

Board Report

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For: Foundation Trust Board

Subject: Executive Summary

1. Purpose of report and alignment to strategic goals
This report provides a summary of the public consultation on the proposed closures of Linden and Willow inpatient wards (functional and organic respectively) at the Tom Rudd Unit by:
 - *Outlining the background to the Trust consulting on the proposals*
 - *Summarising the feedback received during the consultation period*
 - *Making recommendations regarding the next steps to be taken by the Trust*

2. Context
 - 2.1 The proposed closure of two inpatient wards at the Tom Rudd Unit on the Moorgreen Hospital site reflects the strategy within the Older Peoples Mental Health Service Directorate to move from bed-based services and focus on support in the community that provides personalised care based on individual need (*OPMH 5 Year Service Strategy 2010 "Planning Together for the Future"*). This also reflects the diminishing need for beds within the directorate with a significant proportion (up to a third) of beds being unoccupied at any given time. Background information is shown at appendix 1.
 - 2.2 Hampshire Overview and Scrutiny Committee (HOSC) were briefed in September 2010 of proposals and Southampton Scrutiny B panel on 13 January 2011 and it was agreed that further work should be carried out regarding the proposals.
 - 2.3 Between November 2010 and March 2011 the Older Peoples Mental Health Service Directorate carried out a significant amount of engagement work with service users/carers staff and other external stakeholders relating to the in-patient wards at the Tom Rudd Unit and the strategy for Older Peoples Mental Health Services. The Trust also held four engagement events between January and March 2010 under the banner "Planning Together for the Future" as an opportunity to engage further with the general public and discuss the service strategies and plans. The drop in events were successful in building the Trust's reputation and providing useful feedback for service development purposes. Details of this engagement are shown at appendix 2. The feedback that the Trust received from the above engagement work was included within the consultation document and was used to shape the proposals that were put forward.
 - 2.4 The Trust ensured that throughout this period both the HOSC and Scrutiny B panel were kept fully informed and updated, providing both informal and formal feedback

on progress at HOSC meetings held on 25 January, 29 March, 7 April and the 24th March 2011. The work completed by the Trust was acknowledged by the HOSC at their 29 March 2011 meeting where it was agreed to hold a six week formal consultation regarding the proposed changes to Tom Rudd Unit (as opposed to the maximum 12 week formal consultation period).

- 2.5** In April 2011 the consultation paper and process was agreed by the Boards of NHS Hampshire, NHS Southampton City and Southern Health NHS Foundation Trust (previously Hampshire Partnership NHS Foundation Trust).
- 2.6** Following the publication of the four key tests for service reconfiguration originally described within the revised NHS Operating Framework published 21 June 2010 (*detailed guidance since provided DoH - Service Reconfiguration 29 July 2010*), the Trust has undertaken a self assessment in order to assure itself through its engagement and consultation log that it has met the criteria.

The four tests cover:

- Support from GP Commissioners
- Clinical Evidence Base
- Strengthened Public and Patient Engagement
- Patient Choice

Details of this are shown at appendix 3

3 Report on the public consultation

- 3.1** The public consultation commenced on the 9 May 2011 with five public events held on 13 May, 17 May, 18 May, 23 May and 26 May 2011. Staff were formally advised of the proposals on 9 May 2011 with meeting held for inpatient and facilities management staff on that date. This presentation is shown at appendix 4.
- 3.2** A detailed 'Timeline and Action Plan' was developed and maintained before, during and after the consultation (see appendix 5).
- 3.3** Information relating to the public events and the proposals was widely circulated across key stakeholders. These included briefings, flyers and copies of the main and summary consultation documents which detailed the methods by which feedback could be provided.
- 3.4** The five public events were well supported by Older Peoples Mental Health Service Directorate with additional attendance from Governors and Southampton and Hampshire LINKs representatives.
- 3.5** Storyboards were used detailing the proposals, and an area set aside for a presentation based on the storyboard content and then followed by a Question and Answer session. The format was generally well received.

- 3.6 The presentations worked well and generated a good number and range of questions. The presence of senior clinicians to answer questions was well received by members of the public.
- 3.7 Responses to the consultation were received in a variety of formats. The majority of feedback was received at the public events led by the Clinical Director, Director of Operations and Deputy Director of Operations from the Older Peoples Mental Health Service Directorate. Other feedback was also received via feedback forms and correspondence.

