Agenda Item 7

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	24 January 2012
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	Chief Executive

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1. **Summary and Purpose**

1.1. The purpose of this report is to alert Members to proposals from the NHS 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. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006 and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at http://www3.hants.gov.uk/scrutinyfallsframework.pdf

1.4. This Report is presented to the Committee in 2 parts:

1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.

2. *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 therefore support the delivery of the Corporate Strategy aim of maximising well being.

Items for Action

2. **Southern Health NHS Foundation Trust: Improving Outcomes for Hampshire's Adult Mental Health Services.**

Consultation

2.1. Southern Health will provide an update on the process of engagement undertaken with internal and external stakeholders. The supporting paper (Appendix One, p.5) for their presentation particularly addresses concerns raised at the November 2011 meeting, these were:

a) confirmation of the action taken to support the needs of carers;

b) further detail of the impact of the intensive day care pilot on acute mental health admissions and the number of vacant beds resulting from this;

c) how the Trust intends to roll-out alternatives to acute admission in a phased way and the performance monitoring that will support this. This should include specific assurances about the period of 'double running' that will be put in place to support the roll-out of this model of care, if it is agreed, and the monitoring arrangements to be put in hand to ensure that the impact of these changes are as planned;

d) the action in hand to address the needs of carers who may be required to travel further;

e) the options for the future use of Woodhaven; and,

f) steps to ensure that all inpatient facilities are of a suitable therapeutic environment.

Recommendations

2.2. Members confirm:

- If they are satisfied with the actions by the Trust to address the concerns arising at the meeting on 29 November 2011

- If they remain satisfied with the direction of travel as previously supported by the HOSC in November

- If they are satisfied with the phased approach being adopted by the Trust to reduce the numbers of vacant beds in Meadows and Woodhaven

- Whether they consider the changes to service provision are in the interests of the service users and their carers

- A date for Southern Health FT to provide an update on progress against the initiatives proposed in their report

2.3. CQC Reports update

A verbal update will be provided on the Trust's response to the CQC inspections and on their improved internal monitoring arrangements. This should cover the following as agreed at the HOSC meeting in November 2011:

- Progress of action plans under each of the following five workstreams:
    - Individual care plans.
    - Assessment of service users.
    - Inappropriate detainment of informal patients.
    - Recording of critical incidents and observations.
    - Staff access to training.

  That the first of these reports be received in January 2012.

- The impact of CQC reports on current plans for Adult Mental Health service re-design.

- Any risk or equality impact assessments undertaken in relation to the adult mental health proposals currently subject to public consultation.

3. Southern Health NHS Foundation Trust: Older People's Mental Health Services

3.1. A presentation will be given updating Members on progress with Older People's Mental Health Services.

Recommendations

3.2. Members confirm:

a) the timing of a further update on Older People's Mental Health Services.

b) Any further information to be provided as part of a future update.

4. SHIP PCT: Stroke Services

4.1. Further to a presentation given to the HOSC at its meeting on 27 September 2011 the Chairman requested that further specific information was provided about stroke rehabilitation arrangements. The following information has been provided by the Stroke Lead for the Cardiovascular Network in confirmation of those arrangements:

Stroke rehabilitation services

In relation to rehabilitation I can confirm that the Cardiovascular Network with PCT commissioners have undergone a process where providers have been reviewed against a stroke service specification detailing standards of provision. The following hospitals are providing in-patient rehabilitation stroke services:

North Hampshire Hospital, Basingstoke
Royal County Hospital, Winchester
Lymington New Forest Hospital

Southampton Hospital
Queen Alexandra Hospital, Portsmouth

Therefore any patient admitted with a stroke who requires hospital rehabilitation should receive rehabilitation to the standards specified in the South Central Service Specification. We are also collecting monthly data on certain aspects of rehabilitation from each of these providers.

The Stroke Lead will be attending the HOSC should Members have any other questions.

