

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	27 November 2012
Report Title:	Proposals to Develop or Vary NHS Services
Reference:	4469
Report From:	Director of Policy & Governance

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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. Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster and South East Hampshire Clinical Commissioning Group: Chase Community Hospital – proposed options for service provision

- 2.1 Representatives from the Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster and South East Hampshire Clinical Commissioning Group (CCG) last updated the Committee at the 25 September 2012 meeting on detailed proposals for the future of Chase Community Hospital. At that time the Committee were informed that the main use of Chase Hospital in future was proposed to be a mix of community and acute outpatient clinics, with an alternative model of bed-based care made available whilst a provider was found for a new Nursing Home in the area. It was reported that this model would require the closure of the 12 available inpatient beds provided at the Hospital.
- 2.2 The Committee were asked to confirm support for the new model of services to be provided at Chase Community Hospital, but Members did not consider there to have been adequate stakeholder engagement with the wider local community on the detailed proposals, specifically on the bed-based model of care, to be able to do this. The Committee therefore requested that engagement work took place before it could consider providing support for the proposed way forward.
- 2.3 The Committee also requested that the following information be provided to support the proposed way forward:
 - How the wider local population in the Whitehill Bordon area have been consulted on the bed-based model of care, and the additional community services to be provided from Chase Community Hospital.
 - The outline business case for the future of Chase Community Hospital.
 - The level of local GP support for the proposals.
 - An outline business case and commitment from key stakeholders to the building of a Nursing Home in the Whitehill Bordon area.
 - Transport plans for access to those services featuring in the bed-based model of care for service users, and for families and carers.
 - The clinical case for change, to include why the inpatient beds are not proposed to continue.

- 2.4 Representatives of the PCT Cluster and CCG will be in attendance to present work undertaken since the 25 September meeting, and the additional information requested ([Appendix 1](#), (page 9)).
- 2.5 Members will continue to wish to ensure that the views of local stakeholders regarding the proposals have been taken account of in the final proposals, and that an appropriate level of engagement and/or consultation can be evidenced to support this. Members will also want to ensure that the proposed bed-based model of care is fully supported by local GPs.

Recommendations

Members confirm:

- Whether they consider that there has been appropriate stakeholder engagement in the development of the proposals for Chase Community Hospital.
- Whether they consider the changes to service provision are in the interests of the service users and their carers.
- If they are satisfied with the next steps proposed by the Trust.
- Any additional information or updates to be provided by the Trust

Items for Information

3. Hampshire County Council Adult Services, Hampshire Police and Southern Health Foundation Trust: Places of Safety

- 3.1 The HOSC Adult Mental Health Working Group discussed, as part of their review of the changes to adult mental health services in Hampshire, the number of 'places of safety' in Hampshire utilised as part of powers under Section 136 of the Mental Health Act, and the responsibilities of the NHS and other organisations in relation to such.
- 3.2 Supplementary information was requested by the working group on places of safety under Section 136 of the Mental Health Act, which was reported to the 24 July 2012 meeting. It was heard that an action plan had been developed jointly through the Criminal Justice Liaison group with relevant partner organisations in order to improve Section 136 mental health assessment processes, and to utilise places of safety in preference to police cells and improve assessment times. It was requested that an item on this topic be brought forward to the November meeting. A paper is therefore attached as [Appendix 2](#) (page 57).

Recommendations

3.3 That Members confirm:

- Whether they require any additional information on places of safety.
- Whether they require a further update.

4. Southern Health Foundation Trust: Adult Mental Health Services – details of Trust-led service redesign evaluation programme

4.1 Southern Health NHS Foundation Trust (FT) last provided an update on implementation of the adult mental health service redesign to the Committee at their 24 July 2012 meeting, where it was heard that a review of the redesign programme and a clinical service evaluation would be undertaken once implementation of the changes had been completed.

4.2 It was agreed that details of the planned review and clinical service evaluations would be heard, alongside a further update on implementation, at the November meeting of the Committee. Members will wish to consider any further aspects that could benefit from review, and comment on the methods used to compare outcomes between the previous and redesigned service models ([Appendix 3](#), page 61).

Recommendations

4.3 That the Chairman writes to Southern Health NHS Foundation Trust with any further aspects of the adult mental health service redesign programme which should be considered as part of the internal review.

4.4 To confirm the request that Southern Health NHS Foundation Trust attend the 29 January 2012 meeting of the HOSC to provide the outcomes of their review of the adult mental health service redesign programme and clinical service evaluation.

5. Southern Health FT: Older Peoples Mental Health services – update on implementation and provision of additional information

5.1 At the 25 September 2012 meeting of the HOSC, the Committee agreed to support Southern Health NHS Foundation Trust's (FT) proposals for Older People's Mental Health services in Hampshire.

5.2 The Committee requested that Southern Health FT attend their November meeting in order to provide Members with the following information:

- How the Trust will be performance monitoring inpatient and community services throughout the transitional timetable.
- Final travel plans for the East and West Hampshire areas, taking into account the concerns of stakeholders shared in the consultation.
- Final plans for savings to be reinvested into Older People's Mental Health community services.

- Outline business case for the future use of the Willows Ward, Petersfield Hospital, and the Becton Centre, Barton on Sea.
- Confirmation of how the conclusions reached in the Concilio Associates review report will be taken into account for future consultations.
- Confirmation of how Southern Health will ensure closer working with GPs and Primary Care services.
- Final plans for access to ECT services for Older People's Mental Health service users.

5.3 A response to this request, alongside an update on implementation of the agreed proposals, can be found at [Appendix 4](#) (page 72).

Recommendations

5.4 That Members confirm:

- If they are satisfied with the actions of the Trust in implementing the proposals to date.
- If they are satisfied with the response to the additional information requested.

5.5 That Southern Health FT are requested to provide a further update on implementation at the 29 January 2013 meeting.

6. National Specialised Commissioning Team: Children's Congenital Heart Surgery update

6.1 The Committee last heard an update on the National Specialised Commissioning Team's review of children's congenital heart surgery at the 24 July 2012 meeting, where it was heard that Southampton General Hospital had been retained as a specialist surgical centre, to lead the South Central network within the new model approved by the Joint Committee of PCTs.

6.2 The new model involves a reduction in the number of centres providing this specialist surgery, with the chosen configuration meaning that children's congenital heart surgery would cease at Leeds General Infirmary, Glenfield Hospital Leicester, and Royal Brompton Hospital in London (surgery at John Radcliffe Hospital, Oxford has been suspended since March 2010 and would not resume).

6.3 Since this decision was taken in July 2012, both Lincolnshire and Leicestershire Health Scrutiny Committees have referred the decision to the Secretary of State for Health. They considered that the closure of the Glenfield children's heart surgery unit (provided by University Hospitals of Leicester Trust) was not in the best interest of the local population. In response to this, the Health Secretary has asked the Independent

Reconfiguration Panel (IRP) to undertake a full review of the decision to close some centres.

- 6.4 One of the grounds for referral cited by both HOSCs is the impact of the removal of Extra Corporeal Membrane Oxygenation (ECMO) from Glenfield. ECMO is a nationally commissioned service currently commissioned from three locations across the Country, where it is co-located in hospitals providing children's congenital heart surgery. While the impact of the location of children's congenital heart surgery services on ECMO services was touched on in the 'Safe & Sustainable' review, the Joint Committee of PCT's decision did not include changes to ECMO services. A decision to move ECMO provision from Glenfield to Birmingham Children's Hospital was made by the Secretary of State following the Joint Committee of PCT's decision regarding future surgical centres for children's congenital heart surgery. The IRP will only be considering the decision of the Joint Committee of PCTs, and make explicit in the terms of reference for their review that this will not include the decision to move ECMO services as this was a separate decision.
- 6.5 The IRP intend to provide their report to the Secretary of State by the end of February 2013. The Health Secretary will then consider their findings and take a final decision.
- 6.6 A campaign group based in Leeds has also filed for permission for a Judicial Review of the Joint Committee of PCTs decision. Both of these developments mean that despite a decision having been taken, there continues to be uncertainty regarding the future of these services.

Recommendations

- 6.7 That the Committee be updated regarding the final report of the IRP and any other developments that impact on the decision taken by the Joint Committee of Primary Care Trusts in relation to Children's Congenital Heart Services.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

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

a) *No implications arising from this report.*

2. Impact on Crime and Disorder:

a) *No implications arising from this report.*

3. Climate Change:

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

No implications arising from this report.

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

No implications arising from this report.



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE ON THE
EAST HANTS COMMUNITY HOSPITALS PROJECT
27 November 2012**

Executive summary

In September 2012 the South Eastern Hampshire Clinical Commissioning Group [SEHCCG] attended the Hampshire Health Overview and Scrutiny Committee [HOSC] to set out emerging proposals for the redevelopment of Chase Community Hospital (see Appendix 1.)

This paper provides the HOSC with an update on these proposals, responding to the 6 areas of clarification and action sought by the HOSC in September 2012:

1. How the wider local population in the Whitehill and Bordon area have been consulted on the bed-based model of care, and the additional community services to be provided from Chase Community Hospital;
2. The outline business case for the future redevelopment of Chase Community Hospital;
3. The level of local GP support for the proposals;
4. Commitment from key stakeholders and a private developer to the building of a new nursing home in the Whitehill and Bordon area ;
5. Transport plans for access to those services featuring in the bed based model of care for service users, and for families and carers;
6. The clinical case for change, to include why the inpatient beds are not proposed to continue.

A. INTRODUCTION

The responsibility for commissioning health services for the population currently belongs to Hampshire Primary Care Trust [PCT]. The Health and Social Care Act 2012 will lead to the dissolution of the PCT and the transfer of some of its current responsibilities to new bodies called Clinical Commissioning Groups [CCG]., The CCG that will be responsible from 1 April 2013 for the commissioning of health services for the population of Whitehill and Bordon will be the South Eastern Hampshire CCG.

In order to ensure continuity, the designated South Eastern Hampshire CCG [SEH CCG] has been operating under delegation from the Hampshire PCT to develop commissioning proposals for Whitehill and Bordon.

It is important to note, however, that not all PCT responsibilities will transfer to the CCG. Significantly in this instance, on 1 April 2013, the ownership of the Chase Community Hospital will pass to a new national body called NHS PropCo.

In taking on the responsibility for commissioning services out of Chase Community Hospital, the CCG has been clear and categorical from the outset that it sees the hospital as having a central and enduring role in the provision of care for the local community. In this respect there is and has never been any doubt that the Hospital will remain open to serve the needs of local people.

However, there has been very close work with the local community over the course of the last 3 years on the future of the range of services at the hospital. Since 2011 the CCG has been actively working with and engaging with the local community to establish a solution to offer services which are appropriate for and wanted by residents, and to provide services that will not destabilise other community hospitals in the surrounding areas.

The following sets out how the South Eastern CCG has responded to and addressed the questions posed by the HOSC:

1 Clarification and Action on - How the wider local population in the Whitehill and Bordon area have been consulted on the bed-based model of care, and the additional community services to be provided from Chase Community Hospital.

- i. Since the summer of 2011 engagement with the local community has increased. A six-week engagement period (from 16 May 2011 to 24 June 2011) enabled residents to comment on current healthcare services and how they could be improved, aspects of bed based care and travel issues. More than 200 people completed an online survey, nearly 80% of which were from Whitehill and Bordon residents. Five drop-in sessions were also held in the Whitehill and Bordon area. Further details can be found in Appendix 2.
- ii. After the engagement period a series of workshops were held to evaluate findings and involve stakeholders in the proposals for new models of care, and comment on the shape of the services:
- iii. Workshop 1 – (October 2011 – 25 attendees) an Options Appraisal to consider the many options put forward by the local stakeholders with a commitment from the CCG to carry out a feasibility study on these.
- iv. Workshop 2 – (January 2012 – 29 attendees) to illustrate potential feasible options, to shape the options and to listen to people's views. Key themes and feedback from this workshop were:
 - the need for further information about how a private nursing home provider would operate and anxiety about bed closures
 - the need to clarify difference between Minor Injuries Unit and Service for local community
 - interest to explore the end-of-life care in the area
 - to ensure patient choice remains for consultant and hospital and Out-patient Clinics
 - poor transport links in the area
- v. Workshop 3 – (March 2012 – 33 attendees) to present a proposal for new models of care and comment on the shape of the services, the results of the outpatient and inpatient audit and options around the requested nursing home. Key themes and feedback from this workshop are illustrated below and how the SE CCG has addressed these concerns:
 - *The public said: Support needs to be in place before the ward closes.*
 - The provision of the new model of care will be implemented prior to the closure of the beds. A group has been established to take forward implementation of the new model of care and the GP medical cover required and includes Lead GP representation.
 - *The public said: What plans are there for patients needing step-down or step up care?*
 - There will be access to community teams with support from multi-disciplinary teams including physiotherapy, occupational therapy, social services including equipment to facilitate the patient being cared for at home. Additionally there will be access to nursing homes and hospices if appropriate. There will also be beds available at Petersfield for those patients requiring a 24 / 48 hour stay whilst provisions are made for their care at home.

- *The public said: Is closing the beds about saving money?*
- Southern Health provides the community nursing service. The money will be reinvested into the new bed based model of care.

- *The public said: What measures are being taken to cover for the loss of beds at Chase until local nursing home beds are provided?*
- Until a local nursing home is built, we will commission a full range of 24 hour nursing care and end of life services from an approved nursing home, in Petersfield hospital for short stays or in an acute hospital.

- *The public said: Have we considered the impact on loved-ones of patients who may want to die at home, but were not able to stay at home the whole time. Where would they go?*
- If a patient is unable to stay at home, end of life care will be provided at a nursing home, hospice or an acute setting depending on the patient's needs. A task and finish group for bed based care and End of Life has been established to develop this service further. MacMillan will be involved in this group.

- *The public said: Can the NHS make it a condition of contract that the GP practice moving on site provides an MIS?*
- We are looking to commission a Minor Injuries Service at Chase but we cannot restrict the provision to one practice and therefore all GPs local to the area will be given the option to participate in the scheme.

- *The public said: What plans do the CASH (contraception and sexual health) service providers have for outreach work with young people?*
- We will have a number of young people's clinics and a dedicated sex sense team to work with young people.

- *The public said: As a lot of (local) patients have to go to Alton, Petersfield already, maybe we should have some things that centre themselves here (Chase).*
- We will select specialities that could sustain a weekly clinic.

- *The public said: The new fire station site will not be available for five years. What potential sites are being explored for the future?*
- Meetings are underway with LIFT and its supply chain to discuss the provision of a nursing home in Whitehill and Bordon. As yet a preferred site has not been identified.

- *The public said: We are far away from everything else and transport is not good.*
- A patient transport and car parking group will be established.

- *The public said: Has any thought been given to setting up focus groups for future consultation.*

- Task and Finish groups have been set up for:
 - New model of care and end of life
 - Outpatient services
 - Relocation of mental health and community teams
 - Redevelopment of Chase Community Hospital
 - Minor injuries service
 - New nursing home
 - Relocation of GP
- vi. The on-going involvement of local stakeholders and the stakeholder engagement exercise in March 2012 has raised a number of key themes which have been incorporated into future planning. This falls broadly into two categories:
- There has been informative feedback about the longer term planning for the site and a range of services that local people would like to see on the site in the future.
 - There is concern about the future of the beds and possible closure of the ward.
- vii. The overall aim is to re-provide health services on the Chase Community Hospital site to ensure that services are re-designed and fully utilise the hospital, and to offer services which are appropriate for, and wanted by residents.
- viii. Local people have said that they would like to see outpatient services on the site extended. There are 5 broad categories of proposed services which are:
1. Increase the Outpatient Services
 2. GP Branch Surgery
 3. Re-provision of adult and older people's mental health services from the Elizabeth Dibben Centre into clearly defined accommodation that will allow better integration of these services with other local community and primary care services based at the hospital
 4. Commission a Minor Injuries Service
 5. Provide a new bed based model of care within the locality
- ix. A stakeholder steering group was established in April 2012 to ensure the future plans address the identified gaps/shortfalls in services for the community local to Chase Community Hospital. This group is at the heart of shaping the development of plans and options for Chase Community Hospital and will continue to be involved at every stage in the future. The Stakeholder group reports to the Project Board and meets monthly to ensure the views of local residents continue to be heard, the right package of outpatient services and bed based care are delivered whilst planning for the new model of care in the local area. For stakeholder membership refer to Appendix 6.
- x. Following on from the workshops a series of presentations, newsletters, press releases and briefing/meetings have been given to discuss potential ideas for services at the hospital:
- Presentations:
- 10 May 2012 - Whitehill and Bordon Eco Town Community Facilities and Amenities Specialist Group (17 people attended)
 - 19 May 2012 - The Health and Wellbeing Partnership – East Hants Delivery Group on Thursday (approximately 30 people attended)

- 2 July 2012 - Health and Wellbeing Board
 - 26 July 2012 - East Hants District Council
- newsletters / press releases have occurred in April, May, July and September 2012. News releases regarding engagement events have occurred in October and November 2012.
 - Briefings / meetings - between January 2012 to August 2012 17 additional briefings / meetings have been held with local councillors, MPs, clinical services providers, Link, Hampshire County Council. See Appendix 3 for more detail.
- xi. The most recent engagement regarding the future of Chase Community Hospital occurred from 8 October 2012 to 9 November 2012 comprising of question and answer sessions, drop in events and a further survey.
- a. A question and answer session was delivered to the Community Forum, East Hants District Council on 16 October 2012 at Lindford Community Hall. 72 local residents attended and 7 local councillors. See Appendix 4 for further details.
 - b. 4 drop in events have taken place in the local community:
 - Thursday 18 October 2012 - Liphook Village Hall (2 people attended)
 - Saturday 20 October 2012 - Forest Shopping Centre, Bordon (with a consistent flow of passers-by – estimated to be 40-60)
 - Monday 22 October – Chase Community Hospital (30-35 people)
 - Friday 26 October - Whitehill Village Hall (7 people attended).
 See Appendix 5.
 - c. There have also been two events where the public could view the display boards and take away leaflets and survey forms:
 - Monday 29 October - Tesco, High Street, Bordon, (10 people stopped to discuss)
 - Friday 2 November - Headley Village Hall (5 visitors)
 - d. A further survey on Chase Community Hospital was available online until 9 November 2012 or from the drop in sessions. 131 surveys were completed. There was overwhelming support for the redesign of services, our plans to retain existing outpatient services and to introduce new services and clinics such as GP services and an MIS and 55% either strongly agree or agree with the new model of care. See Appendix 9 for a more detailed analysis of results.