Some themes to emerge included:

- Support for closing under utilised beds within the directorate
- Agreement for developing our community services and moving away from bed-based provision
- Some concerns relating to services being cut back by other agencies and the potential impact on carers and relatives
- The difficulties for some patients and their carers of travelling to the Western Community Hospital

- 3.8 At its 24 May 2010 meeting the HOSC received a progress report on the consultation period.
- 3.9 The Trust analysis of the formal consultation has been externally validated by Hampshire LINKs and a report produced. This report is shown at appendix 8.

4 Key issues, risks, opportunities and actions

As detailed in appendix 6 feedback was received from a variety of sources including responses from members of the public and local councils. This feedback was collated and highlighted some emerging themes which were described in the analysis and forwarded to Hampshire LINKs for validation. Notwithstanding Hampshire LINKs' recommendation the Trust has noted the following concerns and proposed to strengthen the existing arrangements as described below.

4.1 **Improved understanding of mental health issues in primary care and acute care**

The Older Persons Mental Service Directorate has good existing links with GPs and will look to strengthen these further. Each surgery in the Southampton and the South West Hampshire area has a designated psychiatrist and community mental health team to work with. The Older Persons Mental Service Directorate has already run some training events for GPs and will continue to do this through 2011 in order to raise awareness of mental health needs in older people.

The Directorate has recently increased psychiatric liaison into Royal Hampshire County Hospital, Winchester, and will look to increase liaison into Southampton General Hospital as part of these plans. The Directorate is also planning a series of educational events to be held across acute hospitals during 2011.

4.2 Better information for service users and carers

The Directorate has recently updated all its information for service users and carers and this is given out to people when they attend for appointments. The Trust website has also recently been updated.

4.3 The need for people to remain independent for as long as possible with support from family and friends to achieve that

People told the Directorate that they wish to stay living in their own homes as long as possible, however there is a need to ensure that service users and their carers are supported for this to happen. Clinical staff in the directorate work closely with carers, paid carers and Hampshire County Council Adult Services as well as a range of voluntary organisations and try to ensure that individuals are signposted to all the care support that can be provided for them.

4.4 Concern for those who would need transport from rural areas

It is acknowledged that there will be an additional travelling burden for some patients and their carers and family members who will have to travel greater distances as a result of the proposed ward closures. Not all of these individuals have their own transport and would rely on public transport. The numbers of individuals who would be affected negatively by the changes is very small and the Directorate plans to work with members of Eastleigh Borough Council to develop a travel plan to support these individuals. It is acknowledged that a significant amount of care is provided to individuals within their own homes. An additional clinic has been set up at Blackfield Surgery in Eastleigh Southern Parishes where a consultant psychiatrist holds a monthly clinic. Outpatients clinics and memory clinics will continue to be held at the Tom Rudd Unit and Newtown House Eastleigh. There are plans to provide additional memory clinics in or in the vicinity of the Western Community Hospital.

4.5 Concern for carers

The Older Persons Mental Service Directorate values the role that carers and families perform in the care of patients; our staff will ensure that carer assessments continue to play an important role in ensuring that carers' needs are identified alongside those of the service user. As part of developing good practice the clinical teams within the service involve carers as part of care planning. There are carers' groups that are well established across the whole Directorate and in particular carers of people with memory problems have special groups that can be attended to meet their specific questions and needs, as part of 'Memory Matters' courses.

4.6 The need for public awareness and reducing stigma

It is acknowledged that there are significant number of individuals living in the community who have either memory problems or functional mental health problems who have not had a formal diagnosis. Public awareness has increased since the publication of the National Dementia Strategy and the Directorate has noticed an increase in referrals for memory assessments. Southern Health NHS Foundation Trust has a "Time To Change" campaign manager. The "Time To Change" is a national campaign which aims to reduce stigma around mental health.

4.7 Health use of the Moorgreen Hospital Site

Many individuals have been concerned about the removal of services from the Tom Rudd Unit site. A significant amount of money has been spent on upgrading the Tom Rudd Unit where the Community Mental Health Team for East Southampton is based and the Memory assessment clinic is also based there. There are no plans to move these services away from the Tom Rudd Unit site. Proposals are underway to reutilise some of the vacant ward space to develop an inpatient learning disabilities unit.

