is important for people, whilst they still have capacity.*
- *Carers need to be involved in care coordination and treatment discussions.*
- *Assessment for dementia needs to be holistic, not just based on scores from a memory test, it needs to consider an individual's "usual state" and history.*
- *Post-diagnostic support is more important than the diagnosis*
- *Many people would prefer to stay where they are (whether in their own home or residential/care home) and receive care in a familiar environment.*
- *"Seeing somebody regularly, having an appointment in my diary is important to me... "knowing I'm seeing somebody soon helps when I'm having a dip"*
- *Apart from Andover Mind, it doesn't feel like there's much in the community to support those with a functional illness. Either groups aimed at younger people or groups aimed at those with dementia and/or their carers.*
- *Mental Health crisis should be treated with the same urgency as a physical health crisis.*
- *Liked the idea of more mental health support and social prescribers for older people in GP surgeries, in general the older population are engaged with their GP surgery.*
- *Service users in crisis are more likely to call carers support (Andover mind). They like the idea of talking to somebody they know and trust.*
- *Transition from AMH to OPMH - Once you're across the 65 years age threshold to OPMH, the services seem to have more focus on dementia and services sign posted for dementia rather than functional illnesses.*
- *Transition between services could be smoother, discharged from secondary care to VSCE or back to Primary care, can feel confusing.*
- *Working in silos - Communication between services can be a barrier with professional boundaries that are ridged. Some service users see several people a week in their home, it doesn't always feel like the teams are coordinated and never should one work with or support the other.*

The table below summarises the programmes engagement with service users, carers and Voluntary, Community & Social Enterprises (VCSE) partners to date.

Where?	When?	Who? How Many?
Online - OPMH strategy engagement	03/08/2021	4 x carers 11 x Mixed VCSE organisations
online - MAS engagement workshop	29/09/2021	27 attendees, mix of OPMH professionals, service users, carers and VCSE
Romsey - Carers together group (Face to Face)	25/10/2021	Attended group to present future ambitions for OPMH. Around 30 in attendance. Mix of members of the public and support services
Dementia and carer community groups - MAS feedback and future ambitions	09/12/2021	Online - 4 service users 2 carers
	15/12/2021	online - 8 carers
	18/01/2022	Winchester - 4 carers, 4 service users
	22/02/2022	Meon Valley - 6 carers, 4 service users
Romsey - SHFT hosted event. Connecting with your local health service. (Face to face)	25/03/2022	Attended and had a stall. Asked those in attendance their experience of OPMH and talked about future ambitions - around 30 members of the public in attendance
St Deny's - service user group (Face to Face)	23/06/2022	Attended St Deny's community group - 15 service users
SHFT FFC group (online)	10/11/2022	Core group members and additional 2 carers and 2 carers liaison roles
SHFT WIP group (online)	15/11/2022	Core members, reps from community, service users and carers
SHFT QISG public engagement.	Gosport 31/01/2023	1 x Andover Mind, 1x GVA, 1x Dementia Friendly Hampshire, 1 x carer feedback, 1x CAB Gosport 2 x SHFT employee
	Winchester 02/02/2023	2 x service users, 1 x service user feedback, 1 x carer feedback, 2 x Health watch Hampshire 3 x Andover Mind
	Totton 08/02/2023	2 x carers, 2 x Andover mind (carer support & Dementia Advisor, 1 x rep from Minstead Trust
	Romsey 09/02/2023	1 x service user, 3 x carers, 2 x members of Romsey dementia action group, 1 x health watch rep 1 x local solicitor (later life specialism)
	Online event 21/03/2023	33 in attendance, combination of service users, carers, VCSE, interested members of the public and staff