2 Clarification and Action on - The outline business case for the future redevelopment of Chase Community Hospital.

- i. This Business Case seeks approval:
 - To produce a full business case for the major redevelopment of accommodation at Chase Community Hospital, Whitehill and Bordon.
 - To enhance and expand acute outpatient and community services
 - To implement the proposed new model of care for bed based services
 - To commission a GP led minor injuries service in the hospital
 - To relocate Primary Care Services and Adult and Older People's Mental Health Services into Chase Community Hospital

- ii. The future of services at Chase Community Hospital has been the subject of discussion and engagement since 2009. A key element of this is the arrangements for bed based care. Over recent years, inpatient admissions to Chase Community Hospital have decreased. Changes in patients' needs and the ways in which healthcare staff can support these needs in patients' own homes means the demand and use of inpatient beds at Chase Community Hospital has declined. On average, only 7.5 beds a day (136 admissions) over the last year have been used, which is inefficient, creates potential quality challenges and is unsustainable.

- iii. The aim remains to fully utilise Chase Community Hospital for the populations of Whitehill and Bordon and the surrounding communities. Feasibility studies have been undertaken to examine options for the long term use of Chase Community Hospital which include leaving it as it is, which is not sustainable for its long-term future; closing the hospital, which is unacceptable; or re-designing the services to fully utilise the hospital; this option is supported by local stakeholders.

- iv. Three workshops with a wide range of stakeholder events were held in late 2011 and early 2012. The conclusions from the consultation processes were as follows:
 - Step up and step down bed based care to be provided in patients' homes or in a nursing home setting, through new models of care or in Petersfield Community Hospital for a short turn around period
 - Increased range of acute and community outpatient specialties
 - Improvements in local services for sexual health and substance misuse
 - Co-location of mental health services into the hospital
 - GP Practices to move into the hospital building

- v. This business case sets out details of the revised models of care and the new and expanded services to be provided at the hospital. The proposals allow rationalisation of local premises, including the closure and disposal of the Elizabeth Dibben Centre (owned by Southern Health Foundation Trust), and replacement of two nearby GP Practice Surgeries (freehold held by the local practices).

- vi. The out-turn capital costs for the re-development are estimated at £2.88m.

vii. The re-development will generate net NHS system revenue savings estimated at £295,000 p.a. from 2015/16 onwards. There will be non-recurring revenue expenditure of £325,000 in 2014/15.

viii. It is not yet confirmed whether the second GP Practice will move into the hospital building. The net NHS system savings would reduce to £208,000 if a second GP Practice does not move into the hospital building

ix. The programme for the re-development envisages submission of a full business case in April 2013 with works commencing at the hospital in May/June 2013. An 18 month construction period will be required with completion in November 2014.

x. Expenditure estimated at £76,000 is required in for fees to enable completion of the design and production of a full business case.

Approval sought

xi. Approval of this outline business case is sought with estimated costs as follows:

- To produce a full business case for the major re-development of accommodation at the Chase Community Hospital
- To enhance and expand acute outpatient and community services
- To implement the proposed new model of care for bed based care
- To commission a GP led minor injuries service in the hospital
- To relocate Primary Care Services and Adult and Older People's Mental Health Services into Chase Community Hospital

i. a forecast out-turn capital cost of £2.88m, to be funded from NHS capital sources

ii. a net NHS system revenue saving estimated at £295,000 p.a. from 2015/16 onwards

xii. Following completion of the design, full business case costs will be reported to the Director of Finance for approval to proceed to tender. Accordingly, approval is also sought for the following:

- Delegated authority is sought for the Director of Finance to approve Full Business Case costs and Agreement to proceed to tender
- Expenditure estimated at £76,000 for fees to enable completion of design and a Full Business Case

3 Clarification and Action on - The level of local GP support for the proposals.

i. The CCG has been engaging with the local GPs and has held 6 meetings from July 2011 to October 2012 to discuss the new model of care and outpatient services.

ii. The CCGs believe that GPs recognise and strongly support the principle that Chase Community Hospital needs to change. Whilst they are keen to redevelop the services offered from the hospital they have also expressed their anxieties with the new bed model of care.

iii. Much of this anxiety relates to the capacity and capability of the community nursing and therapy team to deliver enhanced care for local people.

iv. The CCG has therefore been working with Southern Health NHS Foundation Trust over the course of the past twelve months to ensure that both the capacity and capability exists to deliver the new model of care. This programme is not yet complete, but has already seen an increase in nursing and therapy provision in the community by 45% in preparation for this.

	Band 7	Band 6	Band 5	Band 4	Band 3	Total
WTE @ 13.11.11	2	1	3.6	0	1	7.6
WTE @ 13.11.12	1	2	5.6	2	3	14.6
History Taking	1 x currently completing	1 x currently completing 1 x to be scheduled				
CUSP			2 x to be scheduled			
Individual Prescribing	1 x awaiting allocation January & March	1 x awaiting allocation in January and March				

v. An additional £125k has also been identified to up skill nurses in history taking and assessment, CUSP (community up-skilling programme) training and Independent Prescribing, as shown above.

vi. All staff recruited to an Integrated Care Team (ICT)/Community Care Team (CCT) have the skills required for any physical health setting, including the identification of a deteriorating patient. Specific skill sets are in place across the team to ensure a breadth of skills that allows for sicker patients to have care provided to them at home. In addition to the training mentioned above, staff development and training is a crucial part of the Community Matron and Community Nursing Sisters

vii. Over the last year Southern Health NHS Trust has increased the CCT staffing to ensure the team are able to care for more people at home, and with the right skills. This has been done in advance of any potential bed reductions. The increase in staffing ensures that the team can deliver the model, and is comparable with other teams already working in this way.

viii. Acute hospitals simply refer any discharges as usual to the CCT. If the patient is a candidate for the Virtual Ward (term being phased out to Integrated Care Teams) the Community Matron will manage that and liaise with the GP. The poster for Whitehill and Bordon regarding the new ICT will be available w/c 19 November 2012.

ix. Geriatrician input is being delivered on a fortnightly basis to assist the clinical review of those patients who are risk stratified as being the most vulnerable to admissions to secondary care. The Geriatrician is also providing an independent role in providing quality assurance that the model is achieving its highest potential and also mentorship for the senior clinical nursing team. In terms of multidisciplinary virtual ward

meetings, these occur weekly in the team and have therapy, social care and mental health in attendance.

x. Community diabetes, heart failure and respiratory are all aligned with the CCG borders and have extended provision commencing May 2012 for all teams.

xi. The community diabetes team provides access to the provision of DESMOND courses for patients newly diagnosed with diabetes and support both primary and community care in management of their patients. The team are also engaging with primary care to review any patients who currently receive routine follow ups by PHT and who are not suffering from one of the 'super six' conditions. This is conducted in conjunction with consultant and specialist nurse input.

xii. Community heart failure nurses also support community care teams in the management of the left ventricular heart disease and take direct referrals from both primary and community care. Urgent referrals are responded to within 3 days on face to face basis, non-urgent seen within 10 days and all patients are contacted by phone within 24 hours. The team, supported by a consultant cardiologist, clinically review their caseload on weekly basis in conjunction with this provision. All ICTs have an allocated heart failure nurse who attends the meeting to clinically advise on the outcomes of their case managed patients.

xiii. Respiratory nurse specialists support the complex case management of patients for whom first line treatment has not provided an increased response. An allocated heart failure nurse attends the weekly meeting to clinically advise on the outcomes of their case managed patients. The nurse specialists also provide a home oxygen assessment and review service and run a clinic every 2 weeks at Chase to assess for those patients who require oxygen for a broad range of respiratory conditions.

4 Clarification and Action on - the commitment from key stakeholders and a private developer to the building of a Nursing Home in the Whitehill and Bordon area.

What we have learnt

Our vision is to implement a new model of care that will meet the needs of the population of Whitehill and Bordon. This is a model of care that we have already delivered highly effectively in Hythe and Havant. We understand that as the population is getting older there will be a need for more nursing home beds to provide 24 hour care including end of life care. Currently there are no nursing home beds within Whitehill and Bordon and the closest nursing home is about 6 miles away. There is a choice of nursing homes in Liss.

As there is no nursing home within Whitehill and Bordon this project will create opportunities for a new nursing home provider to move into the area. Given the demographics of the population and the economic environment of Whitehill and Bordon we know that this will provide an attractive commercial prospect. This view is supported by social services leaders, who understand the nursing home sector, and our own advisors.

We know that the number of beds required for a new nursing home to make it viable and meet current standards is usually a minimum of about 60 beds. For this type of facility the following provides an indication of the design requirements for a new nursing home:

- In order to provide adequate external space including car parking, the usual site area requirements for a new building scheme would be approximately 5,000 sqm
- Between 3,000 and 3,600 sqm is required for the actual building footprint
- A 60 bed facility would generally be 3 storeys high
- It would need approximately 32 car parking spaces to be provided on site

Progress since last update

A number of options were considered at the outset for the provision of a new nursing home which included:

- the potential for Chase Community Hospital site
- other local NHS land
- other public sector owned land eg. non NHS
- private sector land

Following a development appraisal it was agreed that Chase Community Hospital site could not be developed to include a nursing home and still retain the hospital within its current footprint. There were no other NHS sites large enough so we would need to identify other sites to accommodate the nursing home and any new site would need to be designated as 'heath use' by the local planning authority.

We have been working closely with key stakeholders to identify possible development sites in Whitehill and Bordon and the following have been identified:

- Quebec Barracks

- Louisburg Barracks
- Viking Park
- Officer's Mess
- Site of the former Whitehill Social Club

All of these sites could potentially be redeveloped and we have initiated discussions with EHDC Eco-town Team to talk through our proposals. We are exploring the available options with the Eco-town Team and initially Louisburg Barracks and Quebec Barracks are likely to be available. We understand Quebec Barracks is being purchased by the Homes and Communities Agency (HCA). Further work would be required to test feasibility and financial viability of a new nursing home on these sites.

Positive discussions have been held with a number of nursing home providers to assess the appetite for a new nursing home development in Whitehill and Bordon. They have undertaken their own market research which has demonstrated that there is a need for a new nursing home in the area.

We have already been approached by two local nursing home providers who are looking to expand and are actively working with us for provision of a new nursing home.

We are also working closely with other public sector partners eg. Hampshire County Council to understand the social care and nursing needs for the population of Whitehill and Bordon. It has been identified by HCC Adult Services, that there is also a need for nursing home beds for social care in this area and that these would be procured on a spot purchase basis, as and when required by the local authority if a new nursing home was in place.

We have meetings arranged with East Hampshire District Council Planning Department to brief them and seek their support in taking forward any future development including granting a change of designated planning use of suitable land.

Next Steps

With the implementation of the new model of care the NHS will secure nursing home beds from an existing home in Liss until a new home is built in Whitehill and Bordon. At that time, the funding secured for these beds will be used to procure beds from the new facility.

Timescales:

- December 2012 - Meeting with EHDC Planning Department
- December 2012 - Meetings with private nursing home providers
- January 2013 - Facilitate meetings with EHDC Planning Department and private nursing home provider
- March 2013 - Option Appraisal

5 Clarification and Action on - Transport plans for access to those services featuring in the bed based model of care for service users, and for families and carers.

- i. We appreciate that transport is a major issue for local people however, the new model of care will provide more outpatient services on site and therefore reduce the need to travel for the majority of people. In addition, there will be fewer patients who will need a nursing home or alternate bed based care as the majority will be able to be cared for in their own homes.
- ii. During the 6 week engagement period between May to June 2011 209 surveys were completed; nearly 80% of which were from Whitehill and Bordon residents. Respondents were asked what they considered to be a reasonable distance to travel for services. 36% said it was reasonable to travel up to 7 miles for an inpatient stay and 63% said it was reasonable to travel between 7 to 10 miles. The SE CCG acknowledges this feedback and is reviewing two possible nursing homes in Liss. See Appendix 2, section 9.
- iii. Patients needing admission to a nursing home at Liss under the new model of care would have their transport arranged to and from the home.
- iv. The survey also showed that the majority of respondents (84%) travel by their own car with 7% getting a lift from friends and/or family and 4% using volunteer transport services. Whilst the nursing home location is not ideal for everyone we will arrange transport for those relatives visiting patients in the nursing home who do not have their own car. The home also offers free overnight accommodation for relatives of end-of-life care patients should this be required. See Appendix 2, section 10.
- v. A transport leaflet has been produced to assist the local population with information on bus routes, volunteer driver associations, concessionary travel schemes and concessionary travel passes and vouchers for the Whitehill and Bordon and surrounding villages.
- vi. A public engagement exercise carried out by Hampshire County Council "Whitehill and Bordon Bus Service Proposals" in March 2012 identified from 702 survey responses that "a great many people considered the bus service to be irrelevant as they had no wish to visit the area serviced by it or they use alternative transport (either car or by foot)."

6 Clarification and Action on - The clinical case for change, to include why the inpatient beds are not proposed to continue.

- i. The current model of care is no longer viable due to 3 key issues: patient choice, staffing challenges and sustainability.
- ii. **Patient choice:**
- iii. Most people are keen to stay at home as long as possible or return home after a hospital stay providing they have the right support in place. We know that a prolonged stay in hospital increases the likelihood that older patients will lose their independence. Both patients and their relatives/ carers quickly lose confidence and support structures at home may deteriorate. The very best place for rehabilitation is usually the patient's own home. However, we also acknowledge that this is not always the case and some patients need 24 hour care outside of the home environment for a limited time with the aim of getting them back home rather than into full time permanent residential care.
- iv. **Staffing challenges with the current model of care:**
- v. In order to operate a 24/7 service on the ward, for each member of nursing staff on duty at any one time, 5.1 nurses have to be employed. Therefore 10.2 WTE nurses are required to provide a minimum of 2 nurses on duty at any one time, which is the absolute minimum for a safe service, regardless of the number of patients. Over recent months in order to sustain the beds staff from Petersfield hospital are working in Chase hospital to cover any shortfalls in staff but it has become increasingly difficult for our service provider to recruit the right level of skill. The current level of clinical need does not demand an extension of clinical skills and therefore it is difficult to attract and retain a workforce in an uncertain future.
- vi. **Sustainability:**
- vii. The inpatient beds are underutilised. Whilst there are 12 staffed inpatient beds only 7.5 on average are in use each week. Changes in patients' needs and the ways in which healthcare staff can support these needs in patients' own homes means the demand and use of inpatient beds at Chase Community Hospital has declined and the inpatient admissions have therefore decreased.
- viii. Last year, 136 people were in-patients at Chase; about 1% of the population. This was the lowest – but most expensive – bed use of any community hospital in Hampshire.
 - The average cost per occupied bed day in a Community Hospital across the country is £164
 - The average cost per occupied bed day in Chase Community Hospital is £270
 - The average cost of supporting patients in a nursing home environment is approximately £107 per day
- ix. The in depth audit carried out in July 2012 of 40% of admissions during a 12 month period (see appendix x page x) identified that:
 - 92% of patients (51) were identified as being potentially suitable for care in their own home, or for patients who need 24 hour care outside a home environment in a Nursing Home or a Re-ablement Bed.