4.8 Development of a group to oversee changes

A time linked reference group will be established to incorporate key stakeholders to oversee changes.

Appendices

1. Background information
2. Write ups from the four engagement events and activity record
3. The four tests
4. Presentation from public events
5. Timeline
6. Analysis of the feedback received from the Public Consultation In-Patient benchmarking data
7. Inpatient benchmarking data
8. LINKs Report

A COPY OF APPENDICES 2 TO 8 ARE AVAILABLE IN THE MEMBER'S MEETING ROOMS.

Appendix 1

Planning Ahead, Working Together

Background Information

Contents

1. **National Guidance – Evidence Base**
2. **Local Commissioning Strategies**
3. **Benchmarking**
4. **Ward usage**
5. **Staff**
6. **Engagement with target groups**
7. **Key impact events**

1. National Guidance – Evidence Base

1.1 The proposed changes to services reflect the key statements of the following documents:

1.1.1 Darzi – High Quality Care for All and NHS Constitution

- High quality care that is personal, effective and safe
- Focused to reflect the needs and preferences of patients, families and carers.

1.1.2 National Dementia Strategy

- Increased awareness
- Early diagnoses and intervention, high quality care and support.

1.1.3 Our Health, Our Care, Our Say

- Services based in community settings
- Links to primary care with pathways to specialist secondary care.
- Promoting early intervention and prevention

1.1.4 Everybody's Business

- Integrated mental health services to support both the patient and the carer

1.1.5 No Health without Mental Health

- Mental well being is as important as physical health
- Services accessible to all who use them
- Based on best available evidence
- Focused on recovery in the discussion with the service user
- National service framework for older people
- Non age discriminator
- Person centered

2 Local commissioning strategies

- Hampshire Joint Commissioning Strategy for Older People's Mental Health Services (2008)
- NHS Southampton City and Southampton City Council also produced a five-year Joint Dementia Vision (2009)

3 Benchmarking information

The Trust commissioned Consilium to undertake benchmarking information regarding bed usage within this organisation based upon the national picture. The report is shown at appendix 7 and this demonstrates that against both the national picture and best practice there are opportunities to close a significant number of inpatient beds

within the Older Persons Mental Health Directorate of Southern Health NHS Foundation Trust.

4 Ward Usage

Including Leave

	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Linden	454	384	426	345	345	306	278	308	336	411	305	286
Willow	380	362	338	446	147	299	318	299	203	280	177	204

Excluding Leave

	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Linden	339	265	319	309	314	277	264	273	298	375	266	227
Willow	320	300	274	332	146	277	311	300	203	278	169	203

5 Staff

Clinical staff

- Number of clinical staff affected 22.4 wte
- Number of vacant posts available for redeployment 14.87 wte
- Number of staff who have applied for MARS 3.66

Non clinical staff

- Number of non clinical staff affected 24.33 wte
- Number of vacant posts available for redeployment 19.7 wte
- Number of staff who have applied for MARS 2.82 wte

6 Engagement with target groups

Target Group	Engagement carried out
Service Users & Carers	22 November 2010, Eastpoint, 30 November 2010, Crossfield Hall Romsey
Staff	Strategy Workshop 21 July 2010 Regular staff meetings and updates Special Briefings 8 November 2010, 31 January 2011, 9 May 2011, 13 May 2011
General Public	Public Consultation Events 13 May, 17 May, 18 May, 23 May and 26 May 2011
PCT Commissioners	Regular update Meetings and Engagement planning.
Local Authorities	Regular update Meetings
Other Stakeholders	Dementia master class 22 March 2011

Voluntary Organisations	Eastleigh & Southern Parishes Older Peoples Forum 18 January 2011, 1 February 2011, Eastleigh Borough Council 20 January 2011, 10 February 2011, 2 March 2011, 7 June 2011 Test Valley Borough Council 8 February 2011
Governors Groups	23 March 2011

(Please refer to appendix 2 for a full list of engagement activity)

7. Key impact events

Details	Comments
Change in Accessibility/Service Delivery	Beds will always be available for those who need them
Impact on the Wider Community	No risk. If a person is unwell and assessed as requiring inpatient care a bed will be available
Financial and other Factors	Some impact experienced by carers/relatives as a result of potential increase in travel

Appendices 2 to 8 are available as hard copies in the members meeting room.