4.2. The HOSC also raised specific questions in relation to the proposals for Stroke Services in response to the engagement document on 29 September 2011. A response to the points the HOSC raised has been received (see Appendix 2).

Recommendations

- That Members confirm if they are satisfied with the further response from SHIP PCT commissioners and the Cardiovascular Network.

- That Members confirm whether they consider the changes to stroke provision represent a significant service change, and whether the changes are in the interests of the population affected.

5. **SHIP PCT: Vascular Surgery Consultation**

5.1. SHIP PCT has indicated that due to extensive engagement with clinical and other stakeholders in recent weeks that there will be a delay in the commencement of the public consultation in order to take into account additional concerns and information provided. An update on the current position is included at Appendix 3.

Recommendations

- The SHIP cluster alert the HOSC to a revised commencement date for the consultation and provide a copy of the document for circulation to members.

- Members consider whether the proposals for Vascular surgery are in the interests of the population affected, and whether the proposals constitute a substantial service change.

Items for Information

6. **SHIP PCT: progress in relation to the provision of therapy for children with special educational needs.**

6.1. SHIP PCT is to provide a verbal progress update, however Members note that a full report is scheduled for the March 2012 meeting of the HOSC.

Recommendation

- That members identify any additional information to be provided at the HOSC meeting on 27 March 2012.

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:

N/A

2. Impact on Crime and Disorder:

N/A

Southern Health NHS
NHS Foundation Trust

HEALTH OVERVIEW AND SCRUTINY COMMITTEE PAPER - 24TH JANUARY 2012

Distribution: Hampshire Overview and Scrutiny Committee [HOSC]

Submitted by: Adult Mental Health Division, Southern Health NHS Foundation Trust [SHFT]

Date: 13th January 2012

Purpose

This paper serves to provide an update of progress in relation to the proposed steps outlined in the paper tabled at the HOSC meeting on 29th November 2011 and respond to the letter dated 30th November 3011 from Cllr Pat West, Chairman of HOSC to Katrina Percy, Chief Executive SHFT.

A: Progress update

The Trust has continued to reflect and engage fully with a range of stakeholders to address the issues that had come to light during the consultation, with stakeholder events being held at Parkway and Elmleigh in Havant, Woodhaven in Calmore and Melbury Lodge in Winchester. Since November the division has progressed on the following schemes and initiatives:

1. Acute Care

a) Intensive day support programmes – The programme enables people with acute mental illness who would otherwise be admitted to hospital to get the support they need whilst continuing to live in their own homes as part of our wider 'Hospital at Home' provision. The programme is holistic, and family-oriented

This programme is currently in place at Woodhaven and a workshop has been held with key managers and senior clinicians to extend the programme beyond North Hampshire during January and March. A Consultant Clinical Psychologist is leading on the design and delivery of the roll-out programme across the areas.

b) Discharge facilitators - These staff are in post in the East and North areas with plans in place to recruit to the West and South areas. These posts are tasked to help with the early identification of admission objectives and issues that could block appropriate discharge, such as lack of suitable accommodation or the need for a home support care package. They also ensure good communication between teams and with carers. The ultimate goal is to create timely and well supported discharge.

c) Hospital at home teams (H@H) – Detailed work has taken place to map and plan the roll out of this approach in each area. Hospital at home teams will work very closely with the access and assessment teams and inpatient wards. The aim is to provide care for acutely ill service users that is tailored to their needs, including provision of the full range of multidisciplinary therapeutic interventions delivered in our wards. This is an extension of the current highly successful Home treatment provision, but increased and dedicated resources will allow for a higher intensity of support.

d) Access and assessment teams (AAT's) – Detailed planning has also been completed for this scheme to implement AAT's in each of the areas. AAT's will operate 24 hours a day, 365 days per year to assess all new referrals coming to Southern Health Adult Mental Health services, and to provide brief interventions, crisis support and transfers for service users. Individuals who are assessed as acutely unwell by the AAT team will be transferred directly to the Hospital at Home team for intensive support, or admission to hospital where required.

e) Crisis funds - A flexible pot of money available to each of our current crisis resolution and home treatment teams (and later hospital at home teams when they are set up), to purchase items to either avoid inappropriate admission to hospital or help with early discharge. Areas have assisted service users in a variety of ways, including the purchase of food where the person has no money, the charging up of an electricity meter, and assistance with transport costs to attend the intensive day support programme.