- 18% of patients (10) were admitted for End of Life reason; 9 patients had requested to die at home
 - 5% of patients (3) were admitted for social care reasons
- x. Furthermore, an audit of GP referrals for inpatients over a three month period from April 2012 to June 2012 highlighted that less GP practices are using Chase less than other community hospitals:
- 5 practices referred 22 inpatients into Chase
 - 21 practices referred 44 inpatients into Petersfield
 - 17 practices referred 35 inpatients into Alton
- xi. At Chase Community Hospital the medical cover is provided by local GPs and the clinical element for nursing is provided by Southern Health. Chase will only accept patients that are registered at Badgerswood/Forest/Highview, Pinehill, Woolmer/Riverside, Liphook/Liss and Liphook Village surgeries. There is an agreement in place that the GPs who cover Petersfield and Alton Community hospitals will accept any patients who require care, irrespective of which GP Practice the patient is registered with. Therefore, unlike Chase, there is no catchment area for Alton and Petersfield Community hospitals.
- xii. One challenge that has been raised by stakeholders is the anticipated growth in population is that the master plan only covers the area of Whitehill, Bordon and Lindford and misses out Headley, Headley Down, Standford, Passfield, Liphook, Greatham Kingsley etc. However, it is only the patients registered with GP Practices as stated above, that can be admitted into Chase and these GP Practices currently have a population size of approximately 14,000.
- xiii. We know that the best place for care is at home, especially for older patients with more complex needs. It is our intention to ensure that the services provided to inpatients at Chase Hospital continue to be available locally in a wider range of settings including at home and in 24 hour facilities with an overriding aim to maintain the patient's independence for as long as possible
- xiv. We propose to re-invest the current funding tied up in Chase beds in a new model of care which will be able to support more local people:
- to stay at home with the right support, rather than be admitted to hospital
 - to come home from hospital as soon as possible after an illness or injury with the right support
 - to receive bed-based nurse care close to home if needed
 - to access personalised end of life care ensuring patients can die at home if they wish.
- xv. This 'model' of care is already working highly effectively in other parts of Hampshire, such as Hythe. We would invest in services designed to prevent unnecessary admissions to hospital and reduce the length of stay if admitted to hospital, by:
- Using more care at home through local GPs, community matrons and nursing teams with rapid assessment units and increased input from an elderly care physician
 - Further development of community services involving district nurses, specialist nurses, therapists, social and mental health services

- Developing the right support to allow earlier discharge home including domiciliary care and the right packages in residential/nursing homes
 - Providing services at Chase that traditionally patients would have travelled to hospitals in Basingstoke or Portsmouth to receive (for example, intravenous care.)
- xvi. If patients from Whitehill and Bordon need nursing care or an in-patient stay, that this would remain available:
- at home supported by specialist community teams, including nursing, occupational therapy, physiotherapy, medical and social care support
 - in an approved nursing home providing 24-hour care
 - in Petersfield Community Hospital for short stays
 - in an acute hospital, such as Basingstoke, the QA in Portsmouth or the Royal Surrey in Guildford, for the highest levels of acute care need
 - at home, in a nursing home or hospice for those needing end of life care.
- xvii. A local needs assessment was carried out by public health and shared with stakeholders at the Options Appraisal workshop in October 2011 (see appendix 8) to ensure that we develop services according to the population's needs.
- xviii. The following is a list of outpatient services to be retained and those to be extended at Chase:
- xix. Services to be retained:
- Diabetes clinics
 - Podiatry/chiropractic/orthotics
 - Audiology and Ear, Nose and Throat
 - Leg ulcer clinics
 - Antenatal/Midwifery Occupational therapy
 - Physiotherapy
 - Eye clinic
 - Retinal screening for diabetics
 - Musculoskeletal (muscle and joint)
 - Mammography
 - Speech therapy
 - Out of Hours
 - Orthopaedics
 - Oral surgery
 - Paediatric clinic
 - Rheumatology
 - CAHMS
- xx. Services to be extended:
- Contraception Sexual Health
 - Substance Misuse
 - Wider range of acute services
- xxi. In addition we propose to introduce the following new services:
- Dermatology
 - Nephrology (renal)

- Mental Health
 - Older People's Mental Health clinics including memory clinics
 - GP services (A GP surgery on-site would enable the provision of services such as IV antibiotics.)
 - Minor Injuries Service (A Minor Injuries Service – MIS - at Chase Community Hospital has been one of the main requests from local stakeholders at the 3 engagement workshops. At present residents from the Whitehill and Bordon areas use either Petersfield or Haslemere Community Hospitals to access this service. An average of 55 patients from the Chase catchment area per month visit Haslemere with the most common conditions being injuries to hands and feet. The CCG is keen to commission an MIS provided by primary care at Chase Community Hospital when the GP practice relocates into the Hospital. See appendix 7 for further MIS details.)
 - Community Clinics including IV antibiotics
 - Oxygen assessment
 - Voluntary services
 - Healthy lifestyle initiatives
 - Diabetes education service
- xxii. In addition, there would be the relocation of Mental Health and Older Peoples' Mental Health Teams on-site, and the co-location of Mental Health and Community Teams for patients with multiple conditions.
- xxiii. We have already received a petition from local people (2973, with 239 from people outside the area) asking us to keep beds at Chase Community Hospital. However, we believe that by reinvesting the money in new services more people will benefit and the outcomes for patients will be improved. The space created by the ward closure will allow us to relocate primary care services onto the Chase site to enable many of the new services in the outpatient clinics that people want to be provided. However, there are many interdependencies in the redesign of Chase Community Hospital and the new services for more local people cannot happen if the beds remain.
- xxiv. Stakeholders have already given their support to the investment of £2.8m into the hospital site and have also acknowledged that if there were a nursing home in Bordon they would probably agree to the proposals. At the November 2012 Steering Group the stakeholders acknowledged that the people of Whitehill and Bordon were, in fact, happy with the majority of the changes, bringing in new services to Chase and providing better facilities. However, their concern is about the timescale and interim solution, including transport, until a nursing home is built. The SE CCG has addressed these concerns in sections 5 and 6.

B. SUMMARY

We want to ensure that we are using NHS resources wisely and make sure that more healthcare services are available to many more local people.

In summary, we propose:

- i. a new model of services to be provided at Chase Community Hospital and the development and resourcing of a wider range of community services;
 - a. increased usage of outpatient services
 - b. the development and resourcing of the new model of care
 - c. commissioning services from a nursing home in Liss in the short term until a nursing home solution is provided in Whitehill and Bordon
 - d. investment in the redevelopment of the hospital building
- ii. Our proposed solution will allow us to move forward with the Stakeholder Group and the local community on the co-production of plans for the long-term future of health services on the Chase site.
- iii. The Hampshire Overview and Scrutiny Committee is therefore asked to:
 - Note the responses to the issues raised at the September 2012 meeting;
 - Note the engagement undertaken to date;
 - Note the outcomes of that engagement and how they have been used to develop proposals for the future;
 - Acknowledge that there is little benefit in any further engagement and to support that the local system should now progress to implementation of the proposals in partnership with local stakeholders.

Appendix 1

Southampton, Hampshire
Isle of Wight & Portsmouth

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE ON THE
EAST HANTS COMMUNITY HOSPITALS PROJECT
25 September 2012**

Executive Summary

This report provides the Hampshire Health Overview and Scrutiny Committee with an update on the progress that has been made since 22 May 2012 concerning the future of the Chase Community Hospital. It sets out population and health needs, strategic fit, and estates background to support the case for redevelopment of the Chase Community Hospital site. This will ensure that Chase Community Hospital remains as a sustainable healthcare facility serving the local population by fully utilising the facility and delivering cost effective services.

Chase Community Hospital is situated in Whitehill and Bordon and consists of one building which was purpose built in 1991. It houses the following services: beds for older people, day treatment centre, CAMHs, clinic space for mental health services and out patients, and office bases for clinical staff including community nurses. There is an adjacent GP surgery occupying the north east corner of the site.

The future of Chase Community Hospital has been the subject of discussion and engagement since 2009. A key element of this is the arrangements for bed based care. Over recent years, inpatient admissions to Chase Community Hospital have decreased. Changes in patients' needs and the ways in which healthcare staff can support these needs in patients' own homes means the demand and use of inpatient beds at Chase Community Hospital has declined. On average, only 7.5 beds a day over the last year have been used, which is inefficient, creates potential quality challenges and is unsustainable.

The aim remains to fully utilise Chase Community Hospital for the population of Whitehill and Bordon and the surrounding communities. Feasibility studies have been undertaken to examine options for the long term use of Chase Community Hospital which include leaving it as it is, which is not sustainable for its long-term future, closing the hospital, which is unacceptable, or re-designing the services to fully utilise the hospital, this option is supported by local stakeholders. The Chase Hospital development will contribute to the Eco Town Master plan by increasing the range of services available to local residents within walking or cycling distance and improving the energy efficiency of the building.

The key objectives of the NHS Hampshire Estates Strategy is to ensure that the estate provides high quality, fit for purpose buildings in locations which meet the needs of the local population, maintain and improve front-line services and deliver a sustainable and affordable health economy. There is an opportunity to ensure greater utilisation of Chase Community Hospital. Stakeholder engagement and GP commissioning intentions have confirmed a long term need for a range of community and acute

outpatient clinics to ensure the hospital is fully utilised and serving the needs of the local population. Primary Care services are likely to be provided from the Chase Community Hospital site in future, in addition to an expanded range of community and ambulatory care services.

We know that the best place of care is at home, especially for older patients with more complex needs. The challenge therefore is to provide a full range of health care with an overriding aim to maintain the patient's independence for as long as possible. The tried and tested model in situ in Hythe is to be proposed for Whitehill and Bordon. Whilst there will be no provision for inpatient beds at Chase Community Hospital, there will be a full range of services including Community Nurses, Physio Therapists, Occupational Therapists providing care at home all supported and clinically supervised by local GPs. For those patients requiring 24 hour care, residential or nursing home beds will be purchased, supported by Nurses and Physios. The population and health needs of Whitehill and Bordon and the surrounding villages are expected to increase over the next 20 years with the development of the Eco town. The plans for redeveloping the Chase Community Hospital and providing a wider range of clinics and 24 hour care will allow for local expansion of services as needs increase.

The Health Overview and Scrutiny Committee are asked to:

- Confirm support for the new model of services to be provided at Chase Community Hospital and the development and resourcing of a wider range of community services;
 - including the development and resourcing of the virtual ward model
 - commissioning services from a nursing home in Liss in the short term until a nursing home solution is provided in Whitehill and Bordon
 - Support the use of a local residential facility in Whitehill and Bordon
- Support the investment in the redevelopment of the hospital building
- Support the use of Liss nursing homes
- Note the level of local involvement and support the next steps for wider public engagement

1. POPULATION AND HEALTH NEEDS

1.1 Population and deprivation

Chase Community Hospital is situated in the Bordon locality. The catchment area of the hospital (Whitehill and Bordon) shows that the town population of approximately 14,000 people, is more deprived than its surrounding wards but is more affluent than England overall. The health of residents is generally not as good as those in surrounding wards.

People living in rural areas are more deprived than town residents in accessing NHS services. An ageing population will have a much greater impact on health services than relative deprivation. The local area has higher proportions of under 16s and older people than the English average. Up to the 2020s the healthcare impact of the eco-town is likely to be limited, meaning time to develop services as needed.

Key findings show that the:

- Local population is relatively young but ageing faster than England overall
- Eco-town may see the population expand in the 2020s and 2030s
- Impact of ageing population greater than potential population increase
- Levels of deprivation and child poverty are very low apart from one ward
- Weekly pay is higher than the national average and unemployment rates are lower

1.2 Lifestyle and health needs

Local health indicators show that inequalities in mortality rates are relatively low with the birth rate being similar to the national average. Tooth decay is significantly lower than the national average in 5 year olds. Whilst the teenage pregnancy rate has increased slightly it is still lower than the national average. Hospital admissions for alcohol specific conditions for the under 18s is significantly lower than nationally.

Key lifestyle indicators show that smoking rates are significantly lower than Hampshire or England rates, and there is a significantly lower percentage of higher risk drinking than the English average. The percentage of obese adults in Whitehill and Bordon is lower than the national average, and there is a lower rate of drugs misuse than the English average.

2. STRATEGIC FIT

2.1 Service development

GP commissioners represent registered populations of 14,000 in Whitehill and Bordon. Development of services to be delivered from the Chase Community Hospital site is a key element of GP commissioning intentions.

NHS started talking to the local community back in 2009 in recognition of the low use of the community beds and the fact that models of care were changing and this was likely to lead to a further reduction in the beds at Chase Community Hospital. Over the intervening period since 2009 new models of care have continued to be introduced, including the start of the virtual ward model in the Whitehill and Bordon area. Although there are physically 24 beds in Chase Community Hospital, the average use of those beds was 7.5 per day last year which is too low a number to be sustainable and is the lowest use of any community hospital in Hampshire; which makes it more expensive per occupied bed day than our other community hospitals. In order to operate a 24/7 service for each member of nursing staff on duty at any one time, 5.1 nurses have to be employed. Therefore 10.2 WTE nurses are required to provide a minimum of 2 nurses on duty at any one time, which is the absolute minimum for a safe service, regardless of a very low number of patients. Over recent months in order to sustain the beds staff from Petersfield hospital are working in Chase hospital to cover any shortfalls in staff but it has become increasingly difficult for our service provider to recruit the right level of skill. This is always compounded by doubts about the future of the current service model. Our local service provider has been working closely with the commissioners and key stakeholders to develop a new model of bed based care in the Whitehill and Bordon surrounding area. The model of bed based care would provide a wider range of local options including care at home or in a local nursing / residential home.

We have identified both a residential and nursing home who are willing and able to provide these new services. Our community provider Southern Health is working closely with our clinical lead in the CCG to pilot a new model of virtual ward which will be rolled out in the Whitehill and Bordon community to provide an exemplar model of care at home. This will take the form of a clinically led pilot and the intention is to then roll the model out to the rest of the South East Hampshire area.

This extended range of services will complement the existing services in acute hospitals and surrounding community hospitals in Alton, Petersfield and Haslemere but will not

destabilise any of these services and will release the ward at Chase Community Hospital to provide all of the other services that have been requested.

The new services will provide step up, step down and End of Life care. The nursing home offers accommodation for relatives of end of life care to stay overnight and there is already a well-established relationship between local clinicians, commissioners and the nursing home. Therefore this service could be in place as soon as required.

This engagement has increased since the summer of 2011, including a six-week engagement period, an online survey with more than 200 responses, nearly 80% of which were from Whitehill and Bordon residents and five drop-in sessions in the Whitehill and Bordon area.

A series of workshops have been held to evaluate findings and outline proposals for new models of care, and comment on the shape of the services;

- An Options Appraisal workshop was held in October 2011 to consider the many options put forward by the local stakeholders with a commitment from the PCT to carry out a feasibility study on these. These included bed options (underutilisation of beds, expansion of beds, locating beds in a nursing home within local proximity, use of beds at Petersfield Community Hospital and the provision of a new nursing home) and to identify the current ambulatory /Out Patient Services that should remain, those not working and those services not being utilised efficiently.
- In January 2012 a further workshop was held to illustrate potential feasible options, to shape the options and to listen to people's views. There was general support for ensuring the future Chase Hospital was redeveloped in a way that would meet local needs in the Whitehill and Bordon and surrounding villages as opposed to seeking to import patients from Haslemere and beyond where there are existing community hospitals. One of the key factors for local residents and a recurring theme is the poor transport links in the area, and therefore providing services for local people is paramount.
- A further workshop in March 2012 presented a proposal for new models of care and comment on the shape of the services, the results of the outpatient and inpatient audit and options explored around the requested nursing home option. The general consensus at this workshop from the stakeholders was to redesign the services to fully utilise the hospital and put Chase Community Hospital on a firm and sustainable footing.

Presentations have also been given to Whitehill and Bordon Town Partnership and the Infrastructure, Transport and Education (Eco-town) Specialist Group (May 2012), Health and Wellbeing Board (July 2012) and East Hants District Council (July 2012).

A Project Board and Stakeholder Steering Group were established early 2012 to ensure plans addressed the identified gaps/shortfalls in services for the community local to Chase Community Hospital, to ensure the views of local residents continue to be heard and to ensure the right package of bed based and outpatient services are delivered whilst planning for the new model of care in the local area.

The services we are planning to provide at Chase Community Hospital have all been requested by the CCG, clinicians, public health, service leads, key local stakeholders and the general public.

The following will be new services at the hospital:

- Dermatology
- Orthopaedics
- Nephrology (renal)
- Age Related Macular degeneration (AMD)

- Mental health and older peoples mental health clinics
- GP services
- Minor Injuries Service
- Community Clinics including IV antibiotics

The following services will be extended:

- contraception and sexual health
- substance misuse
- Pain clinic
- Audiology

In addition there are a wide range of services currently provided which will be maintained and may increase over time. Refer to Appendix 1.

There has been an increase in activity on certain services already in place at Chase including diabetic clinics, family planning, GU clinic, gynaecology, paediatric and paediatric audiology and retinol screening. Choose and book clinics have been re-promoted to the GPs to ensure usage.

Currently in discussion with the estates manager regarding the logistics of certain clinics to better serve their provision to the patients.

Providers/consultants have been consulted on their requirements in order to best deliver services to the patients' needs.

In addition we will be providing a facility to enable the integration of community services provision for older people including older people's mental health services. This will facilitate a more seamless service which will better meet the needs of the local population.

3. OPERATIONAL CONTENT

3.1 Current and proposed services

The overall aim for a scheme to re-provide health services on the Chase Community Hospital site, would be to ensure that services are re-designed to fully utilise the hospital, and to offer services which are appropriate for, and wanted by residents

There are 5 broad categories of proposed services; these are;

- GP Branch Surgery
- Relocation of Elizabeth Dibben Community Adult Mental Health Team on-site
- Increase the Outpatient Services
- Commission a Minor Injuries Service
- Provide a new bed based model of care within the locality

Further details of each category are set out below.

3.2 GP Surgery

A GP surgery on-site would enable the provision of services such as IV antibiotics.

3.3 Elizabeth Dibben, Bordon

There would be the relocation of Mental Health and Older Peoples' Mental Health Teams on-site, and the co-location of Mental Health and Community Teams for patients with multiple conditions.

3.4 Outpatient Services

An increased range of services will ensure maximum usage of the Outpatients Department including Sexual Health, Substance Misuse, pain and a wider range of acute services. This will greatly enhance

local services for local people; an example of which is people wishing to use the existing Substance Misuse Service, currently need to travel to Havant.

3.5 Minor Injuries Service

A Minor Injuries Service at Chase Community Hospital has been one of the main requests from local stakeholders at the engagement workshops. At present residents from the Whitehill and Bordon areas use either Petersfield or Haslemere Community Hospitals to access this service. An average of 55 patients from the Chase catchment area per month visit Haslemere; the most common conditions are injuries to hands and feet. The CCG is keen to commission a MIS provided by primary care at Chase Community Hospital when the GP practice relocates into the Chase McIlwain ward area.

