

Hampshire and Isle of Wight Community and Mental Health services review

Update – August 2022

Summary

1. Across Hampshire and Isle of Wight community and mental health services are provided by several organisations working closely together: Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust, Dorset Healthcare NHS Foundation Trust and Sussex Partnership NHS Foundation Trust as well as a range of other NHS, local authority and voluntary and independent sector organisations.
2. A key priority for the NHS in Hampshire and the Isle of Wight is ensuring that communities have equal access to services and experience the same outcomes. We know that over the coming years the demand for community and mental health services will increase. Our physical and mental health services are already responding to increasing need, both in terms of the number being referred and the complexity of issues they present with. Against this backdrop, continuing to improve and transform service provision as well as having an even greater focus on integration between mental and physical health is vitally important.
3. In January 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) commissioned a review of community and mental health services. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. It was the first step in helping us to understand the strengths and weaknesses of existing services, and to identify any gaps and areas for further improvement.
4. The review enabled us to determine the merit of exploring opportunities to redesign services for the benefit of our communities, looking carefully at the evidence and involving a number of partners. A range of different options were put forward and the review made recommendations for us to consider as a system.
5. The work, which took place during March and April 2022, was led by an independent company and involved a range of partners and stakeholders. It considered a wide range of data and information as well as feedback from one-to-one interviews and roundtable discussions. The findings of the review were shared with key partners and stakeholders in June.

6. This paper provides further detail of the review's aims, the case for change, strategic priorities, recommendations and next steps.

Aims of the review

7. The aim of the review was to understand how to better meet the demands of the future to best serve those in our communities and how organisations might work better together to ensure that all of our residents receive high quality healthcare every time. As such the terms of reference for its scope were as follows:
 - Set out a high-level overview of current and future population needs for community and mental health services
 - Map community and mental health services currently delivered in HIOW
 - Understand strengths and weaknesses of the existing arrangements and their ability to meet future needs
 - Produce options for future delivery of services to meet needs and improve outcomes
 - Carry out an options appraisal exercise using evaluation criteria to explore relative pros and cons of each option
 - Set out the preferred option in a report and consider the impact on future leadership arrangements
8. Over eleven weeks, the review developed a case for change, identified future strategic priorities for the system, developed options for future arrangements and outlined next steps.

The case for change

9. The review found a compelling case for change in the way community and mental health services are resourced and delivered across Hampshire and Isle of Wight so that they can be of the highest standard.
10. Demand for these services is high and will continue to grow in light of changing health needs and demographics of our population across all areas.
11. Historical inequities in the distribution of resource across Hampshire and Isle of Wight means some areas have received less investment than others. With the formation of Integrated Care Systems, this provides an opportunity for the system to lead and correct these inequities. The review found areas with the highest needs do not always have the most resource. The communities which have benefitted from higher investment in community health services appear

to spend proportionately less on acute care. We need to redress these imbalances.

12. Our mental health workforce is seeing significant shortages which is a key issue to address for the future sustainability of these services in the future. Demand for these services may rise by 10% within the next three years and positive action is needed through agile ways of working to achieve this
13. We know patients find navigating the health and care system challenging. The delivery of services is fragmented. Previous commissioning arrangements mean some services are provided by different NHS providers and there is a need for greater consistency. For example, the transition from child to adult mental health services is complex, with different providers for Child and Adolescent Mental Health services (CAMHS) and adult mental health services. The complexity of multiple providers can make it unclear who is accountable for individual patients and creates an imbalance of clinical risk where patients are escalated to high acuity settings rather than treated in the most appropriate care setting for their needs. It also creates wider confusion around leadership and ownership for improving systemwide provision of community and mental health services. This acts as a barrier to integrating across health and care services and we are committed to collectively breaking through this barrier.
14. The review concludes that, in order to best deliver the high quality service to our patients and respond to service users' needs effectively, we need a better use of collective resources, greater consistency and continuity of patient care, and a more holistic and preventative approach by joining up services in a streamlined way within communities and beyond.

Future strategic priorities

15. Clinical and system leaders from across organisations were asked to agree a set of strategic priorities. Following the review, these are as follows:
 - Optimisation of patient safety, quality and experience by reducing variation; consistent standards and treating patients in the most appropriate care setting.
 - Alignment of care models and pathways to optimise patient access and ensure clear ownership of care, by addressing the overlap in services, using consistent criteria, reducing the complexity of the provider landscape and aligning community physical health and mental health.
 - Integration of local services across the life course and a more holistic approach to care by reducing fragmentation of services, focusing on

prevention and integrating across multiple community teams locally to meet all of a person's needs at once.

- Building a flexible, sustainable, and engaged workforce and optimising systemwide use of staff and available skillsets.
- Improving resourcing of services according to local needs and the required scale of delivery so generalist services are delivered locally and specialist services at scale.

16. The review found that there is widespread agreement across Hampshire and Isle of Wight that the current arrangements for delivering community and mental health services are not able to adequately respond to the case for change or meet the strategic priorities outlined for services. All partners working across the Hampshire and Isle of Wight Integrated Care System are dedicated to transforming this delivery for generations to come.

Recommendations

17. To overcome the fragmentation of care delivery and ensure more alignment and consistency, new organisational arrangements are required so that the ICS can collectively meet its priorities.

18. The recommendations are as follows:

A new Trust should be created for all community and mental health services across Hampshire and Isle of Wight, with local divisions to focus on our communities. All existing providers are being engaged and are coordinating this work with the ICB, and identifying a roadmap on developing this work further, the risks and mitigations required.

A review of community physical health beds should be undertaken, in a partnership between community, acute and primary care providers and local authorities. This is required to ensure the highest possible levels of patient safety, quality and experience are in place and that patients are receiving care in the most appropriate setting for their needs.

Develop a systemwide clinical strategy for community and mental health services that focuses on prevention, early intervention and patient centred care. This will be led by our community and mental health providers with input from service users and key system partners, such as primary care and local authorities.

A clear, systemwide strategy for place and local leadership is needed. This will help to identify local integration across health and care and wider determinants such as education.

Establishing a more strategic approach to the funding for community and mental health services to address the current inequities. The approach should acknowledge financial complexities to date and reflect on the overall system performance in communities that have historically had higher levels of investment in community and mental health services, considering how the overall health spend available can be better utilised.

Next steps

19. All partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive. The engagement we undertake with local communities, staff and stakeholders will be two-way, to ensure that everyone's voices are heard and the changes put in place are widely endorsed.
20. The review incorporated existing insight and feedback from people who use local community and mental health services. However, it was the beginning of a detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners. A key part of this is about bringing in the voices of people with lived experience including patients, service users, relatives and carers. Our approach will align with the ICB community involvement and engagement strategy which sets out four valuable principles relating to how we will work. These include ensuring that the involvement of our communities is based on trust and relationships, building on existing best practice, ensuring that we are inclusive of diverse communities and that we share a collective responsibility. We will continue to work closely and in an agile way with colleagues and partners across Hampshire and Isle of Wight, including Healthwatch organisations, to design a detailed engagement and involvement plan.
21. Local services will continue to be delivered. The recommendations set out above are improving the way these services work together. In the event of any service change which evolves from these recommendations, engagement with patients would be required on any specific proposals. We will be keeping all local scrutiny panels informed.