2. Supporting mechanisms

a) Standard Operating Procedures – Standard operating procedures have been drafted for each of the key services which form part of the redesign model i.e. community treatment teams, access and assessment teams and acute care teams (incorporating hospital at home). These procedures provide a degree of standardisation across the areas ensuring various services work seamlessly together facilitating a smoother service user journey through Southern Health Adult Mental Health services, and delivering consistent outcomes. Further detailed work will be undertaken during February to ensure procedures reflect the redesign at a local level.

b) Clinical Pathways – Working groups have been established to develop evidence based clinical pathways that map against our redesigned services. The groups consist of clinicians from across the Division, working alongside service user representatives and colleagues from the Older Persons Mental Health Division to ensure a consistent pathway is delivered regardless of age. Work is underway to develop pathways for service users with borderline personality disorder, and bipolar disorder, and is about to start for psychosis and depression.

c) Staff induction – A service orientation and team building programme has been designed and will be rolled out over the next two months across the AAT, CTT and acute teams (including H@H). The aim being to support staff through the transition, and further embed the Recovery approach as the bedrock of our philosophy of care.

d) Activity apportionment – Detailed work has been undertaken to ensure that the redesign and changes in activity are reflected in the divisions' contract negotiations with commissioners. This supports the Trust's commitment to achieving quality and clinical outcomes in line with national and local targets.

B: Response to the letter from Cllr West:

1. **Confirmation of the action to be taken to support the needs of carers, including those who might be required to travel further to access services.**

   Dr Stevens and other clinical and management colleagues supported by respected service user advocates have attended a number of stakeholder events across the county to ensure that the voice and opinions of carers are captured and considered as part of the planning and design of the redesigned and enhanced AMH services.

   As mentioned in Section A of this paper specific attention has been given to carers in these events, with Kerry Hearsey, CEO of Princess Royal Trust for Carers delivering a presentation entitled 'What works with mental health carers within Hampshire' which was well received. We currently have carer support workers in place across the division, funded by HCC. These workers are embedded within our mental health teams, and work alongside clinicians to support carers.

   We are working in collaboration with Solent Mind in seeking to further improve the carer experience of services provided by the division, with a particular emphasis on enhancing the skills of our core workforce in relation to carers. We are currently recruiting to the project co-ordinator post that will lead this work.

   Princess Royal Trust for Carers is undertaking an audit to establish carer satisfaction in our Hospital at Home and Intensive Day Care service. We will present the results as part of our presentation to HOSC members on 24th January 2012.

   Good debate has taken place on the distances between sites and the availability of public service infrastructures to access our services across the region. The East and West events reviewed the transfer of service provision and distances between area sites, with members of both groups concluding that increases in mileage were minimal for the majority of service users and their carers. Nonetheless, as an outcome of the events the division is about to begin a scoping exercise to look at initiating a pilot designed at increasing carer support. In the meantime the Trust wishes to provide assurance that carer concerns are being addressed, for example through administration of 'crisis fund' initiatives which are effectively supporting solutions to meet the needs of individual carers and service users.

2. **Further detail of the impact of the intensive day care pilot on acute mental health admissions and the number of vacant beds resulting from this.**

   The phasing in of community based acute care services (including intensive day care) is described in section A of this paper. The division has completed further analysis of the bed occupancy rates to date from the start of the consultation period. With the implementation of our planned recovery based initiatives and 'double running' schemes the attached document illustrates our trajectory during this period against our milestones. In summary, as of November the Median weekly Occupied Bed Days show a 9.9% reduction in bed days as a consequence of the schemes [see attached Appendices A: Adult Mental Health Acute Bed Analysis].