3.6 New bed based model of care

We know that a prolonged stay in hospital increases the likelihood that older patients will lose their independence. Both patients and their relatives/ carers quickly lose confidence and support structures at home may deteriorate. We also accept that the very best place for rehabilitation is usually the patient's own home. However, we also acknowledge that this is not always the case and some patients need 24 hour care outside of the home environment for a limited time with the aim of getting them back home rather than into full time permanent residential care.

Chase Community Hospital beds are currently used to provide this kind of care and end of life care. In July 2012 an in-depth audit and analysis of 45% of admissions during 2011 – 2012 (120 admissions in total) was carried out involving GPs, Social Services, Nurses and Palliative Care Consultants were involved in the audit. The average age of patients was 82, with the eldest being 99 years old and the youngest 41 years old. A GP from each GP Practice where the patient was registered was given an opportunity to provide a holistic background of reasons for admission to Chase Community Hospital. The audit highlighted that 10 patients were admitted for End of Life reasons and 3 for social care reasons; the remaining patients were identified as being potentially suitable for alternate bed based models of care; Nursing Home Bed, Virtual Ward, Re-ablement Bed, Social Services Crisis Bed, End of Life and Social Care.

It is our intention to ensure that the services provided to inpatients at Chase Hospital continue to be available locally in a wider range of settings including at home and in 24 hour facilities. Access to 24 hour care outside of the patient's own home needs to be provided as part of services that have sufficient size to be sustainable, e.g. a nursing home and residential home that provides services to a much larger number of patients allowing us to select with patients the option that most meets their individual circumstances and needs.

The services that we will commission from nursing and residential homes will be specified to provide a consistent level of 24 hour care supplemented by the local clinical teams including GPs, community nurses, occupational therapists, physiotherapists, social workers, palliative care as required. This model is already in place in with a local nursing home in the South of Hampshire and in Hythe and provides and high quality care which has received very favourable patient and relative feedback in recent surveys.

A re-designed model of bed based care for the local population would see the current inpatient beds replaced by the following bed based model of care;

- Staying at home in a “virtual ward” which enables patients to be supported by specialist community teams, including nursing, occupational therapy, physiotherapy, medical and social care support
- Residential home in Whitehill and Bordon supported by a “virtual ward” team
- An approved nursing home at providing 24 hour nursing care including end of life care

- Petersfield Community Hospital for short stays and return to local services as above
- Hospice provision and end of life care
- An acute hospital, such as Basingstoke, the Queen Alexandra at Cosham or the Royal Surrey County Hospital in Guildford, for the highest levels of acute care need.
- End of Life patients could be cared for at home, in a nursing home or hospice. For those patients who cannot, or choose not to be treated at home we will commission beds in a local nursing facility.

As the preferred alternative to an acute / community hospital admission the virtual ward model enables the patient to remain at home and be supported by integrated Community Care Teams (including Nursing, Occupational Therapy, GPs, Physiotherapy, OPMH, palliative care and Social Care Support). This preferred model of care enables the patient to remain in the community safely during an acute illness and be cared for appropriate to their needs. Everyone on a virtual ward will have a care plan which will identify the approach taken during an acute exacerbation or terminal decline.

The following provides examples of patient pathways in the proposed new model of care:

An EOL patient:

- Diagnosis by GP
- Referral to Specialist Palliative Care and Community Care Teams
- Contact made
- Intervention planned and treatment implemented by Practice Nurse or Community Care Team
 - *If patient deteriorates - referral back to CCT / refer for package of care to ASC, OT or physio for provision of equipment or bed management*
- SPC would follow up and advise at home.
- Patient would stay at home, go to a nursing home or hospice.

An elderly patient:

A 75 year old male patient who lives in a warden controlled housing complex who is found on the floor following a fall in the night. The patient is independent and self-medicates; he suffers from diabetes and heart problems and takes a lot of tablets

- GP refers to the virtual ward administrator who acts as the communication hub
- Assessment implemented by Community Matron within 2 hours
- Possible treatment regime: fluids overnight to increase hydration and blood tests
- Adult social care provision
- Daily package of care on completion of the
- Community Matron assessment
- Night nursing provision if applicable
- Community Care Team support for nursing observations and to report of any deterioration to GP
- Provision of specialised equipment – e.g. mattress to prevent further skin damage, mobilisation promoted in conjunction with physiotherapy and adult social care.

The anticipated outcome would be for the gentleman to be able to take control and take his tablets again himself and get back to his normal way of life and regain independence. This will be achieved through the multidisciplinary team, family awareness and patient motivation. The package of care would remain in place as long as required.

Based on the results of the audit carried out NHS Hampshire would commission 2182 bed days in a basic contract with the flexibility to spot purchase more according to need and an increased aging population in the future.

Nursing Home Bed Days required	96
Virtual Ward Bed Days required	167
Mix of Virtual Ward and Nursing Home Bed Days	914
Mix of Virtual Ward, Nursing Home and Reablement Bed Days	872
Mix of Virtual Ward, Nursing Home and Crisis Care Bed Days	133

The current average length of stay is 19.5 days. In the new model of care the average length of stay would expect to be 10 days. Therefore the new model of care can look after 218 patients versus the 120 patients during 2011 /2012. In addition there would be virtual ward care for when people go home.

For those patients requiring social care needs Hampshire County Council commission beds at nearby residential homes.

One of the problems that we have encountered as part of this review is the lack of provision of a nursing home within close proximity to the Chase Hospital. There is a very local residential home that we are seeking to commission 24 hour care from but the nearest nursing home is over 5 miles away. We intend to contract for 24 hour care in Whitehill, Bordon and Liss and this will secure the funding for the NHS to continue to purchase these beds. The ideal solution would be the provision of a new nursing home close to the hospital site. This is supported by local stakeholders and we have been in discussion with local planners and nursing home representatives and have established that there would be a market for a new nursing home if the right site were available.

There have been fruitful discussions with local planners and a key output from the project is to secure health planning use for one of these sites so that a nursing home can be built in the future. The likely timescale for that development is realistically 4 to 5 years away. However whilst the nursing home plans were developed there would be no gap in service provision and both the service model and 24 hour care funding would be in place prior to closing and redeveloping the ward area.

There is not sufficient space on the Chase Community Hospital site for development of a Nursing Home. However, the stakeholders have identified 3 potential sites suitable for a new nursing home:

- Quebec
- Viking Park
- Louisburg

The need for a nursing home has been included in the Eco-Town Development Principles and the Eco-Town Project Team has agreed to undertake a feasibility study of the Quebec Barracks site, to test its feasibility. There is also interest from the private sector in the development of a nursing home in Bordon, and this potential development is being taken forward through NHS Hampshire's LIFT partner. All 3 sites are close to the hospital and none of these have been ruled out by the planners.

A transport leaflet has been produced to assist the local population with information on bus routes, volunteer driver associations, concessionary travel schemes and concessionary travel passes and vouchers for the Whitehill and Bordon and surrounding villages.

4. SITE MASTER PLANNING

Feasibility studies of Chase Community Hospital have also been undertaken to determine whether it could be re-configured to accommodate the Elizabeth Dibben Centre, a GP Practice, Outpatient Services and Community Services.

The design approach to increase utilisation of Chase Community Hospital will retain existing clinical services within current locations where applicable. It will provide GP Practice space that meets National Design Guidance e.g. Health Building Notes, Health Technical Manuals and Care Quality Commission Standards, re-provide Elizabeth Dibben Centre and re-configure space for community service team bases, to enable more functional space, and allow for future expansion. The PCT will be aiming to comply with all applicable national standards for environmental and sustainability performance for refurbishment of healthcare buildings.

The capacity at the hospital is being designed on the basis of 2 sessions per day, 10 sessions per week. As the population and health needs increase in the local area this can easily expand to 3 sessions per day, 6 days per week, almost doubling the number of clinics that can be provided if required.

We are also proposing some additional car parking spaces and in order to provide this planning permission will need to be obtained.

An outline design has now been proposed which achieves the following objectives;

- Integration of GP Practice services into the existing Chase Hospital building
- Integration of adult and older peoples mental health services into the existing Chase Hospital building, allowing the disposal of Elizabeth Dibben Centre
- Rationalisation and improvement of outpatient and therapy facilities to meet current requirements and standards
- Re-use of catering and support services accommodation to provide flexible office bases for community teams
- Increase in on site car parking provision

To achieve this it requires re-planning of a significant proportion of the existing accommodation, though some areas will remain unchanged. All of the proposed works are within the footprint of the existing building.

The building has an overall area of 2,764 m². Works will be required in 3 main areas; the current ward area, the outpatient department and the current catering and support services area. Overall, works will be required in 48% of the building area. The majority of these will take place in the current ward area which, at around 770 m² of accommodation, represents around 28% of the building area. Re-planning this ward area provides enough space for the 2 GP Practices and dedicated space for Mental Health.

In order to carry out the works and minimise disruption to service delivery, some phasing will be necessary.

Business Case

In order to redevelop the Chase Community Hospital we are writing a business case seeking investment of circa £2.5 million capital funding. The case for this investment is made due to the improvement in quality of the service, increase the sustainability of the hospital and services, reduction in risk and recurring revenue savings circa £350k per annum. The business case will need the approval of local NHS boards and the Department of Health under the current approvals applicable to NHS Hampshire. This service development and the recurring revenue saving will contribute to the local targets for improved quality, efficiency, productivity and prevention for the benefit of patients.

Next Steps and Timescales (subject to wider engagement exercise):

Sept 2012	Approval of model of care by HOSC
Oct 2012	Outline Business Case development approved by SECCO, PCT and SHA
Nov 2012	Develop Final Business Case and submit planning permission
Feb 2013	Approve FBC
Mar 2013	Construction commences
August 2014	Construction complete

5. FURTHER PLANNING

5.1 Risk

Project specific risks have been considered and an initial risk register established. Risks will be identified as a continuous activity throughout the project and will be tracked and mitigated as effectively as possible.

- Programme and project management arrangements are provided through the Chase Community Hospital Project Board, whose members will make recommendations for investment to the CCG and SHIP Boards. They will be accountable for the success of the project, commitment of resources and to resolve any conflicts.
- A Steering Group has been set-up and comprises of high level stakeholders to provide guidance on key issues affecting the project and to help shape future services.
- Task and finish groups have been established to develop the various aspects of the proposed option with key stakeholders and clinicians.

Appendices

1. Outpatient Clinics
2. Community Engagement
3. Transport leaflet
4. Communication Plan

Appendix 2

Since the summer of 2011, engagement with the local community (developed with the stakeholder group) to Chase Community Hospital has included a six-week engagement period (16 May 2011 – 24 June 2011) and a survey.

209 surveys were completed either online or via a paper survey posted back; nearly 80% of which were from Whitehill and Bordon residents. The results and feedback were as follows:

1. Age

The survey was completed by a range of ages with:

1. 39% aged between 61 and 75 years
2. 24% aged between 41 and 60 years
3. 17% aged over 75 years
4. 16% aged between 26 and 40 years

2. Gender

The majority of those completing the survey were female (79%).

3. Postcode

196 respondents entered their postcode. Of these 79% (156) live in the Bordon area, 10% (20) in Liss and 10% (19) live in Alton, Haslemere, Hindhead, Liphook and Petersfield.

4. Satisfaction with current healthcare services

Satisfaction rates with current healthcare services were predominately high.

- 96% of respondents were very or fairly satisfied with GP services
- 86% of respondents were very or fairly satisfied with Out of Hours services
- 85% of respondents were very or fairly satisfied with dental services
- 90% of respondents were very or fairly satisfied with outpatient services
- 81% of respondents were very or fairly satisfied with in-patient services
- 93% of respondents were very or fairly satisfied with pharmacy services

5. GP registration

80% of respondents are registered with the surgeries that are based in the Whitehill and Bordon area. 20% are registered with surgeries in the surrounding area including Liphook, Liss and Petersfield.

6. Healthcare needs that could be better met

78% of respondents did not feel they or a member of their household has a healthcare need that could be better met.

Comments made by respondents (22%) who felt they or a member of their household did have a healthcare need that could be better met have been included in the key themes of this report (see section 13).

7. Carer responsibilities

Only 10% of respondents are carers for a member of their family.

8. Value of different aspects of bed-based care

Respondents were asked to rank seven aspects of bed-based care in the order of importance to them. The results demonstrated that the most important to least important are as follows:

1. Feeling confident in the doctors, nurses or therapists caring for me
2. Care with dignity
3. Distance from home
4. Being on a single sex ward
5. Having my own room with toilet and washing facilities
6. A small, intimate environment
7. Being in a modern environment

The comments made under “other” have been included in the key themes of this report (see section 13).

9. Reasonable distance to travel

Respondents were asked what they considered to be a reasonable distance to travel for services.

- 42% said it was reasonable to travel 7 to 10 miles for an in-patient stay with 36% saying 0 to 7 miles and 21% saying over 10 miles
- 51% said it was reasonable to travel 0 to 7 miles for an outpatient/day service with 39% saying 7 to 10 miles and 9% saying over 10 miles
- 70% said it was reasonable to travel 0 to 7 miles for minor injuries services with 24% saying 7 to 10 miles and 4% saying over 10 miles

10. Method of transport

The majority of respondents (84%) travel by their own car with 7% getting a lift from friends and/or family and 4% using volunteer transport services.

11. Suggestions for additional outpatient clinics or services

Respondents were asked if they would like to see additional clinics or services provided at the hospital and 143 (72%) said yes. Of these respondents a number made suggestions on what these or additional outpatient clinics or services should be and these with the number of respondents making the suggestion are as follows:

Suggested outpatient clinic or service	No of respondents
Minor Injuries Clinic/Service/Unit	34
Diabetes clinics/services	22
More consultant led clinics/services	17
More OPD clinics/services	17
Cardiac/Healthy Hearts clinics/services	16
Podiatry/Chiropody clinics/services	14
Mental health services (inc counselling)	12
Memory clinics/services	12
Falls clinics/services	11
COPD clinics	10
A&E	9
Audiology (inc hearing assessments, hearing aid clinics and batteries)	8
Services for children and teenagers	8
Rehab clinics/services	8
Diagnostics (MRI, CT, Ultrasound, Breast screening)	7
Expert Patients Programme	7
Cancer/Oncology/Chemo clinics	6
Sexual health clinics/services	6
Alcohol support clinics/services	6
Phlebotomy (blood testing and screening)	5
Leg Ulcer clinics/services	5
Palliative care	4
Antenatal clinics/services	4
Dental clinic	3
Stroke clinics/services	3
Pre-op assessments	3
Occupational therapy clinics/services	2
Blood transfusion service	2
Speech therapy clinics/services	2
Chronic pain clinics/services	2
Information hub about other services	2
Physiotherapy clinics/services	2
Orthopaedics clinics/services	2
Eye clinic	2
Rheumatology clinics/services	1
Stoma care clinics/services	1
Epilepsy clinics/services	1
Incontinence clinics/services	1
Rhinitis clinics/services	1
Colonoscopy clinics/services	1
Osteopathy clinics/services	1
Dialysis clinics/services	1
Prostate clinics/services	1
Asthma care clinics/services	1
Retinal screening	1
Oxygen assessment clinics/services	1
Dementia clinics/services	1

Dietician clinics/services	1
Orthotics clinics/services	1
Eczema clinics/services	1
Domiciliary care	1
Respite care	1

12. Experience at Chase Community Hospital

Respondents were asked about their experience at Chase Community Hospital.

- 42% have been seen as an outpatient
- 23% have visited the Out of Hours service
- 21% have had a member of their family or a friend stay as an in-patient
- 6% have received treatment as a day case patient
- 4% have been an in-patient

13. Satisfaction of experience at Chase Community Hospital

Satisfaction rates with services at Chase Community Hospital were predominately high.

- 90% of respondents thought in-patient services were excellent or good
- 90% of respondents thought outpatient services were excellent or good
- 88% of respondents thought day case services were excellent or good
- 84% of respondents thought the Out of Hours service was excellent or good

The survey had two questions which included space for other comments and a final question asking for any other comments about the future options for the development of potential services at Chase Community Hospital.

The following highlights the key themes from these responses and the number of comments received that relate to each one.

Theme	No of comments
Many clinics aren't running	1
Supports and values the hospital	63
Travel/distance to other hospitals is an issue	32
Praises the hospital and services	17
The hospital is underused	13
Beds have been reduced and should be used better	12
Need better promotion of the services available	10
Need more services with the potential population increase with the eco-town	9
Clinic waiting times are too long	7
Increase the use and availability of x-ray and diagnostics	6
Develop a social element (such as foster carer /looked after children support, links with schools, fitness classes for senior citizens, rent rooms to local therapists)	6
Supports the development of reablement beds	2
Need more services to support patients at home	1
Inpatients should be in nursing homes, not hospitals	1
League of Friends have bought various pieces of equipment that isn't being used	1
Physiotherapy has a contract with the Army	1

Five drop-in sessions were held in the Whitehill and Bordon area between 26 May to 16 June 2011.

