

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	20 July 2016
Report Title:	Proposals to Develop or Vary Services
Reference:	7680
Report From:	Director of Transformation & Governance

Contact name: Katie Benton, Scrutiny Officer

Tel: 01962 847336

E-mail: katie.benton@hants.gov.uk

1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010, last updated in April 2013. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website through the link below:
http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingsite/mdocuments.htm?sta=&pref=Y&item_ID=4831&tab=2&co=&confidential=
- 1.4. This Report is presented to the Committee in 3 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.

2. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
 3. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Action

2. Southern Health NHS Foundation Trust: Antelope House Psychiatric Intensive Care Unit – Temporary Closure

Context

- 2.1 The NHS or providers of NHS services are able to temporarily amend or close services without consulting the local authority when the NHS body or health service provider believes that a decision has to be taken because of a risk to safety or welfare of patients or staff (e.g. because of an outbreak of a viral disease, or reduction in staffing levels). In such cases the NHS body or health service provider must notify the local authority that consultation has not taken place and the reasons for this.
- 2.2 Members will wish to come to a view on whether an urgent temporary variation of services (in this case, the closure of the PICU and transfer of patients to alternative units) without consultation was the most appropriate option in light of the evidence set out on continued staffing challenges in the briefing paper.

Background

- 2.3 Southern Health NHS Foundation Trust (SHFT) provides a Psychiatric Intensive Care Unit (PICU) in Antelope House, Southampton, which is a ten-bedded ward supporting both men and women. In addition, the Trust provides ten PICU beds in Basingstoke, and three through the purchase of beds located in Solent NHS Trust.
- 2.4 Having successfully recruited to almost all posts in Antelope House in the

spring of 2015, the Trust has since struggled to maintain and fill all nursing vacancies. The number of substantive nursing staff in post now is less than 50% of the overall staffing numbers required for the unit.

Update

- 2.5 Members received a briefing on 1 July 2016 informing them of the proposal to urgently close the Antelope PICU and to provide the service from other sites (both alternative Hampshire provision and the Huntercombe Unit in Roehampton, London) for an interim period of 8 months. An updated report from SHFT can be found at [Appendix 1](#), page 6. This urgent temporary variation was enacted on 8 July 2016.
- 2.6 Although action has been taken to improve staffing levels, the Trust has determined that it is not safe to continue to operate the PICU without requiring the movement of staff from other services across Southern Health in to the service. As this is likely to destabilise other services, the Trust have taken the decision to temporarily close the Antelope PICU.
- 2.7 This option will also enable the Trust to carry out improvements to the seclusion room and create a de-escalation space on the PICU, in line with recommendations from the Care Quality Commission and national best practice.
- 2.8 The main commissioners of Antelope House, Southampton City CCG, have been involved in the decision to temporarily close the PICU. The Committee will wish to test how commissioners from across Hampshire have been involved in this temporary change, and how they will work with the Trust to create a sustainable staffing solution in future.
- 2.9 Key stakeholders have been informed of the urgent variation, including patients, their families, staff, local MPs, Healthwatch and Health and Wellbeing Boards.

Recommendations

- 2.10 Members confirm:
 - a. That they are satisfied that the urgent temporary closure of the Antelope PICU was due to concerns regarding safe staffing levels, and that this change will be in place for a minimum of eight months until a sustainable staffing solution has been developed .

- b. Whether they have concerns with the proposed alternative provision of PICU services for those patients who are affected by the temporary closure.
- c. When a further update on this temporary variation is required.
- d. If they require any further information on this issue.

3. Southern Health NHS Foundation Trust: Kingsley Ward, Melbury Lodge – Proposed Temporary Closure

Context

- 3.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 3.2 Members will wish to come to a view on whether the proposed temporary variation of services (in this case, the closure of Kingsley Ward and the transfer of patients to alternative units in Hampshire) is the most appropriate option in light of the evidence set out in the briefing paper on required building works recommended by the Care Quality Commission.

Background

- 3.3 Southern Health NHS Foundation Trust (SHFT) provides an inpatient Adult Mental Health service from Kingsley Ward, a 25-bedded ward supporting both men and women.
- 3.4 The Care Quality Commission raised a number of building issues specifically relating to the Kingsley Ward in Melbury Lodge, Winchester, through their re-inspection report considered by the HASC in June 2016.