3. **How the Trust intends to roll-out the alternatives to acute admission in a phased way with assurances about the period of double running that has been put in place to support the roll out of the model**

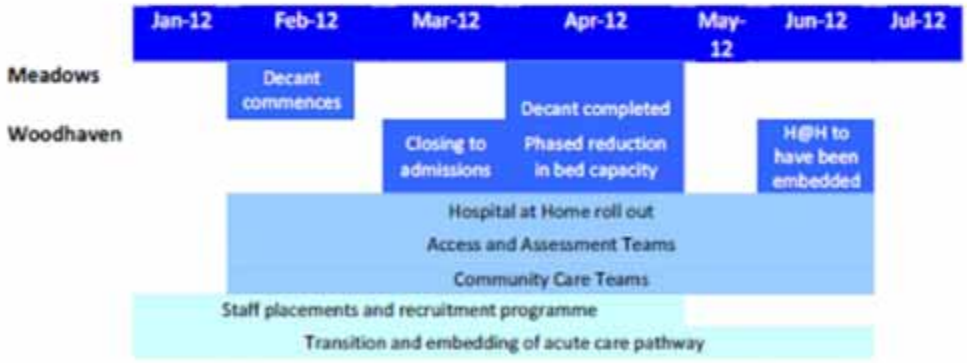
The Trust remains committed to delivering in a planned way the 'double running' schemes across the county, via the planned phasing-in of the redesigned acute care pathway, and supported by the broader pathway changes in our community teams.

It considers these schemes to be integral to the success of delivering the model which was designed in collaboration with our stakeholders and service users, and presented to HOSC members. These will ensure that clinical and quality benefits of the service redesign are delivered in a timely, safe and sustainable manner for all service users. In particular those schemes relating to crisis houses, discharge facilitators, service user transport to therapy groups, enhanced home treatment and crisis funding; examples of which we will present at the meeting on 24th January 2012.

The division is now in the process of being able to conclude its reconfiguration of clinical and non-clinical community staff aligned to the redesigned acute care pathway. Detailed work is on-going to finalise the acute staff consultation processes and timelines.

As we commence the extension of the intensive day care programme from the North of Hampshire we propose to implement plans to phase the reduction in acute beds.

Overview of proposed timetable for phased bed reductions:



4. **The performance monitoring that will support the phased roll-out**

The AMH Division has a clear and transparent structure of reporting into the Trust Board on the milestones and benefits of the service redesign, including the component parts of the phased roll-out. As referenced in this paper, the division is continuing to monitor the impact of the roll out on the bed usage and lengths of stay, as well as quality outcomes including service user and carer experience.

The division's clinical outcome measures are being enhanced through specific work with frontline staff and service users. The new outcomes framework will take account of national performance requirements including those outlined within the 'Social Inclusions Outcome Framework' and by the Care Quality Commission i.e. mental wellbeing, physical health, employment, training, independent living, personalisation, choice and service user experience. In addition to payment by results and HoNOS (Health of the Nation Outcome Scores) clustering metrics which will be monitored by commissioners at a local level.

A number of work streams have been running in parallel across the division to ensure that quality and improvement outcomes of the service redesign are captured, measured and reviewed on a regular basis, in line with local and national clinical and operational performance metrics. Detailed work began in January, led by our Interim Programme Director to establish a Performance Monitoring Board post go-live. The Board will be supported by a trust wide information data warehouse, to ensure consolidation of information across the divisional work streams and trusts strategic agenda, thereby reducing duplication of requests for information and ensuring timely and accurate data reporting into and out of the services.