Date, time and venue	Number of people who attended
Thursday, May 26 from 1 to 5pm Outside Tesco Express, Liss	15 people were spoken to and took surveys away to complete 21 people were spoken to and completed surveys
Saturday, May 28 from 10am to 2pm Outside Bordon Care Shop, Bordon	Members of the League of Friends joined us at this session 86 people were spoken to and took surveys away to complete 26 people were spoken to and completed surveys
Wednesday, June 1 from 4 to 7pm Liphook Millennium Hall	1 person was spoken to and took a survey away to complete 4 people were spoken to and completed surveys
Wednesday, June 8 from 10am to 2pm Forest Community Centre, Bordon	2 people were spoken to and took surveys away to complete 5 people were spoken to and completed surveys
Thursday, June 16 from 4pm to 7pm The Woodlark Pub, Bordon	2 people were spoken to and completed surveys
Total	104 people were spoken to and took surveys to complete 58 completed surveys at the session

Presentations to discuss potential ideas for services at the hospital:

- 10 May Whitehill and Bordon Eco Town Community Facilities and Amenities Specialist Group (17 people attended)
- 19 May The Health and Wellbeing Partnership – East Hants Delivery Group on Thursday (approximately 30 people attended)
- Blackmore and Whitehill Women's Institute (34 people attended) Chase Children's Centre to talk to local parents (25 surveys completed)
- 13 comments / suggestions received from the League of Friends
- 13 July 2011 – workshop with Clinical Commissioning Group and local GPS – to analysis top referrals for outpatient services

Appendix 3

Briefings / meetings attended:

13 January 2012	meeting with Damian Hinds MP
24 January 2012	meeting to discuss bed based model of care
14 February 2012	meeting with local stakeholder
6 March 2012	meeting with Link
March 2012	briefing given to EDHC executive team

April 2012	SHE CCG clinical cabinet
23 April 2012	meeting with Cllr Adam Carew
25 April 2012	meeting to discuss nursing home provision in Bordon with HCC
8 May 2012	meeting with HCC
11 May 2012	meeting with Chase Community Hospital Redevelopment group (relocation of primary care on site)
18 May 2012	meeting with Damian Hinds MP and George Hollingbery MP
24 May 2012	meeting with Chase Community Hospital Redevelopment group
May 2012	Whitehill and Bordon Town Partnership and Infrastructure, Transport and Education (Eco-Town)
12 June 2012	meeting with Chase Community Hospital Redevelopment group
July 2012	Health and Well Being Partnership Council
25 July 2012	in depth audit of patient notes with GPs, Social Services, Southern Health, Palliative care consultants
14 August 2012	meeting with Chase Community Hospital Redevelopment group

6 meetings have been held with GPs to discuss the new model of care and outpatient services:

- 13 July 2011
- 6 September 2011
- 4 May 2012
- 19 June 2012
- 18 September 2012
- 19 October 2012

Appendix 4

EHDC – questions and answers / comments – needs amending.....DP

The Future of Chase Hospital, Bordon

<ul style="list-style-type: none"> Ms Fiona Jackson, a local Bordon resident would like to see an MRI scanner, an oncologist and specialists for cancer at the hospital. This type of service could be the mainstay of the hospital and save it. 	<p><i>MRI mobile units were quite large, however, the SE CCG are looking into the possibility of putting a mobile unit on the site.</i></p> <p><i>However this has been tried elsewhere and in an area with a relatively low population had not worked. Specialist care was better provided in an acute setting, where there were full clinics for specialists.</i></p>
<ul style="list-style-type: none"> It was suggested that more facilities and clinics be moved to Chase Hospital; 	<p><i>There was a guiding principle not to destabilise other hospitals close to Chase Hospital. Chase Hospital was in decline and needed to focus on the needs of the local population and services wanted and needed by local residents.</i></p>
<ul style="list-style-type: none"> Had consideration been given to ensuring that Chase Hospital could gain access to developer contributions from the eco-town? 	<p><i>The aim was to contribute to the green policies of the eco-town and to ensure that services at Chase went wider to enable it to contribute to the reduction of the town's carbon footprint. Investment was required in the hospital to increase its green credentials.</i></p>
<ul style="list-style-type: none"> Closing beds at Chase Hospital would not work; there was a large catchment area. The Hospital should recruit staff to cover the beds. Wards were the heart of a hospital and people chose to end their lives at Chase Hospital. There was strong support for the hospital in the area, it was the jewel in the crown with a reputation beyond belief. There was very strong feeling in the area about the loss of beds. 	<p><i>There are issues staffing Chase Hospital and staff from Petersfield hospital are working there to cover any shortfalls.</i></p>
<ul style="list-style-type: none"> It was not felt that a taxi service would not work, would 	<p><i>What made transport work was its flexibility like using a local taxi</i></p>

<p>the taxi wait for people? People wanted to spend time with their relatives and it was felt that this would put pressure on the visitor.</p>	<p><i>service.</i></p>
<ul style="list-style-type: none"> • The right clinics were not available at Chase Hospital. 	<p><i>People could choose where they want to have treatment and it was the intention to bring more services to Chase Hospital.</i></p>
<ul style="list-style-type: none"> • In 2005 there had been 24 beds at Chase Hospital which had been fully utilised and had a waiting list. Now there were only 12 beds that were not even half utilised. Please remember with the Eco Town development there would be an increase in residents and they would have to go outside of the town for treatment; 	<p><i>It was understood that there had once been 24 beds at the hospital, but Ms Hebden did not know the history. The model of care was to keep people at home, which gave the public what they wanted, independence. The longer a patient stayed in hospital the less likely it was that they would get back to normal. There was no mention of a waiting list, although patients were tracked while they were in hospital.</i></p> <p><i>24 hour nursing care could be delivered and tailored to meet the individual needs of the patient. Yes, the population would double by 2031. However, there was no requirement for more space at the moment.</i></p>
<ul style="list-style-type: none"> • There were over 3,000 people who wanted the beds to stay at Chase Hospital, why was it not possible to build the extra floor? 	<p><i>If an additional floor to the hospital was added all of the services would have to move out and start again. It was an attractive idea but could not happen on an operational site.</i></p> <p><i>In respect of building a nursing home the local press were incorrect; there were no plans for this. They were working with a local nursing home provider.</i></p>
<ul style="list-style-type: none"> • The NHS should be looking at localisation of services. Urgent diagnostic clinics should be placed in the hospital with a front desk open to all. 	<p><i>There were plans in place for diagnostic services to be provided on the site and local GPs would be able to refer their patients.</i></p>
<ul style="list-style-type: none"> • Many of the staff were local. What would happen to their jobs? The patients felt more comfortable at Chase because 	<p><i>The local nursing home wanted to be the provider of care, this would be an extension of local services, controlling the care.</i></p>

<p>the staff were mainly local.</p>	<p><i>End of life care would be provided by Macmillan nurses.</i></p> <p><i>In areas where this type of service was already in place the feedback from patients and relatives had been very positive. The service had exceeded expectations.</i></p> <p><i>Once a decision has been made Southern Health would be working through the process with staff, and engage with them to talk about their hopes, fears and aspirations, review their experiences in other areas and try to retain them with Southern Health.</i></p>
<ul style="list-style-type: none"> • A local resident informed the Forum of the excellent experience a relative had at Chase hospital following treatment at another hospital. The after care at Chase Hospital had been excellent, there was no way that they would have been able to care for their relative at home. 	<p><i>Ms Hebden was really pleased to hear of the families experience with the care provided by Chase Hospital.</i></p>
<ul style="list-style-type: none"> • Why couldn't GPs refer patients to Chase Hospital? 	<p><i>Under the new system there would be greater GP involvement, she could not think of a reason why patients were not referred.</i></p>
<ul style="list-style-type: none"> • If the hospital was underutilised why not bring more consultants and clinics to the hospital? 	<p><i>The clinics, if they came to the hospital would have to have a full list of patients, otherwise this was an under use of resources and time.</i></p>
<ul style="list-style-type: none"> • There had been a feature in the local press about the use of the nursing home in Liss. Was the reason for the health authority not using Bordon, Whitehill or Lindford nursing homes because they did not have the capacity? 	<p><i>There isn't a nursing home in those villages. There are residential homes available in the area but they are not an option. There are times when patients do not need hospital care but need to be away from home. This will be included as an option. Views are welcome.</i></p>
<ul style="list-style-type: none"> • In 2031 the population would have doubled, however you can't wait until then, the houses are already being built. 	<p><i>This is an important opportunity to grow services. Change happened every few years, the building would last a lot longer and would over the</i></p>

	<i>years go through major changes. What we have, we need to protect for the future.</i>
<ul style="list-style-type: none"> How feasible would it be to build a nursing home if the land was found? 	<i>A sustainable 60 to 80 bed nursing home would be very helpful.</i>
<ul style="list-style-type: none"> What would happen to all the equipment bought and donated to the hospital? In particular what would happen to the Rehabilitation Assessment Flat; 	<i>The SE CCG are working with our health partners to retain the services of the flat.</i>
<ul style="list-style-type: none"> Over 3,200 people had signed the petition in respect of the closure of beds - was there a plan B? 	<p><i>Ms Hebden acknowledged the strength of feeling and the petition and said that it was important to engage with the public and listen to their concerns. However, The SE CCG could not just sit back and let the ward fail but have to provide services in a different way. There is a big risk if nothing is done.</i></p> <p><i>*2973 people have signed the petition. *239 people have signed the petition who are outside the locality of Whitehill and Bordon</i></p>
<ul style="list-style-type: none"> Could you please define what is not going to be available to what is available now? 	<i>The only service affected would be the in-patient beds. This is not a decision to make lightly, proposals need to be submitted that meet the needs of the community and are sustainable. The NHS need to talk to residents, hear their worries and feedback.</i>
<ul style="list-style-type: none"> Cllr Carew expressed his dissatisfaction with the leaflet stating that the PCT had already made up its mind and Councillors and local residents had not had time to look at the leaflet. Whitehill and Bordon is an eco-town, things were getting better yet we are losing beds. Why was it cheaper for a private company to come in and rent beds. Why use the NHS nursing home in Liss? This was a huge 	<p><i>The leaflet was only in a draft format and was being amended to be more factual. There were still hurdles to overcome, but this was the culmination of work over the year.</i></p> <p><i>In reference to the PCT having already made up its mind, It was not the PCTs to make up. The PCT was talking about ideas and wanted to see something more in Bordon and Whitehill.</i></p> <p><i>It was cheaper to use a private</i></p>

<p>concern, the hospital was underutilised and patients could not get into Chase Hospital.</p>	<p><i>nursing home because the package offered stacked up overall. There was flexibility and a sharing of some of the costs. Also there would be two qualified nurses on duty.</i></p> <p><i>You ask why us. More work was required to illustrate the different catchment feed into a huge rural area. It was not realistic.</i></p>
<ul style="list-style-type: none"> • This question had already been asked four or five times but if the town was going to double in size in the next few years, why was the NHS planning to reduce the number of beds locally by 2031? 	<p><i>The catchment area would double to about 50,000 maximum, the inpatient service was two wards with 24 beds each at an optimum. This did not happen elsewhere. The average was seven and a half patients per 100,000 people.</i></p>
<ul style="list-style-type: none"> • The catchment area would grow. Steps needed to be implemented now to move the services into the middle of the range. It was felt that the statistics were wrong; 	<p><i>The experts said that the catchment for this area was 50,000 by 2031. Ms Hebden believed that the statistics were correct.</i></p>
<ul style="list-style-type: none"> • 	<p><i>The four consultations would take place at the following locations and dates:</i></p> <p><i>Thursday 18th October 2012 from 5pm to 8 pm at Liphook Village Hall;</i> <i>Saturday 20th October 2012 from 10am to 8pm at Forest Shopping Centre;</i> <i>Monday 22nd October 2012 from 10am to 1pm at Chase Community Hospital; and</i> <i>Friday 26th October 2012 from 5pm to 8 pm at Whitehill Village Hall.</i></p> <p><i>There would also be stands at Tesco's in Bordon on Monday 29th October.</i></p>

II. Appendix 5

III. Recent communication and engagement activity

Public events/drop-in sessions at:

- Thursday 18th October, 5pm-8pm, Liphook Village Hall (two people attended)
- Saturday 20th October, 10am-4pm, Forest Shopping Centre, Bordon (no record of the number of attendees as we talked to any by-passers who would listen)
- Monday 22nd October, 10am-1pm – Chase Community Hospital (30-35 people)
- Friday 26th October, 5pm-8pm, Whitehill Village Hall (7 visitors).

Displays boards were also on view at:

- Monday 29 October 2012 - 6pm-8.30pm (10 people spoken to by SHIP PCT Cluster communications staff) at **Tesco, High Street, Bordon.**
- Friday 2 November 2012 – from 4pm-7pm at **Headley Village Hall.**

The survey

The survey was available online until 9 November 2012 or people could take away hard copies from the drop in sessions.

102 surveys were completed.

There was overwhelming support for the redesign of services, our plans to retain existing outpatient services and to introduce new services and clinics such as GP services and an MIS and 55% either strongly agree or agree with the new model of care.

Summary of survey – Mark Wingham

Distribution of the flyers/leaflets

Wave 1 -

Liss

The Riverside Practice (50 copies)

Jade news (newsagents) (1)

Triangle Community Centre (3)

The pharmacy next to Tesco Express (1)

Liphook

The social club)

The village hall) closed at time so put through letterbox with covering note.

(50)

The library)

Oak Lodge Dental Practice (30)

Daisy's Team Rooms (1)
 Liphook Village Surgery (40)
 Bagshott and Liphook Parish Council (offices and community noticeboard) (30 & 1)
 Penelope Beauty Salon (1)
 FC Hiscock pet food store (1)
 Eagle Dental Practice (30)
 Liphook and Liss Surgery (40)
 Mason Optometrists (10)
 A bus stop outside Sainsbury (1)

Lindford – a members club building (social club?) (1) – closed one put through the door.

Chase Hospital (60), including the League of Friends Shop) and pharmacy (10) and Dr Lewis' practice (5) – where, they already had one mounted on the counter thanks to an earlier email sent to all relevant practice managers asking them to print off emailed copies.

Wave 2 – Whitehill and Bordon, and Headley:

Forest Community Centre (50 copies)
 CAB (1)
 Divine Gifts)
 Café Millennium) all in the Forest Shopping Centre (5-10 in total)
 Hallmark cards)
 Bordon Care (10)
 Carole's Crafts (10)
 YMCA (10)
 Chalet Hill Dental Centre (30)
 The Library (20) – closed but posted some through letterbox with covering note
 The Bordon Herald Office (15)
 Old diary Coffee Shop (1)
 Highview Practice (50 plus leaflets/surveys)
 Highview Dental Practice (30)
 Southern Fried Chicken (1) – closed, so posted.
 Nathy B Hair Studio (5)
 Alan Rogers's hairdressers (5)
 Bordon Junior School (30)
 Chase Children's Centre (20)
 Bordon Youth Centre (10)
 Mill Lane Community Technology College (40)
 Mill Chase Leisure Centre (20)
 The Forest Surgery (30)

Headley Pharmacy (20)
 Badgerswood Surgery (30 plus leaflets/surveys)
 Martins Newsagents (1)
 Tina Hairdressers (1)
 Headley Parish Council offices (4) – closed, so these were "posted."

Lindford Village Hall – courtesy of a member of the steering group.
 A Chase CH league of Friends meeting – courtesy of a member of the steering group.

Wave 3 – included repeat visits to locations previously visited to ‘top up’ supplies of leaflets and survey forms.

- Woolmer Surgery (10 flyers, 15 leaflets/survey forms)
- Pinehill Surgery (10 flyers, 20 leaflets/survey forms)
- Jet Garage, Bordon (1 flyer)
- Bordon Library (another 15 flyers & 30 leaflets/flyers)
- Forest Community Centre (ten more leaflets/surveys)
- Eco Centre (5 flyers & 5 leaflets/surveys)
- Phoenix Centre (small number of leaflets, flyers and surveys)
- Royal Mail Enquiry Office, Bordon (flyer and 5 leaflets/survey forms)
- Pinewood Village Hall (closed but 20 flyers left pushed under door)
- One Stop (2 flyers – one original plus new one for Headley event)
- Highview Practice (more surveys/leaflets)

- Headley Pharmacy (new flyer)
- Badgerswood Practice (40 new leaflets, flyers/surveys)
- Tina’s Hairdressing (15 new flyers)
- Headley Fine Foods (2 flyers)
- Church Centre (1 flyer)
- Martin’s Newsagents (5 flyers)
- Holme Primary School (1 flyer)
- The home of keyholder for Headley Village Hall (15 flyers – some also sent by post).

A flyer was sent by post to Blackmoor Village Hall at Honey Lane, GU33 6BS with the intention to drop leaflets/surveys later. Oakhanger Village Hall will be done at the same time.

Other flyers were distributed by a member of the steering group at a Voluntary Care Coffee morning.

