




Improving Outcomes for Hampshire's Adult Mental Health Services

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Purpose:

-  To confirm the completion of a period of formal public consultation for the development of adult mental health services in Hampshire
-  To set out the feedback themes arising from consultation
-  To describe action taken since the close of consultation and consider next steps



Background

Following agreement at the July HOSC, the Trust undertook a period of public consultation from 5th September to 14th October 2011.

The consultation described proposals to change the clinical pathway, resulting in:

- Provision of alternatives to hospital admission for people with acute care needs, including increased investment in 'Hospital at Home' services
- Increased investment in community reablement services in the New Forest, providing options for people with rehabilitation needs to receive care in their own homes
- Reduction in acute bed numbers by 48 across two sites (Woodhaven in Calmore and The Meadows in Sarisbury Green)
- Reduction in rehabilitation beds by 8, with the closure of Copper Beeches in the New Forest

These changes build on broader service improvements that are already underway, with improved access to services, delivery of consistent, evidence based and outcome focussed clinical pathways of care, and greater focus on carer support. This is all underpinned by a cultural shift towards delivering recovery oriented services.

Themes Arising From the Public Consultation – Acute service proposals

Proposals have received support, in principle, from key stakeholders, including service user groups, HCC, NHS Hampshire, and CCGs.

Key themes arising are:

- High regard for current services provided and quality of interventions, with support for the overall direction of the proposed model
- Transition from current to future model should be carefully managed, maximising opportunities for new ways of working before altering existing services
- Concern that the proposals may increase demands on carers to provide support, particularly during an acute illness
- Concern that carers would need to travel further in Areas where inpatient beds are withdrawn
- Concern about the future closure/mothballing of NHS buildings – there have been particularly high profile concerns raised regarding the withdrawal of beds from Woodhaven
- Since the closure of the public consultation there have been several high profile comments in local media, and Dr. Lewis MP has initiated an adjournment debate in the House of Commons.

Post – consultation engagement

- 🕒 We have established two stakeholder groups, in East and West, to support us in reflecting on the feedback. The groups have each met 4 times. Terms of Reference for these groups are in your papers
- 🕒 **East stakeholder group** - attended by representatives from the Service User Network (SUN), Carers groups, MIND, and HCC. Constructive work is underway around addressing transport issues. Carers' concerns have been discussed, and priorities identified for us to address in staff training and design of pathways. Feedback from this area is encouraging implementation of proposals.
- 🕒 **West stakeholder group** – attended by Dr Lewis MP, Councillor Mans, representatives from Princess Royal Trust for Carers, NHS Hampshire, HCC and service user groups. This meeting has focussed more on the transition of services from the current to the future model, and at the request of participants has considered detailed data regarding bed use, proportion of service users who are detained and benchmarking data.
- 🕒 Our intention is to continue to engage with these stakeholder groups, and we would value their input and overview of the progress of transition plans.

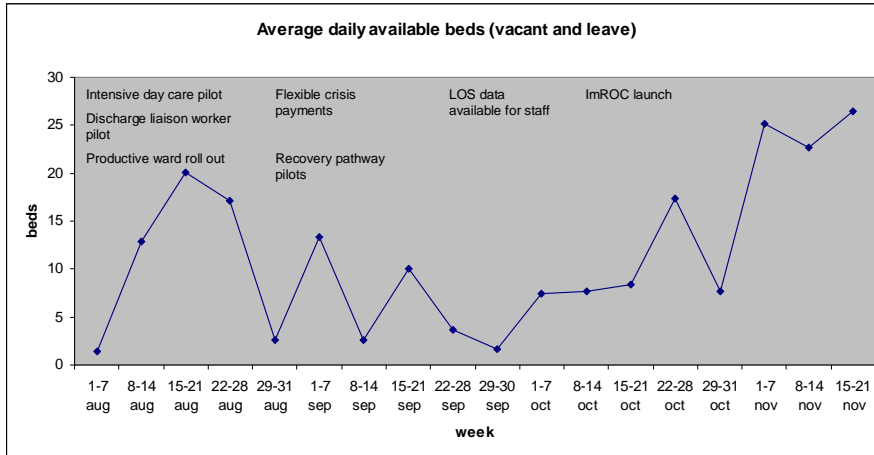
Transition from current to future model

To date:

- 🕒 Engagement of community teams in setting admission objectives and discharge planning from the point of admission
- 🕒 Closer working between wards and home treatment teams
- 🕒 Roll out of 'productive ward' programme
- 🕒 Intensive day care pilot
- 🕒 Flexible crisis payments
- 🕒 Discharge liaison worker pilot
- 🕒 Cultural change – launch of Recovery project (ImROC)
- 🕒 Improving our data and feeding this back to clinicians
- 🕒 **POSITIVE IMPACT** on use of beds
- 🕒 **BUT** - clinical risks associated with staff uncertainty

Plans to April 2012:

- 🕒 Extend pilot work
- 🕒 Changes to the medical model
- 🕒 Implement community team changes




Carers issues

- Concerns are that increasing provision of care at home during acute illness will increase the burden on carers.