It is the intention of the division to continue to utilise the external stakeholder forums into which programme redesign and progress information will be communicated on a regular basis.

In addition, it is worth noting that one of our work streams, led by Dr Rathod has been focused on designing a comprehensive, independent service evaluation to ensure evidence based data is available to the Trust and its stakeholders to inform day to day operational business context, future modelling of service changes and the CCG commissioning agenda. An application has been made for research funding to commence the evaluation and the division is extremely hopeful that once approved we will be able, utilising the monitoring framework and subsequent results, to raise the profile of the programme at a national level.

5. **Steps to ensure that all inpatient facilities are of a suitable therapeutic environment.**

All our inpaitent units, in line with national guidance, provide service user rooms that are light, airy and promote a calm and therapeutic environment that fosters service user safety and recovery. These elements were key to informing our service redesign and the move towards single sex accommodation.

The Trust has taken steps throughout its consultation process and continues to do so through its stakeholder engagement process, to engage and listen to service users, carers, and other stakeholders, including HOSC members on its estates and facilities provision. The division is working hard on ensuring that its challenging estates strategy for the future reflects the needs of its diverse service user population across Hampshire.

In the latest National Service user Safety Agency assessment carried out in 2011 the Trust scored good or excellent in all three areas of assessment through out the Trust, with six units receiving excellent on all three assessments.

The Trust remains committed to ensuring that its buildings and assets provide fit for purpose quality inpatient facilities for all adult mental health service users that are also good enough for any other service user and its staff.

6. Update on the future use of Woodhaven

The Trust is proposing a phased reduction of the acute beds at Woodhaven from April 2012. It is anticipated the programme will take 4 to 6 weeks to deliver.

Subject to the proposed withdrawal of current services from Winsor ward, the Trust is considering future options for the use of the vacated estate. While final decisions have not yet been made, the Trust is actively engaged in testing the feasibility of delivery of low secure services from this site, for women in particular. The Tatchbury Mount site already provides a number of secure services. This would allow Hampshire residents to return to the county from 'out of area' placements, to be closer to their families and other social networks.

Our estates team is in the process of completing a detailed evaluation of the suitability of the building for this purpose. This will feed into the overall feasibility work and an update will be available in due course.

7. Update on Copper Beeches

The division can confirm that all current service users will have moved on from Copper Beeches in line with their care plans prior to the closure of the unit. No service user will have been moved on account of the closure.

The reinvestment funds will be aligned to provide for three additional staff in the community, providing capacity into the multi-disciplinary Hospital at Home team subject to the recruitment process.

8. Evidence to Support Proposals

As referenced in previous discussion with HOSC colleagues, and provided in documentation during the consultation period, the service redesign model and pathway is informed by and reflects national requirements and recommendations on improving outcomes for service users of adult mental health services, including:

- Audit Commission audits of HPFT's acute and community services, January 2011
- 2009/10 National Survey of Investment in Adult Mental Health, July 2010
- Mental Health and Productivity Challenge, Kings Fund
- Delivering Quality and Value. Focus on: Acute Admissions in Adult Mental Health, NHS Institute of Innovation & Improvement
- Audit Commission: Maximising Resources in Adult Mental Health June 2010
- Making the acute care pathway more effective (Maximising Resources in Adult Mental Health, Audit Commission 2009)
- No Health Without Mental Health (2011)

The division is currently awaiting the results of an independent review by the Centre for Mental Health of the evidence for change and the redesign model. We anticipate that initial findings will be available to share with the HOSC in our presentation on 24th January 2012.

HOSC Considerations:

The Trust would ask the HOSC to consider the following:

- Note progress to date in the consultation and engagement with internal and external stakeholders

- Note the progress to date on the reduction in bed occupancy as illustrated in Appendix A attached

- Support the phased reduction of beds in the Meadows and Woodhaven, in line with the proposed timescales.

- Propose a date in the future when the Trust may return to report on the progress of the phased roll out better community alternatives and bed reduction.