Appendix 6

Chase Community Hospital Stakeholder Group

This group has the following representation:

- Local GPs
- County Council Representative
- Town Council Representative
- District Council Representative
- League of Friends
- Community Providers
- Patient and Public Representatives
- LINK
- Commissioning Representatives
- Secretary of Badgerswood and Forest PPG
- Public Health
- Capital Planning
- Clinical Commissioning
- Adult Mental Health
- Occupational Therapists / Physio Therapists
- Older People's Mental Health
- BME communities
- Children's and Adolescent Mental Health
- Voluntary Sector
- Social Services
- Whitehill and Bordon Town Partnership
- Pinehill Practice Representative
- Woolmer Practice Representative

Appendix 7

Impact on patient following provision of Minor Injuries Service

CONDITION	MIS	WAIT TIME	ACUTE	WAIT TIME
Lacerations capable of closure by simple techniques = cut that can be closed by steri-strip/plaster and does not need gluing or stitching.	Any GP Practice providing the service irrespective which Practice the patient is registered with	Approx. 30 mins due to contractual agreement	A&E AT QA, Frimley, Basingstoke or Royal Surrey Hospital	Up to 4 hours due to triage and minor injury status
Minor Dislocation of Phalanges = minor dislocation of fingers or toes and where the dislocation has not broken the skin.	Any GP Practice providing the service irrespective which Practice the patient is registered with	Approx. 30 mins due to contractual agreement	A&E AT QA, Frimley, Basingstoke or Royal Surrey Hospital	Up to 4 hours due to triage and minor injury status
Un-blistered, Partial Thickness Burns in Adults Which are Smaller than the Patient's Hand Size = a blister on an adult that is no bigger than their hand. A partial thickness burn occurs when the first layer and some of the second layer have been burned. This type of burn usually heals within 2 to 3 weeks with some scarring.	Any GP Practice providing the service irrespective which Practice the patient is registered with	Approx. 30 mins due to contractual agreement	A&E AT QA, Frimley, Basingstoke or Royal Surrey Hospital	Up to 4 hours due to triage and minor injury status
Nasal or Aural Foreign Bodies, Subungual Haematoma or Splinters that Require Trephining = objects in the nose or ear, blood blisters and splinters under nails that need popping to reduce pressure and pain.	Any GP Practice providing the service irrespective which Practice the patient is registered with	Approx. 30 mins due to contractual agreement	A&E AT QA, Frimley, Basingstoke or Royal Surrey Hospital	Up to 4 hours due to triage and minor injury status

Suspected Sprain or Fracture	GP Practice not appropriate due to diagnostics required	N/A	A&E AT QA, Frimley, Basingstoke or Royal Surrey Hospital	Up to 4 hours due to triage and minor injury status
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Appendix 8

Public Health Needs Assessment

Suggested outpatient clinic or service identified through public and patient engagement process. Please note that similar clinical specialities have been grouped together with the corresponding totals.	No of respondents	Service/ Clinic already provided at Chase at various levels and intervals	Service/ Clinic identified in Public Health Analysis	Service/ Clinic identified in GP Commissioning meeting
Minor Injuries Service	34			√
Diabetes clinics/services	22	√		
More consultant led clinics/services	17	√		
More OPD clinics/services	17	√		
Cardiac/Healthy Hearts clinics/services	16		√	
Podiatry/Chiroprody/Orthotics/ Services	15	√		
Mental health services (inc counselling)	12	√	√	√
Memory/Dementia clinics/services	11		√	
Falls clinics/services	11		√	
COPD/Asthma/Respiratory care clinics/services	11			
A&E	9			
Audiology (inc hearing assessments, hearing aid clinics and batteries)	8	√		
Services for children and teenagers	8	√	√	
Rehab clinics/services	8		√	
Diagnostics (MRI, CT, Ultrasound, Breast screening)	7			√
Expert Patients Programme	7			
Cancer/Oncology/Chemo clinics	6		√	
Sexual health clinics/services	6		√	
Alcohol support clinics/services	6	√		√
Phlebotomy (blood testing and screening)	5			√
Leg Ulcer clinics/services	5	√		
Palliative care	4		√	

Appendix 1

Antenatal/Midwifery clinics/services	4	√		√
Dental clinic	3			
Stroke clinics/services	3			
Pre-op assessments	3			
Occupational therapy clinics/services	2	√		
Blood transfusion service	2			
Speech therapy clinics/services	2			
Chronic pain clinics/services	2	√		
Information hub about other services	2	√		
Physiotherapy clinics/services	2	√		
Orthopaedics clinics/services	2	√		
Eye clinic	2	√		√
Rheumatology clinics/services	1	√		
Stoma care clinics/services	1			
Epilepsy clinics/services	1			
Incontinence clinics/services	1		√	
Rhinitis clinics/services	1			
Colonoscopy clinics/services	1			
Osteopathy clinics/services	1			
Dialysis clinics/services	1			
Urology/Prostate clinics/services	1			
Retinal screening	1	√	√	√
Oxygen assessment clinics/services	1	√		
Dietician clinics/services	1	√		
Eczema/Dermatology clinics/services	1			
Domiciliary care base	1			
Respite care – day care	1			
ENT				√
General surgery – Upper GI; Coloproctology (in line with the Haslemere model)				√

Appendix 9

Survey results 2012



The Multi-Agency Operational Development of PLACES of SAFETY in Hampshire

*Hampshire Health Overview and Scrutiny Committee (HOSC)
27th November 2012*

Hampshire Health Overview and Scrutiny Committee (HOSC)
27th November 2012

*The operational development of PLACES of SAFETY in Hampshire
(as defined by s135 Mental Health Act 1983)¹*

Information for Hampshire HOSC

1.0 Context

- 1.1 The Mental Health Act 1983 (MHA) provides powers under section 136 (s136) for the Police to detain an individual and convey them to a “Place of Safety” (POS) for a period of up to 72 hours.²
- 1.2 Upon arriving at the POS, an individual will be examined by a Doctor and an Approved Mental Health Professional (AMHP) to make necessary arrangements for treatment or care.³
- 1.3 There are a number of public authorities who are responsible for the successful implementation of the Mental Health Act 1983 and the specific area of practice concerning the Police powers of arrest of persons who appear to be suffering from mental disorder. In Hampshire, the main agencies include Hampshire Constabulary, Southern Health NHS Foundation Trust (SHFT), Surrey and Borders NHS Foundation Trust (SABFT), Hampshire Adult Services (HAS) and South Central Ambulance Service (SCAS).
- 1.4 This paper concerns the practice of these agencies which serve the geographical area under the governance of the Hampshire HOSC and excludes the wider related services in Portsmouth, Southampton and Isle of Wight which, in some circumstances will share a boundary with aforementioned services.
- 1.5 There are currently five Hospital POS in Hampshire identified by NHS Trust as follows;
 - Parklands (SHFT), Basingstoke
 - Melbury (SHFT), Winchester
 - Elmleigh (SHFT), Havant
 - Antelope (SHFT), Southampton (although providing a service for residents of HCC by exception)
 - The Ridgewood Centre (SABFT) Frimley
- 1.6 Traditional practice in Hampshire has involved the primary use of the police station as the recognised POS. However over recent years, with stipulation from legislative changes and supporting national guidance, it is widely realised that the police station should be the exception for a vulnerable person to be removed to following detention under the Mental Health Act, other than for situations which reflect unmanageable violence and/ or aggression.
- 1.7 Hampshire Constabulary have been very clear about the need for those persons detained under the MHA to be conveyed to an appropriate Hospital setting as opposed to a police station. In response to this, Mental Health NHS Providers have undertaken a programme of

¹ S135 (6) Mental Health Act 1983 – In this section “place of safety” means residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948 [...], a hospital as defined by this Act, a police station, [an independent hospital or care home] for mentally disordered persons or any other suitable place the occupier of which is willing temporarily to receive the patient

² S136 (1) if a constable finds in a place to which the public have access a person who appears to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety within the meaning of s135...

³ S136 (2) Mental Health Act 1983

development over recent years to establish Hospital POS to meet the needs of those detained under the MHA.

2.0 Challenges

2.1 There are reported service challenges which affect the efficient manner in which an individual is processed as a result of being detained under this section of the MHA. The main challenges include:-

- the appropriateness of the detention and the availability of suitable alternatives to officers faced with someone who appears to require intervention as a result of apparent mental health issues.
- the availability of the hospital POS to accept an individual detained under MHA following the police intervention.
- the availability of doctors and AMHPs to attend in a timely manner to assess the individual at all times of the day.
- the lengths of time an individual is having to wait at a POS whilst waiting for assessment or care arrangements to be put in place.

3.0 Evidence

3.1 We have recently established new data collection systems in collaboration with Hampshire Constabulary. Data collected from both hospital and police POS for July to September 2012 demonstrate the following:

- On average there are 92 detentions under section 136 each month across SHFT.
- Of these 47% are assessed in hospital-based POS.
- The majority (around 70%) arrive in the POS outside the hours of 9am to 5pm (a greater proportion than this will be out of hours as the data available does not distinguish between weekdays and weekends).
- Data regarding time taken for the doctor and AMHP to arrive is incomplete (not recorded for the majority of assessments), but the data that is available suggests that more than half wait longer than national guidance recommends, and anecdotally we think that the proportion waiting longer than this is higher. Delays in assessment contribute to the proportion of people who are diverted to POS in police stations.

4.0 Opportunities

4.1 The development of close working partnerships between agencies at strategic and operational levels has been essential to address challenges in improving systems and communication.

4.2 The implementation of a multi-agency project with service user involvement has led to the development of joint data collection between Hampshire Constabulary and NHS Providers. Monthly comparisons have enabled tighter monitoring on the increased use of Hospital POS in relation to police stations. Data has offered an understanding of the pressures on Hospitals in Hampshire which prevents greater usage of POS following police intervention.

4.3 SHFT are undertaking an Option Appraisal of the current configuration of POS which seeks to review the current operational model. The outcome of the Option Appraisal will confirm the most efficient and effective means of ensuring that the police station is used as an exception in Hampshire.

4.4 All participant organisations in Hampshire have collaborated to improve standards on their practice when implementing the recommendations from National Guidance published by the Royal College of Psychiatrists 2011⁴. This has included the requirement for closer managerial monitoring by the agencies concerned on specific practice issues, a revised operational policy, the development of a service user questionnaire, the development of a multi-agency training programme and continued performance monitoring with oversight from multi-agency 'Partnerships in Practice' groups.

⁴ Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales) – Royal College of Psychiatrists 2011

- 4.5 SHFT are currently engaging with Consultant Psychiatrists to consider options with regards to delivering timely assessments in POS, with a view to implementing changes to out of hours arrangements for consultants by April 2013.
- 4.6 The Hampshire s136 multi-agency Project, along with other Local Authority/ NHS/ Police organisations, have been reporting to the Strategic Health Authority for the South Central region since July 2012 accounting for its commitment to improve standards around the delivery of this aspect of service.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE PAPER – 27 November 2012

Distribution:	Hampshire Overview and Scrutiny Committee [HOSC]
Submitted by:	Adult Mental Health Division, Southern Health NHS Foundation Trust [SHFT]
Date:	14th November 2012
Purpose	This paper provides an update on progress since July 2012 in relation to the redesign of adult mental health services [AMH] provided by Southern Health NHS Foundation Trust, across Hampshire.

1. Update on ProgressInpatient Services

The closure of the AMH beds at the Woodhaven unit was successfully completed on schedule, at the end of July 2012. During the phased closure of the unit the majority of service users completed their care in Woodhaven, and were discharged home. Three service users were transferred to other units at the end of July, and the transfers were agreed in advance with the individuals concerned, their carers and community teams. An organisational change process for acute care staff has been completed. Work is progressing with the proposal to convert Woodhaven into a 26 bedded facility for the delivery of Acute Low Secure services.

The adult mental health division continues, as it has done throughout the redesign programme, to make a commitment that if someone needs a bed, they will be able to access one. Bed occupancy graphs are attached as an Appendix.

The division continues to communicate progress and performance to the Trust and Commissioners through standard reporting mechanisms and also continued to communicate outside of the organisation to stakeholders, via briefings and meetings on the programme's progress against key milestones.

2. HOSC Considerations

The Trust would ask the HOSC to note progress to date and the continued engagement with internal and external stakeholders.

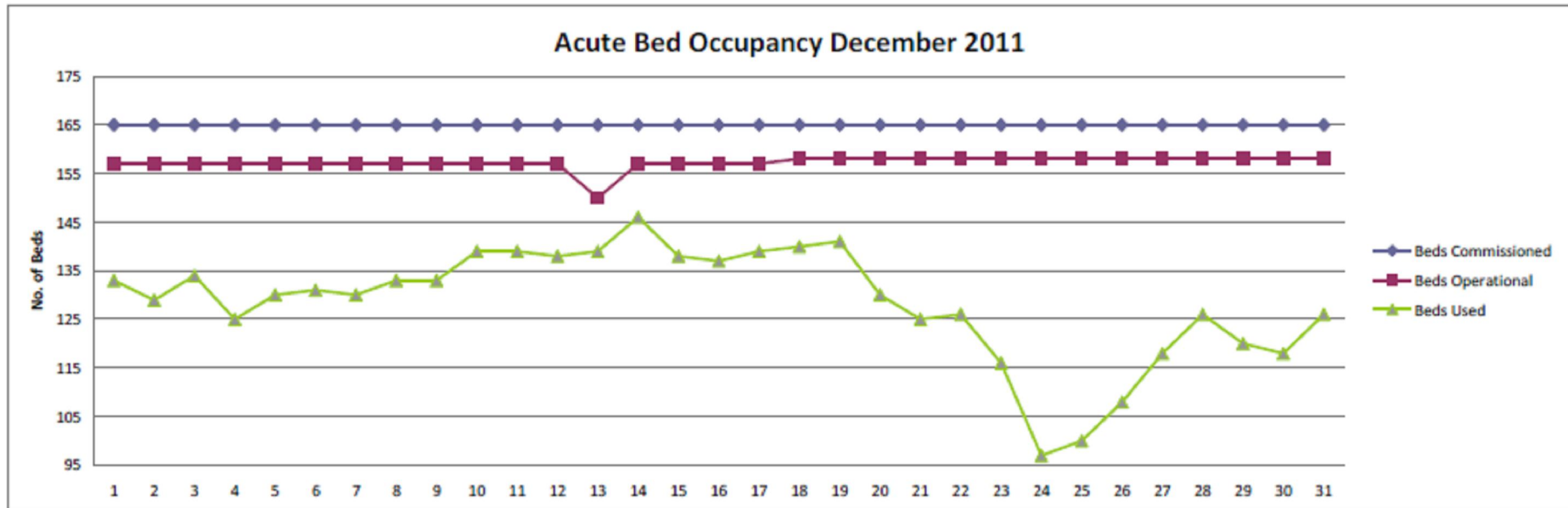
3. Appendix

Bed Occupancy Report and Milestones Dec 2011 to September 2012

Bed Occupancy Report and Milestones Dec 2011 to September 2012

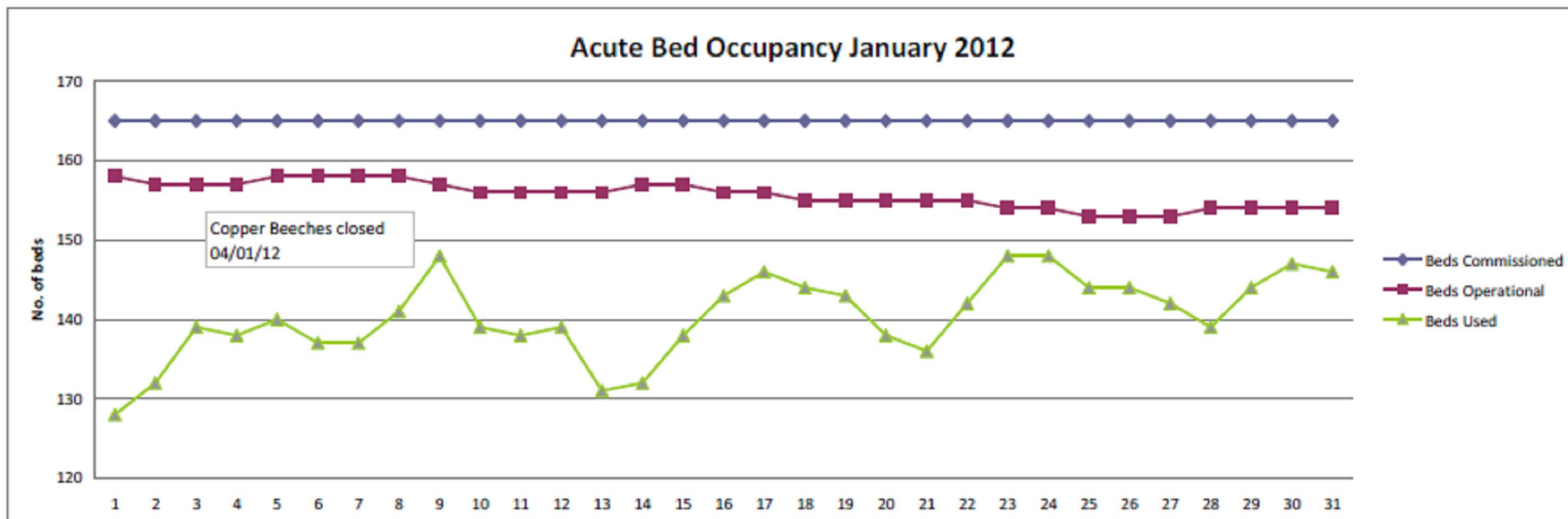
Dec-11

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Beds Commissioned	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
Beds Operational	157	157	157	157	157	157	157	157	157	157	157	157	150	157	157	157	157	158	158	158	158	158	158	158	158	158	158	158	158	158	158
Beds Used	133	129	134	125	130	131	130	133	133	139	139	138	139	146	138	137	139	140	141	130	125	126	116	97	100	108	118	126	120	118	126