Update

- 3.5 A report from SHFT can be found at [Appendix 2](#), page 12.
- 3.6 The Trust noted at the June 2016 HASC meeting that urgent building works relating to the roof guttering of the Kingsley Ward had been completed, but that further building work would need to be undertaken in order to enhance the environment for both patients and staff. In considering how these works should be undertaken, SHFT are proposing a temporary closure of Kingsley Ward, and the temporary transfer of patients to alternative adult mental health

inpatient services in Hampshire, in order to ensure patient and staff safety, and a continuation of therapeutic environments.

- 3.7 The Trust propose that this temporary closure takes place in late 2016, in order that a full project plan can be agreed with staff and stakeholders prior to the move of patients. Patients will be temporarily moved to two sites; sixteen beds will be operational in the Woodhaven Unit, Calmore, and nine will be purchased from the Priory Group, a private hospital in Southampton. This will be for a period of approximately 26 weeks, or six months, although this is subject to confirmation once a tendering exercise has been completed.
- 3.8 West Hampshire CCG, the lead commissioners of Adult Mental Health services, are supportive of the proposal.
- 3.9 Key stakeholders have been informed of the proposal, including staff and local MPs. A plan is in place to inform patients, families and NHS partners once proposals are finalised.

Recommendations

- 3.10 Members confirm:
 - a. That they are satisfied that with the proposals for the temporary closure of Kingsley Ward, Melbury Lodge, and plans in place to transfer service users for approximately six months to the Woodhaven Unit, Calmore, and the Priory Hospital, Southampton.
 - b. When a further update on this temporary variation is required.
 - c. If they require any further information on this issue.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

<i>A. Hampshire safer and more secure for all:</i>	yes
Corporate Improvement plan link number (if appropriate):	
<i>B. Maximising well-being:</i>	yes
Corporate Improvement plan link number (if appropriate):	
<i>C. Enhancing our quality of place:</i>	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D – Local Government Act 1972 – background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

2. Impact on Crime and Disorder:

- 2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

3. Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

Antelope House staffing levels

Briefing for Hampshire Health and Adult Services Select Committee (HASC)

11 July 2016

Context

Antelope House is a mental health hospital in Southampton, providing care to 52 patients who are acutely unwell. There is a female ward which supports 21 women, a male ward which supports 21 men and a mixed Psychiatric Intensive Care Unit which supports 10 men and women.

We aim to support patients as close to home as possible, so Antelope House is mostly used by people from Southampton. The Psychiatric Intensive Care Unit, however, is used for patients across Hampshire.

Having successfully recruited to almost all posts in the spring of 2015, Antelope House has struggled to maintain and fill all nursing vacancies, for a number of reasons. The number of substantive nursing staff in post now is less than 50% of the overall staffing numbers required for the unit.

The safety of people using our service is our top priority. This briefing sets out action we will be taking to maintain safe staffing levels at Antelope House in the short and long term.

Reasons for workforce challenges

There are a number of reasons why Antelope House has struggled to fill and maintain all nursing posts and it is important to understand these reasons to fix the root causes. Some of the identified reasons to date are:

- There is a national shortage of nurses and fewer nurses are entering training. This is a short and long term challenge for the whole NHS, but is especially the case for mental health as many overseas qualifications are not sufficient which reduces the international workforce pool which is appropriate to work in UK services. Furthermore, there is evidence (for example, from the Royal College of Nursing) that the relatively high cost of living in the south of England impacts on the ability of Trusts to recruit staff from other parts of the country.
- Improvements are needed to the shape of the workforce in our acute mental health services, so patients are supported by the right staff at the right time.
- A recent redesign of mental health services in Southampton created new opportunities for staff in different teams.
- Antelope House is a very busy hospital supporting some of the most unwell people, so it is a

very demanding job. With staff shortages this becomes even more difficult and can affect the wellbeing and resilience of our staff

The service has been taking lots of action to improve the staffing levels. This has included offering relocation packages, moving staff from other services, using agency staff, running recruitment events, more senior nurses working shifts, focussing on staff wellbeing, involving staff in recruitment ideas and offering introduction payments.