28 November 2011

Southampton, Hampshire
Isle of Wight & Portsmouth

Stroke

1. **Are far as we can asses the information provided in the document there is little difference in the current and proposed patient pathway?**

   The only difference will be that all patients will be taken to Winchester in the first instance for the first three days of their treatment. Patients from the north Hampshire area will be transferred to Basingstoke for the rest of their hospital stay

2. **It would be useful to know how currently services are performing against the national standards or the quality of care being provided.**

   There are several national indicators for the stroke pathway. Winchester Hospital has consistently been achieving a number of these since April. Basingstoke Hospital has not been achieving most of the indictors. (Attached is an overview of performance at Winchester and Basingstoke against the national indicators)

3. **The presentation of the graph setting out the % of patients spending 90% of their time on a stroke unit needs context and local information**.

   National evidence shows that a stroke patient who spends most of their time on a stroke unit, being treated by stroke specialist clinicians (doctors, nurses and therapists etc.) will have a better recovery and outcomes compared to patients who are admitted to a general ward, or other ward within a hospital. There is a national target that 80% of stroke patients should spend at least 90% of their time on a stroke unit. Winchester has been successfully achieving this and since April, between 87% and 100% patients have spent 90% of their time on the stroke unit. In comparison, Basingstoke achieved this target for the first time in August and September.

4. **It would be helpful to have additional information about the stroke pathway or the way in which services work together to ensure that patients are treated in the most appropriate care setting.**

   NICE guidelines have detailed some of the diagnostics and treatment that need to be undertaken promptly and by stroke specialists. Basingstoke and Winchester hospitals have worked together to develop this joint proposal as they have identified that this will provide patients with the opportunity to be seen and treated quickly in the most appropriate setting for their initial treatment. Patients will be transferred back to Basingstoke for the remainder of their treatment locally.

5. **It would be helpful to see the evidence relating to time to treatment of high and low risk TIAs.**

   National research trials and NICE guidance show that high risk TIAs are at higher risk of stroke within 24/48 hours, hence the importance that a patient who has scored as being a high risk patient is seen within 24 hours. Low risk patients need to be seen within 7 days.

6. **The implications of the forthcoming merger of Basingstoke and Winchester Hospitals need to be considered.**

   The proposals for the stroke pathway have been received as a joint proposal from Winchester and Basingstoke Hospitals.

7. **It would be useful to have had more information about the level of support to the populations affected in terms of access to rehabilitation and follow-up in either in a community or local hospital setting. National guidance is clear that this element of the care pathway is critical. Additionally information to patients and GPs is not considered. The service needs to be considered as a whole across the entire care pathway in SHIP if the benefits outlined are to be achieved**.

   The engagement focused specifically on acute services and the service specification for stroke requires hospitals to provide information to patients/carers and their GP. The PCT, hospitals and cardiovascular network are currently working on community rehabilitation and follow-up reviews. The network is also currently undertaking a process of reviewing each PCT to identify and ensure that these issues are being considered.

8. **There is not sufficient information about the extent to which the proposals will impact on current patient pathways to enable the HOSC to come to a view about the nature of the change**.

   Currently stroke patients are taken to either Basingstoke or Winchester Hospitals. If a patient is taken to Winchester and is potentially eligible for thrombolysis (clot busting drugs) they have services in place to offer this 24 hours a day, 7days a week. At Basingstoke this service is currently only provided when the one stroke doctor at Basingstoke is on-site. Therefore some patients who may be eligible for thombolysis may not receive this treatment e.g. at night, weekends, during annual leave etc. Services at Basingstoke have not been meeting the majority of stroke targets to-date (as illustrated under Q2). The proposal is therefore for patients to be taken to Winchester where they have the services and ability to treat patients and ensure that they are admitted to a stroke unit and receive all the initial diagnostics and treatment in the first three days of their treatment.