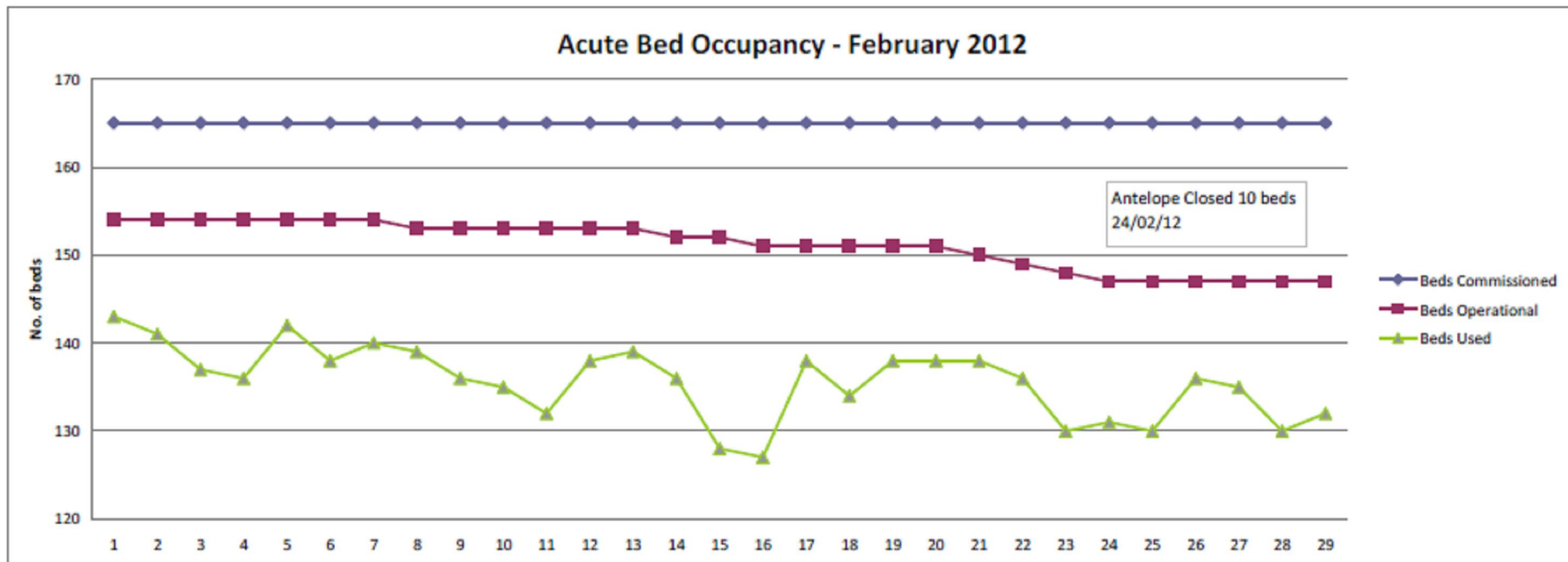
Jan-12

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Beds Commissioned	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
Beds Operational	158	157	157	157	158	158	158	158	157	156	156	156	157	157	156	156	155	155	155	155	155	154	154	153	153	153	154	154	154	154	
Beds Used	128	132	139	138	140	137	137	141	148	139	138	139	131	132	138	143	146	144	143	138	136	142	148	148	144	144	142	139	144	147	146



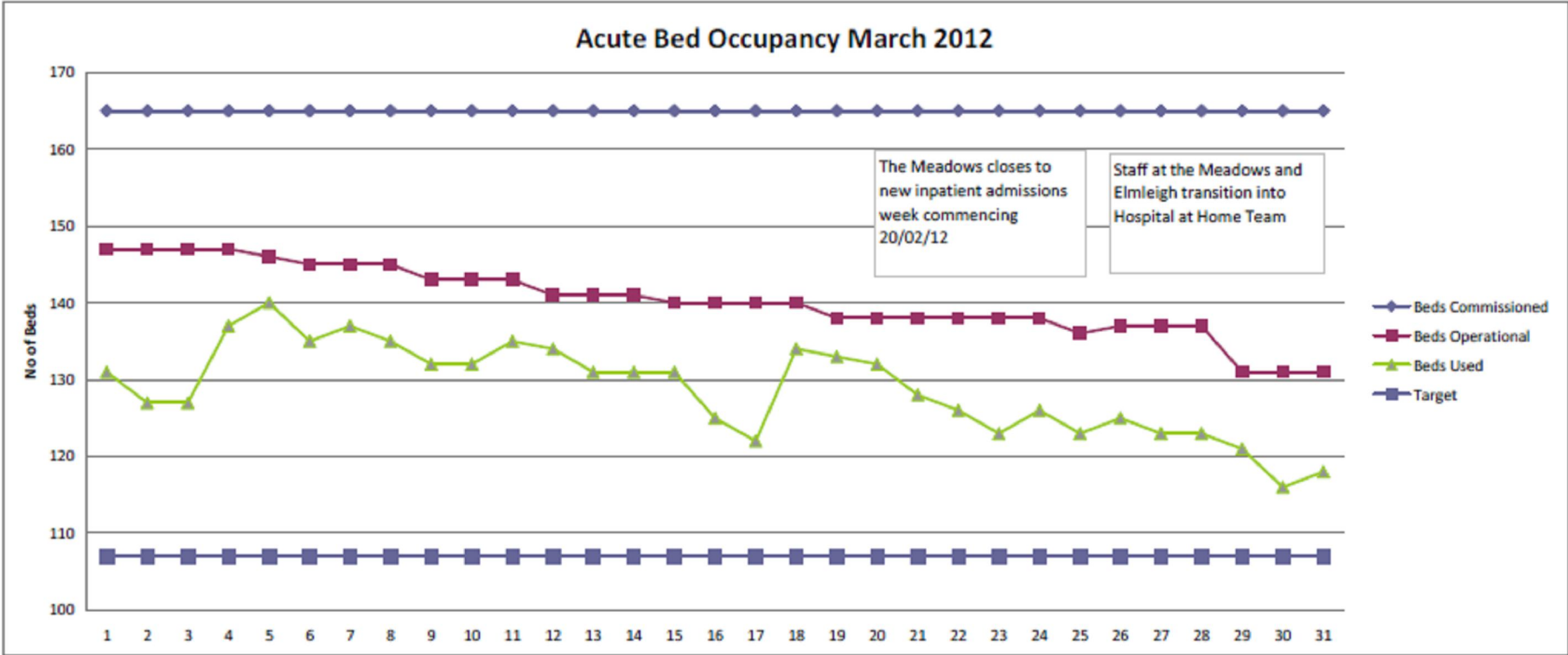
Feb-12

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Beds Commissioned	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
Beds Operational	154	154	154	154	154	154	154	153	153	153	153	153	153	152	152	151	151	151	151	151	150	149	148	147	147	147	147	147	147
Beds Used	143	141	137	136	142	138	140	139	136	135	132	138	139	136	128	127	138	134	138	138	138	136	130	131	130	136	135	130	132



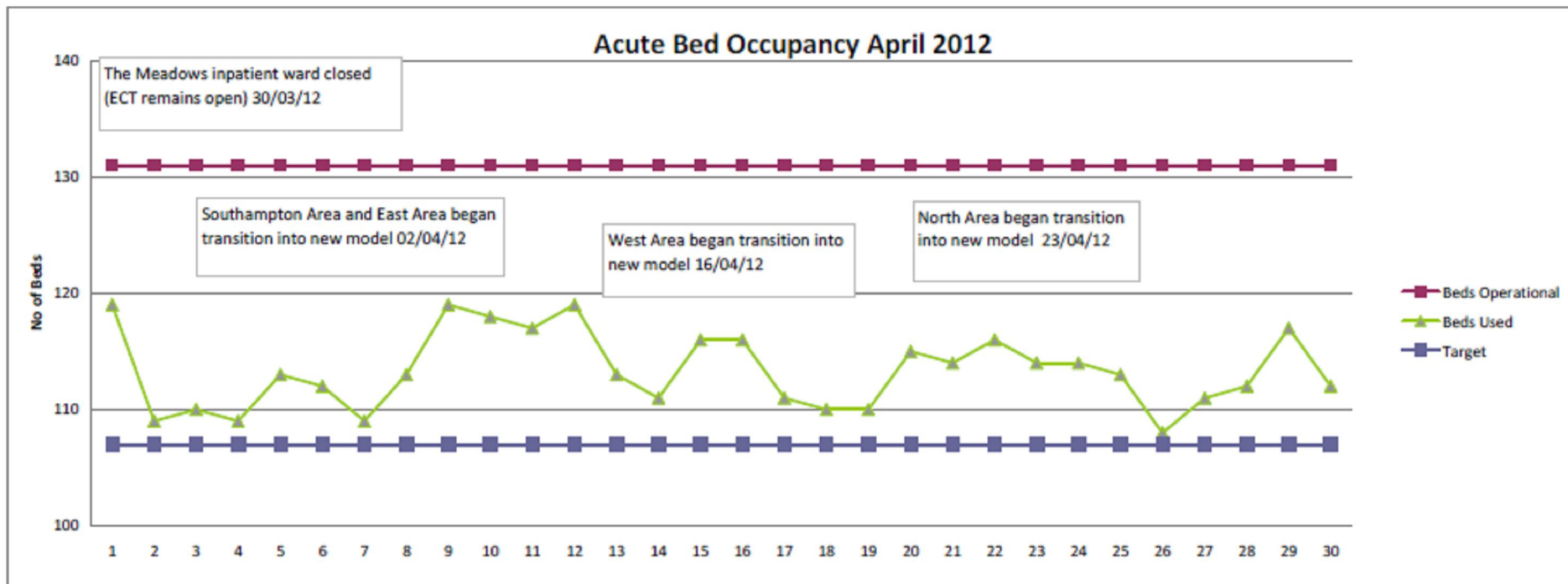
Mar-12

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Beds Commissioned	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
Beds Operational	147	147	147	147	146	145	145	145	143	143	143	141	141	141	140	140	140	140	138	138	138	138	138	138	136	137	137	137	131	131	131
Beds Used	131	127	127	137	140	135	137	135	132	132	135	134	131	131	131	125	122	134	133	132	128	126	123	126	123	125	123	123	121	116	118
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	



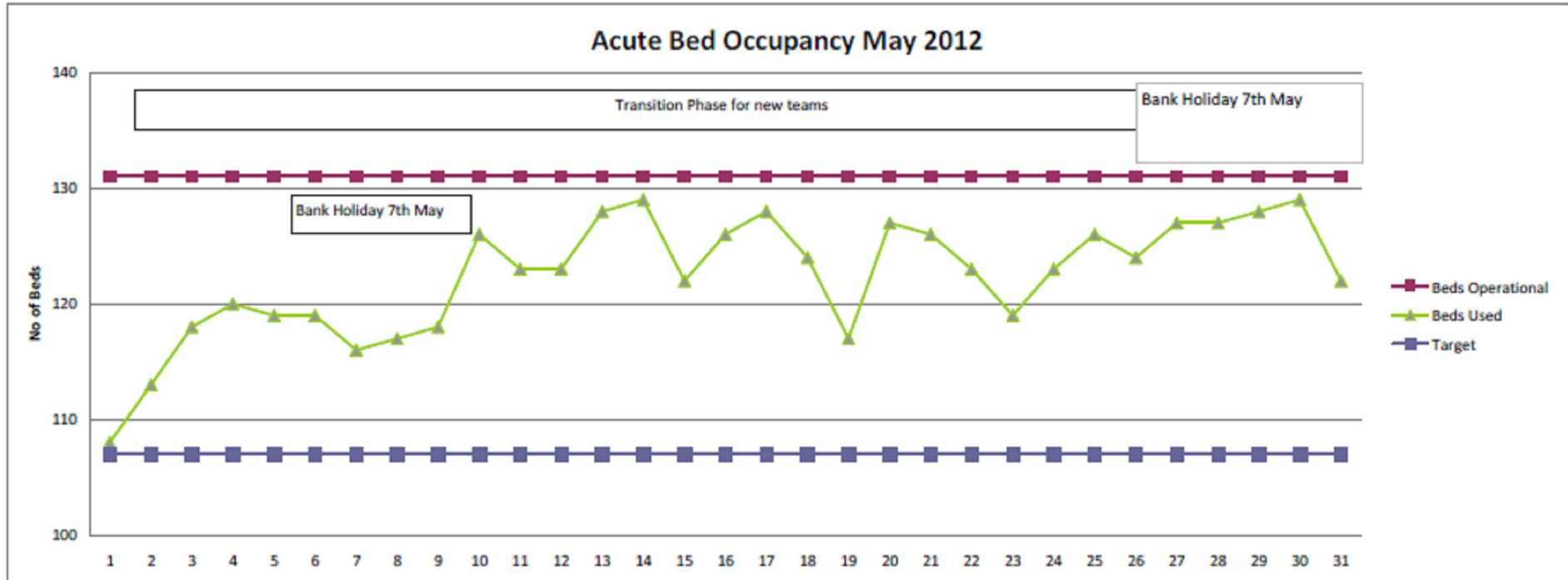
Apr-12

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Beds Operational	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
Beds Used	119	109	110	109	113	112	109	113	119	118	117	119	113	111	116	116	111	110	110	115	114	116	114	114	113	108	111	112	117	112
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



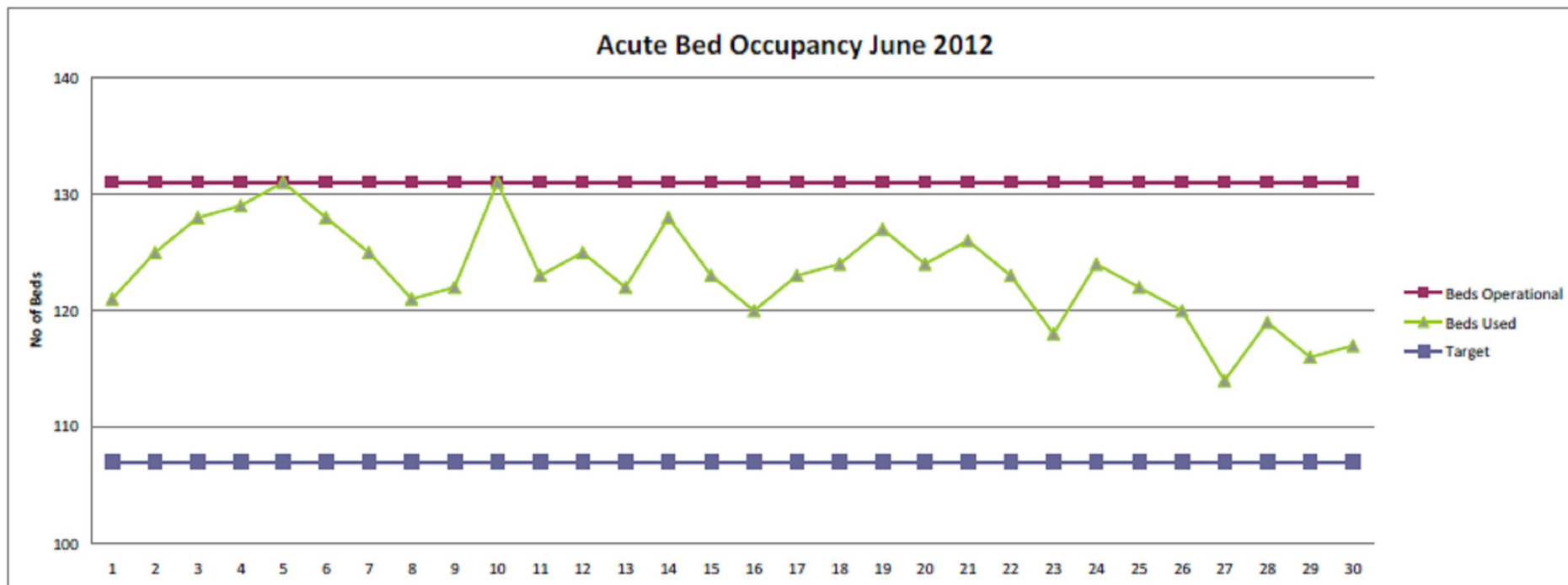
May-12

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Beds Operational	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
Beds Used	108	113	118	120	119	119	116	117	118	126	123	123	128	129	122	126	128	124	117	127	126	123	119	123	126	124	127	127	128	129	122
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



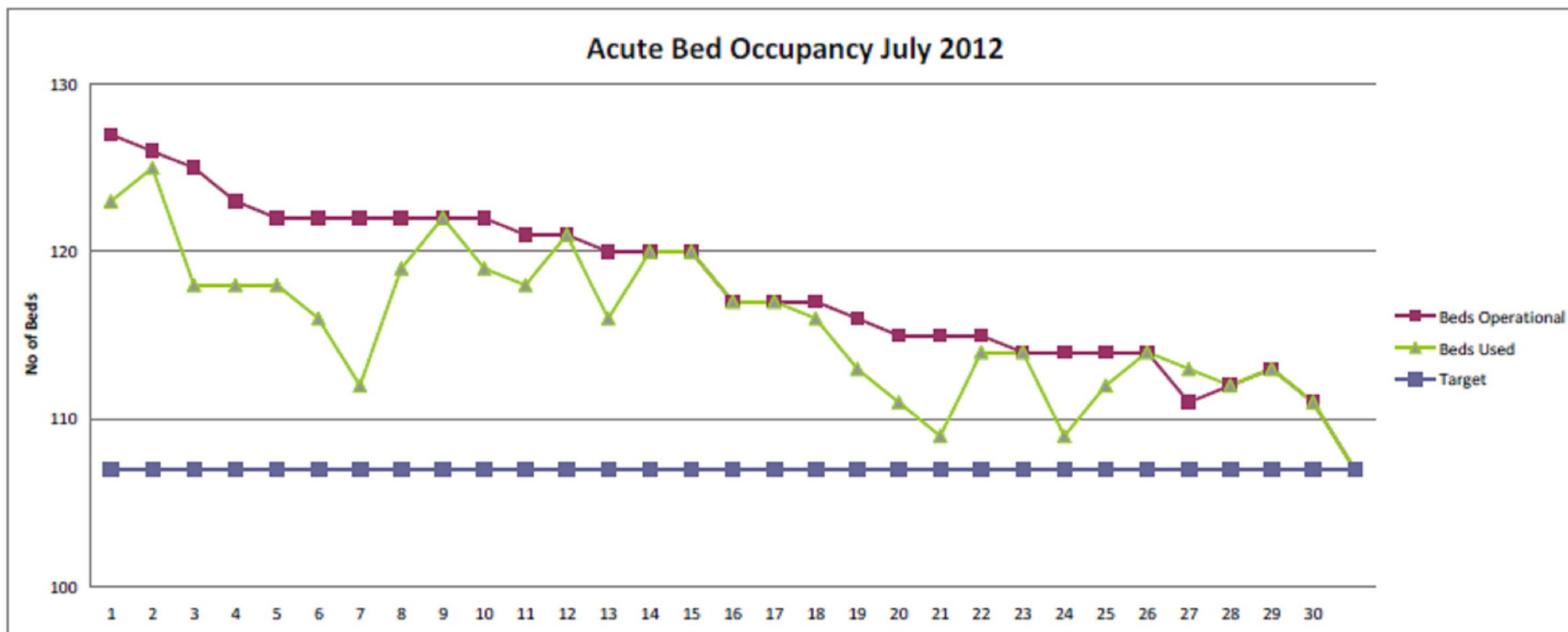
Jun-12

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Beds Used	121	125	128	129	131	128	125	121	122	131	123	125	122	128	123	120	123	124	127	124	126	123	118	124	122	120	114	119	116	117
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