While many carers welcome changes that allow their loved one to avoid hospital admission, carers who have had a previous negative experience of caring for someone who is acutely mentally ill have raised concerns. We have provided assurance that beds will always be made available to people who are acutely unwell and cannot be managed in their homes because of the risks they pose to themselves or others, including their carer.
- Concerns regarding the increase in travelling if the number of acute units reduce. This is work in progress, which is overseen in the East Area by the East stakeholder group. Staff in the West Area are also considering options with regards to supporting carers with travel. We are mindful that overall travel associated with hospital visits will reduce as more people are treated at home.
- Concerns relating to the lack of collaborative working with carers in some parts of the service (not specific to this service redesign).

Examples of excellent practice, but a complex and challenging issue for mental health services. We are working in collaboration with Solent MIND to complete a project to address these issues. The project aim is to work collaboratively in seeking to improve the experience of carer, with a particular emphasis on enhancing the skills of our workforce.

Next steps for Acute Care

- Continue to work with stakeholder groups
 - Extend the piloting of the proposed pathway of care to all Areas
 - Continue to monitor the impacts of this on bed use, length of stay and service user and carer experience
 - Progress the carer project and work to address travel concerns
 - Seek deferment of final decision pending this additional work and return to HOSC in January to feedback progress
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Rehabilitation Service - Context

- National move towards delivering rehabilitation in community settings. Some parts of our service have operated successfully for many years with no residential rehab beds, and the use of beds where they exist has been in steady decline.
 - Southampton has the largest inpatient rehabilitation resource locally, and we have been making steady progress there in modernising this service. Crowlin House has recently transferred to social care provision. We propose to transfer the unit in Abbots Lodge (rehab unit for people with very complex needs) to a more clinically appropriate and safer setting in Antelope House, and reduce the number of beds. We are currently engaging with key stakeholders regarding this change.
 - Copper Beeches is a small unit. Our view is that it is no longer required, as the service will be more effectively delivered in the community. In this period of uncertainty staffing levels in the unit are very challenging to maintain.
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Themes Arising From the Public Consultation – Rehabilitation service

Very limited feedback received regarding these proposals. The following concerns have been expressed in West Area:

- 🔄 Concern that there is limited accommodation for people in New Forest if Copper Beeches closes
- 🔄 Concern that the closure of Copper Beeches will have a negative impact on existing service users and their carers

Accommodation issues

- 🔄 We are committed to supporting people as close to home as possible in a variety of settings
- 🔄 We have started a project with the SHA and Commissioners (local authority and health) to work with a range of accommodation providers to ensure the New Forest is not disadvantaged by this proposal. The project will produce a final report with recommendations at the end of March 2012.

Impact on existing (and future) service users and their carers

- Current service users have care plans that mean all will move on from the unit by mid-January.
- £115,000 reinvestment locally in three qualified community reablement workers, who will be based in the Hospital at Home service, and work as part of the wider multidisciplinary team.

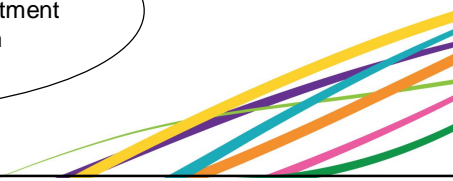
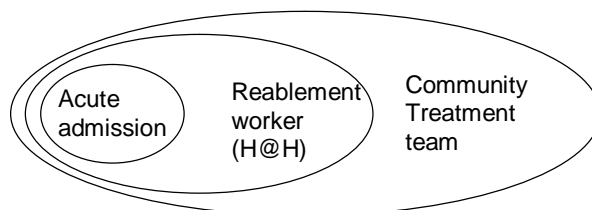


Reablement clinical pathway

Current pathway:

Acute admission → Copper Beeches → AOT

Future pathway:



Summary

- Themes have emerged from the period of formal public consultation for the development of adult mental health services in Hampshire
 - Action has been taken since the close of consultation to engage with stakeholders in considering and responding to the feedback
 - We wish to seek deferment of final decision regarding acute services pending this additional work and return to HOSC in January to feed back progress
 - We would welcome the HOSC's consideration of the closure of Copper Beeches in January 2012, subject to final approval by the Board of Clinical Commissioners and SHFT Board
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