Despite the best efforts of our staff we continue to face challenges. This is because we have been attempting to carry out significant service improvement and recruitment whilst operating at reduced staffing levels. We are confident that by separating these activities into two phases we can find a sustainable solution.

Phase one: Immediate action to provide stability and capacity

We have been considering the following options:

1. Continue to move staff from all services across Southern Health to improve safety at Antelope House
2. Work with partners / providers to provide the psychiatric intensive care (PICU) bed capacity on another site for an interim of 8 months.

Following a detailed appraisal of each option we have decided to carry out option two. This will immediately bring staffing to adequate levels by redistributing staff from the PICU to the hospital's other two wards. This option will cause the least overall disruption to patients at Antelope House whilst providing the largest and swiftest improvement to staffing levels.

Option two will also enable us to carry out improvements to the seclusion room and create a de-escalation space on the PICU, in line with recommendations from the Care Quality Commission and national best practice.

Whilst option one could result in improvements to staffing levels at Antelope House, it would take time to move staff across, and could cause instability at other units from where staff have been moved.

The impact of option two for individuals and families is that some people will have to travel further to receive a service. The service is a fully registered provider, and links to Southampton mental health teams will be maintained throughout any admission to ensure care is of the highest quality, that the needs of the individuals are being met during an episode of crisis, and that patients are supported to return to Southampton when clinically indicated.

Southern Health also has a 10 bed PICU unit in Basingstoke and the use of three PICU beds that are purchased from Solent NHS Trust, and where these beds are available, they will be used, however we anticipate that the majority of patients requiring PICU care during this period will receive this at the Huntercombe unit in Roehampton, London, where we are currently purchasing 11 beds.

As swift action is required to maintain safe staffing levels, Hamtun Ward was initially closed to new admissions and existing patients were transferred, with the ward officially closing on July 8.

This has been carried out in a way which causes minimum disruption to patients currently using the PICU service.

Patients have been transported using Medisec, the private ambulance service we use to transport all patients. We will be working individually with families and providing support wherever possible with issues such as travel.

The team at Antelope House have been communicating with patients, carers and family members to make sure they are fully aware of any decisions which affect them, and will continue to do so.

The feedback we have received so far indicates that while patients and families have been disappointed with the changes, they absolutely understand the need to keep services safe. Some families felt well supported and involved, and others felt the communication could have been better.

This decision has been explored and carried out in conjunction with our commissioners at Southampton City Clinical Commissioning Group, and we have also communicated with a number of other stakeholders and interested parties, including local MPs, Healthwatch groups, and Health and Wellbeing Boards.

Phase two: Creating a sustainable solution

With stability and capacity in place from Phase one, we will focus on fixing the root causes of these staffing issues through a comprehensive, eight month recovery plan.

During this period we will be carrying out the following work to boost staffing levels and provide greater support to existing staff:

- Creating new roles such as Advanced Nurse Practitioner roles, Peer Support Workers and employing General Nurses to help with people's physical health needs
- Enabling our staff to come up with ways we can attract and retain nurses
- Offer a retention fee for our current staff who are working so hard to keep our patients safe
- Review the staffing model and shift patterns
- Develop some information about what it is like to work in Antelope House
- Hold Team Away Days and further opportunities for development across the service
- Rotational posts throughout all teams
- Working with university colleagues to consider funding training placements

It is important to give assurance that the situation will be different in 8 months' time. We do believe that by taking these steps we will create stability for the team to implement the solutions which will improve the workforce. Equally, by improving the nurse: patient ratio we hope to make the working experience for staff less stretched and more supported so we are able to keep and develop those people who work for us.