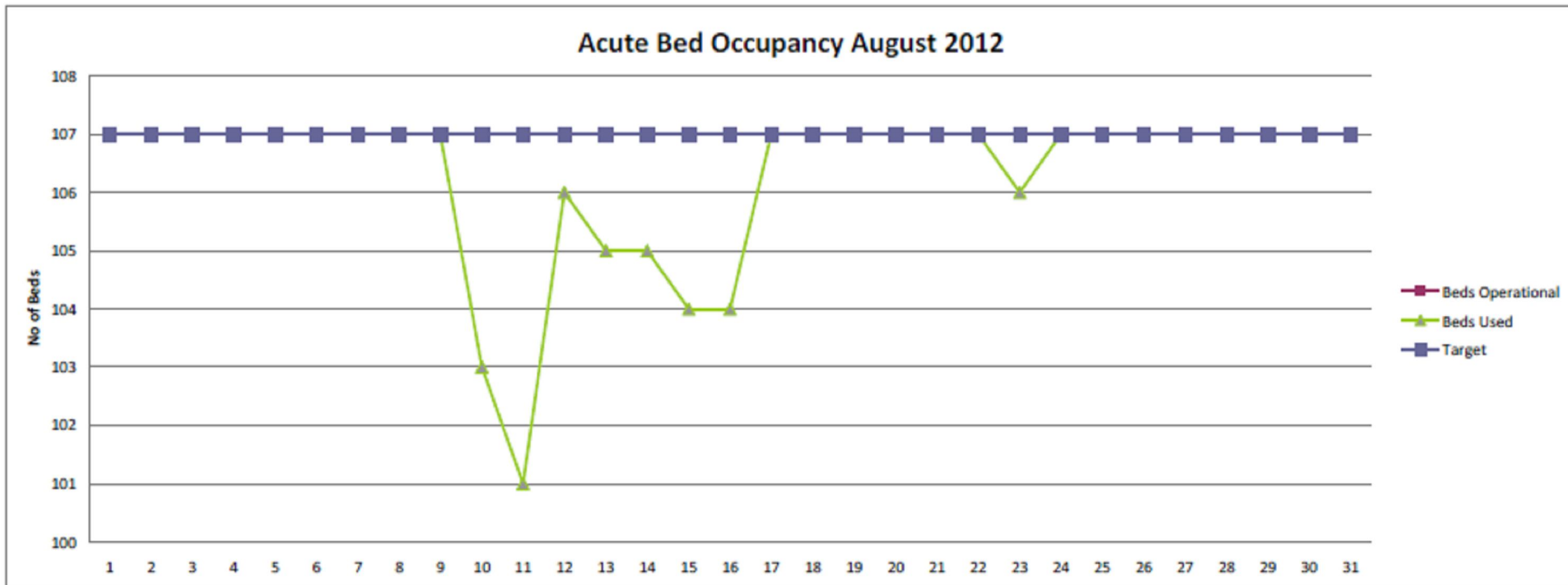
01/07/2012 -

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Beds Operational	127	126	125	123	122	122	122	122	122	122	121	121	120	120	120	117	117	117	116	115	115	115	114	114	114	114	111	112	113	111	107
Beds Used	123	125	118	118	118	116	112	119	122	119	118	121	116	120	120	117	117	116	113	111	109	114	114	109	112	114	113	112	113	111	107
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



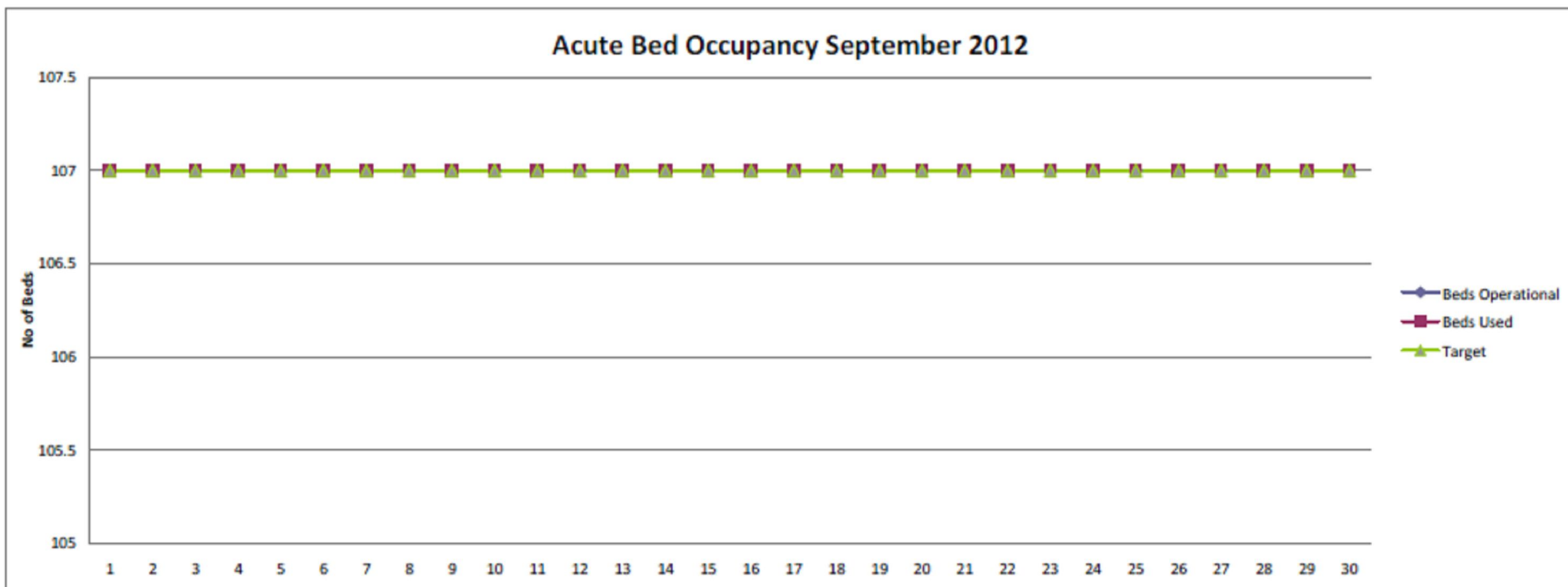
01/08/2012 -

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Beds Operational	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107
Beds Used	107	107	107	107	107	107	107	107	107	103	101	106	105	105	104	104	107	107	107	107	107	107	107	106	107	107	107	107	107	107	107
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



01/09/2012 -

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Beds Operational	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107
Beds Used	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107
Target	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107



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www.southernhealth.nhs.uk

14 November 2012

Cllr Pat West
HOSC Chair
Room 105, Elizabeth II Court
Hampshire County Council
The Castle, Winchester
Hampshire
SO22 8UJ

Dear Pat

Older People's Mental Health Services

Thank you for your letter dated 26 September 2012 and sent to Katrina Percy in which you list a number of areas where members have requested more information and/or assurance around plans for Older People's Mental Health Services (OPMH).

I am responding on Katrina's behalf and for ease of reference in the paper attached I have answered the points in the order they were presented.

I can confirm that Dr Paul Hopper and I will be present at HOSC should members have any further queries.

Yours sincerely

Paul Thomas
Business Development Manager
OPMH



An NHS Teaching Trust with the University of Southampton

Trust Headquarters, Maples, Horseshoe Drive, Tatchbury Mount, Calmore, Southampton SO40 2RZ

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE PAPER –
27 November 2012**

Distribution: Hampshire Overview and Scrutiny Committee [HOSC]

Submitted by: Older People's Mental Health Division, Southern Health NHS Foundation Trust [SHFT]

Date: 14 November 2012

Purpose This paper provides an update to the points raised in Cllr West's letter to Katrina Percy dated 26 September 2012.

Update:

The Trust was asked a number of questions and for ease of reference we have addressed them in the order they were presented:

- **How the Trust will be performance monitoring inpatient and community services throughout the transitional timetable**

As per our current practise, we will continue to monitor the bed usage across the Division to ensure that we are able to offer inpatient beds as may be required. I am pleased to report that as at the date of this letter we are still operating with over 70 empty beds across the service. However, we recognise that the full impact of bed closures will not be seen until all the affected beds have been closed.

The stakeholder meetings in the East and West have also expressed a wish for services (inpatient and community) to be monitored and reported at the meetings. We have agreed this would be a helpful way of ensuring the changes are working and will also allow for stakeholders to highlight to us any issues they may be hearing, both positive and negative, as a direct result of the changes.

Activity levels in community health teams will be monitored together with monitoring length of stay which could be an indicator for us if any increase can be attributed to out of area placements i.e. investigating if an increased length of stay was in any way attributable to the fact a patient was more distant from their home and family, and thus impacting on their recovery. (By out of area in this instance we mean out of their local area but still within Hampshire and under our service provision).

Similarly we will be closely monitoring CPA's (Care Programme Approach -forming part of the Government's National Service Framework for Mental Health, this allows mental health teams to work together ensuring the needs of patients are fully considered) and scrutinising to see if any delays are impacting on length of stay. We know that on occasion delays are caused by not being able to gather the necessary staff in a timely fashion to make necessary assessments and discuss the needs of an individual. We are looking to explore the use of tele-conferencing in an effort to reduce delays in this area.

Our commissioners will continue to monitor our readmission rates, as they do currently, and this could be another indicator for us if readmission rates rise unexpectedly and can be attributed to any lack of community provision.

We will ensure that we use different methodologies for gaining feedback on our services particularly from patients, carers and GPs. Our quality assurance questionnaires already give us valuable feedback but we will ensure these are scrutinised closely, together with complaints and any serious untoward incidents.

We will ensure all the above information is triangulated so that we have a clear overall picture of how our inpatient and community services are being received.

- **Final travel plans for the East and West Hampshire areas, taking into account the concerns of stakeholders shared in the consultation.**

We know that much concern was expressed around travel and access especially for relatives and carers. We recognise this and are very aware of the positive impact regular visits from carers and relatives can have on a patient's well-being and recovery.

Our travel plans were significantly influenced by the stakeholder groups in the East and West and since the September meeting of HOSC we have continued to develop our plans further. We acknowledge there was some opinion expressed through consultation about the cost of transport and concern that NHS money was being used to fund a solution. We also heard that some people felt any transport the Trust could provide would not be flexible to the needs of carers.

In light of the feedback and in discussing travel plans at the stakeholder meetings we are pleased to report that:

- funding for 2 vehicles and drivers has been secured. Whilst noting the concern expressed about cost we maintain the view that carers play an important role in the recovery of their loved one and therefore are committed to offering them as much support as possible.
- a full time driver has been appointed in the West.
- in the East one driver has been appointed part time with the other half of the post being recruited to.
- we have been able to acquire two minibuses which had been in use elsewhere in the Trust and that are no longer required by that service. These minibuses are in good order and have in place hoists and wheelchair ramps as well as usual seating.
- we are developing information (leaflets) to give to patients and carers which will clearly explain how to book the transport. On the advice of the stakeholder groups the consensus was that pick up and drop off points should be centralised. However, we are committed to making the transport as flexible as possible and will make allowance for those who would have difficulty reaching a central point i.e. in these instances we will pick up and drop back from a mutually agreed location.
- transport can be booked 24 hours in advance and will be free of charge.
- we will develop a survey that will give us feedback from those who use the minibuses. The results will be reviewed and considered by the stakeholder groups.

- during 'down time' when the minibuses are not being used to transport carers we have identified other uses for the vehicles and/or other tasks for the drivers, these include the transport of patients and staff for ECT in the East (see also final bullet point).

- **Final plans for savings to be reinvested into Older People's Mental Health**

Some of the savings are being used to fund the transport plans (£120k) across both East and West.

The reinvestment in community teams can be identified as follows:

- 6 x wte community staff (£240k) including travel budget for staff
- Administrative support to new community staff (£30k)
- 1 x bed manager Band 8a (£55k) – to ensure the appropriate admission to and timely discharge from the most appropriate in-patient unit
- A discharge liaison function in each of the remaining inpatient sites (£50k) – to work with existing in-patient and community teams ensuring safe and effective discharge

The reinvestment totals £495,000

- **Outline business case for the future use of The Willows Ward, Petersfield Hospital, and the Becton Centre, Barton-on-Sea**

The Willows Ward.

The Willows is temporarily being used to support AMH and ICS (Integrated Community Service) clinics. Full business plans have yet to be drawn up but we are currently exploring a number of more permanent options at Petersfield. Potential use as follows:

- Expanding the space available to the minor injuries unit
- OPMH and AMH outpatient clinics and community bases

When we attended Petersfield Town Council as part of our formal consultation we undertook to return and seek members views over potential re-use of the ward should our proposals in the consultation progress. We are keen to follow up on this undertaking and have requested that we attend Petersfield Town Council on 10 December 2012.

As discussed previously at HOSC, there are no plans to close Petersfield Hospital and we would wish to reinforce that message because we are aware some local people fear this (potential closure) to be the case.

The Becton Centre.

As shared at HOSC in September, the OPMH community mental health team (CMHT) will remain operating from the Becton Centre.

As with The Willows, there are no full business plans as yet but we are continuing to liaise with colleagues and the stakeholder group with regard what services could run from The Becton Centre. Options being considered at the moment are:

- AMH out-patient and staff base
- ICS (Integrated care services) working alongside OPMH colleagues
- TQtwentyone (Social Care Division of Southern Health)
- Voluntary Services e.g. Carer's Together, Alzheimer's Society

Colleagues in Southern Health are working to build a business plan for capital building works that will be necessary and we will be happy to share this alongside more definite plans once these have been informed by the stakeholder group and others.

As previously discussed at HOSC, there are no plans to close The Becton Centre. On the contrary we wish to use the building as constructively as possible for the benefit of local people.

- **Confirmation of how the conclusions reached in the Concilio report will be taken into account for future consultations**

The Trust has taken on board the valid conclusions in the Concilio report and we are taking steps to ensure that in future engagement and consultation:

- free text comments from surveys e.g. survey monkey, are better reported and reflected in the initial analysis. Note: comments were taken on board but it is acknowledged they could have been more explicitly identified
 - we are developing a system for recording feedback that will allow us to readily know at a glance where there are gaps in response. This will enable us to follow up with key organisations and also act as a check that they have received and noted information sent to them
 - alongside the development of a system for recording feedback we are also looking to see how we can weight the issues raised in terms of relevance and impact on the subject of consultation
- **Confirmation of how Southern Health will ensure closer working with GPs and Primary Care Services**

We are keen to continue to develop working with GPs, CCGs and Primary Care. A number of initiatives are taking place for example:

- Training programmes for GPs to support early diagnosis and treatment of dementia
- The mental health GP/CCG lead in the East is arranging to speak with mental health leads in other CCGs to help promote the community model of care and encourage closer working and understanding
- We are planning a joint meeting with CCH mental health leads together with adult services with a view to exploring whether a coordinated approach to OPMH is possible
- In the New Forest, OPMH staff working in GP practice 'wards' i.e. staff having a specific area and working in GP practices
- Our integration of community services and OPMH is well underway. As the work progresses we are uncovering lots of examples of where staff are already working across teams for the benefit of patients. The integration will also encourage broader working across organisations including primary care.

- Our redesign/integration of community teams in East Hants and Fareham and Gosport are consistent with the future shape of services as outlined in the South East Hants and Fareham and Gosport CCG commissioning strategy for integration and urgent care
 - Newsletter for GPs has been developed and the first edition issued this week
 - In the South East a pilot programme is underway working alongside colleagues from Solent Health Care and Portsmouth Hospitals. It is looking to support admission avoidance and supported discharge of older people
- **Final plans for access to ECT (electro conductive therapy) services for OPMH service users**

Currently ECT for Dryad patients in Gosport War Memorial is provided from the Meadows. In December this will transfer to Elmleigh in Havant. There is minimal difference to travel times for patients who are always escorted by staff in transport provided by the Trust.

Longer term future provision for ECT will be provided at Elmleigh and we intend to use the mini bus (as highlighted in our future travel plans) for transporting patients and staff. This will improve the service we can provide for patients as it will result in reduced waiting times. It will also reduce transport costs to the Trust and minimise the escort cost in terms of staff time. We achieve these benefits by making use of the mini bus as opposed to using taxis which can be expensive and less flexible in terms of ready availability.