Contact

We recognise that this situation is not ideal and want to do what is best for our service users, their carers and our staff to improve people's experience when using our services. Should you wish to discuss this proposal, your concerns and any ideas you have please contact:

Liz Durrant, Area Manager, Southampton Adult Mental Health Services

Liz.Durrant@southernhealth.nhs.uk

Briefing note for Hampshire Health and Adult Services Select Committee (HASC)

Improvement work at Melbury Lodge

What we are proposing:

- Building work is required at Kingsley Ward, including modernising the ward, improving lighting and lines of sight by removing key walls. This work will improve patient safety and experience.
- Transferring 25 beds in total from Kingsley Ward at Melbury Lodge in Winchester to two sites temporarily. Only sixteen beds are available in Woodhaven Hospital in Tatchbury Mount so we are working with The Priory Group to ensure nine private beds are available locally. This would mean the 25 beds will still be available in Hampshire.
- This transfer is proposed to take place in late 2016.
- The beds will be available for approximately 26 weeks while improvements are made to Kingsley Ward. However this timescale will be confirmed during the tendering process.
- Woodhaven is ideally suited for this temporary arrangement as the unit remains within the catchment area for the West team, and has suitable clinical space which can be swiftly re-commissioned for this purpose.
- Between now and November, minor cosmetic changes to the Woodhaven ward along with some gardening work will be carried out to ensure the environment is suitable for these patients.
- The move to Woodhaven is only temporary in order to ensure patient and staff safety during the works at Melbury Lodge and is the most logical option due to its proximity. There are other potential uses and priorities for Woodhaven in the future.

Why this needs to take place:

- Following initial feedback from CQC, the Trust completed all of the work highlighted including the installation of anti-roll guttering on the roof. This next stage of works is about enhancing the environment for all of those – staff and patients – connected with Kingsley Ward.
- After discussing the project works with the Fire Officer, it was recommended that a full decant of Kingsley Ward should be undertaken to ensure safety of patients and staff in case of fire.
- These works will provide a fit for purpose, safer and more pleasant environment for both staff and patients.

Other options considered

- We have considered other options:

- **Carrying out the work whilst patients remained at Kingsley ward:** This was not appropriate as a safe, therapeutic environment could not be maintained whilst building work takes place, and there would be a fire safety risk to patients and staff which could not be mitigated.
- **Transferring patients to other hospital sites in Hampshire or beyond:** Our priority is to support patients as close as possible to their communities. A combination of Woodhaven and a local private provider enables us to do this most effectively.
- The option we have selected minimises disruption to unwell patients as works are taking place, complies with fire officer recommendations, enables patients to remain in Hampshire and allows staff to stay together as one team, something that they felt was very important in their ability to provide care to patients.

Evidence of engagement

- We have informed local Clinical Commissioning Groups regarding this plan and will when appropriate be contacting local trusts, the SCAS ambulance service and other relevant organisations with full details.
- We are engaging and will continue to engage with the MPs local to Woodhaven (Dr Julian Lewis) and Melbury Lodge (Steve Brine). This includes face-to-face and written updates.
- We have involved staff at Melbury Lodge from the very start and they have been working closely with us to develop the final project plan. A consultation is taking place to support staff in the transfer and see what can be done to support them in working within this new temporary location.
- When we have confirmation about the start date, we will inform patients and their relatives/carers of the temporary transfer, ensure they understand that patients will be remaining within Hampshire, make them aware of any changes to visiting hours etc. and give them the opportunity to voice any concerns or questions they may have. Due to most patients only residing on Kingsley Ward for a short time, notification of the move will be done through awareness posters on the ward and direct discussions from clinical staff with patients likely to still be an inpatient during the decant period and their relatives/carers.
- We will follow the same process in informing patients and their relatives/carers at the end of the process when returning back to Melbury Lodge.

Support from commissioners and other stakeholders

- West Hampshire Clinical Commissioning Group, as commissioner of this service, has expressed support for these proposals.

Support from a clinical perspective

- Senior clinicians along with frontline staff from Southern Health have led the development of this project and support the proposed approach as being the most suitable option for this situation.

About Melbury Lodge

Melbury Lodge is an acute inpatient mental health hospital in Winchester. It focuses on helping patients with recovery through medication, therapy, improved physical health, education and advice and spiritual support. Kingsley Ward is for both male and female patients.

About Woodhaven

Woodhaven is a multi-purpose clinical facility, configured to provide care to people with various needs, including learning disabilities and mental health problems.

For more information please contact Graham Webb, Area Manager for North and West Hampshire Adult Mental Health services: graham.webb@southernhealth.nhs.uk