

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	16 September 2014
Report Title:	Proposals to Develop or Vary Services
Reference:	6095
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 or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010, last updated in April 2013. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingsite/mdocuments.htm?sta=&pref=Y&item_ID=4831&tab=2&co=&confidential=
- 1.4. This Report is presented to the Committee in 3 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.

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

Items for Action

2. Southern Health NHS Foundation Trust: Temporary Closure to Admissions of Anstey Ward, Alton Community Hospital

Context

- 2.1 The NHS or providers of NHS services are able to temporarily close services without consulting the local authority when the NHS body or health service provider believes that a decision has to be taken because of a risk to safety or welfare of patients or staff (e.g. because of an outbreak of a viral disease, or reduction in staffing levels). In such cases the NHS body or health service provider must notify the local authority that consultation has not taken place and the reasons for this.

Background

- 2.2 The Anstey Ward in Andover Community Hospital is a 24 bedded step up, step down and palliative care ward, which is part of Southern Health NHS Foundation Trust's East Hampshire Integrated Services division.

Update

- 2.3 The letter notifying the Committee of the temporary closure, attached as [Appendix 1](#) (page 6), provides Members with an overview of the reasons for the closure, which is relates to two serious incidents on the ward. The temporary closure to admissions has been agreed following a period of intensive staff support which did not result in improvements to the quality of care offered on Anstey.

- 2.4 The Trust have the support of commissioners for this temporary measure, and have notified those referring into the service (GPs in the community, and Hampshire Hospitals NHS Foundation Trust).
- 2.5 The Trust will be reviewing the decision to temporarily close to admissions on a regular basis, with closure likely to be for no longer than two weeks.

Recommendations

- 2.6 Members confirm:
 - a. If they are satisfied with the actions of Southern Health NHS Foundation Trust to temporarily close to admissions the Anstey Ward in Alton Community Hospital.
 - b. If they require further information.

Items for Monitoring

None

Items for Information

3. Southern Health NHS Foundation Trust: Pilot Project

Context

- 3.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.

Background

- 3.2 Southern Health NHS Foundation Trust is the major provider of mental health services in Hampshire. This includes inpatient services for older people, for which 137 beds are provided across the County.
- 3.3 Mental Health beds for older people are divided between those with a 'functional' illness (i.e. depression, anxiety, personality disorders) and those with an 'organic' illness (i.e. those associated with memory loss and cognitive disorder, such as dementia).
- 3.4 Melbury Lodge in Winchester has three mental health units; the Stefano Olivieri ward, for older people, the Kingsley ward, for adult mental health service users, and a mother and baby separate ward.

Update

- 3.5 The Trust propose to run a pilot project which looks at changing the function of the 15 'organic' beds at the Stefano Olivieri unit to provide a needs-based service for patients with a functional illness. It is stated that this change is being proposed due to the high number of older people occupying beds who are ready for discharge, but not able to move on to more appropriate services in a timely fashion. It is felt that some older people would benefit from services within the adult mental health directorate, which are not available to them within older people's mental health.
- 3.6 The aim of this pilot is to:
- Ensure inpatient care needs are met by the service which is most appropriate to the individual's needs.
 - Further develop skills of staff and services available to older people, to improve access to psychological services and incorporate the recovery model of care by closer working with Adult Mental Health inpatient services.
 - Improve the integrated care received by those individuals with complex physical and mental health needs by closer working with integrated care teams and adult mental health teams through in-reach work and clear discharge planning.
 - The proposed age range is 60 years upwards – to provide a needs-based service not based on age alone.
 - Allow patients over the age of 65 years to access adult mental health services if they can better meet the individual's needs.
- 3.7 It is proposed that this pilot will run for six months from November 2014.
- 3.8 A briefing paper highlighting the changes can be found at [Appendix 2](#) (Page 12).

Recommendations

- 3.9 Members confirm:
- a. If they support the proposals regarding the temporary change in use of the Stefano Olivieri unit at Melbury Lodge by Southern Health NHS Foundation Trust.
 - b. Whether they require any further information on this issue, and the timings for a future update.

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:

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

2. Impact on Crime and Disorder:

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

3. Climate Change:

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

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

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

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

3 September 2014

Cllr Patricia Stallard
Chairman
Health and Adult Social Care Select Committee
Room 114, Elizabeth II Court
Hampshire County Council
The Castle
Winchester
Hampshire
SO23 8UJ

Dear Cllr Stallard

Re: Temporary Closure to Admissions of Anstey Ward, Alton Community Hospital

Further to the copy letter that was sent to Katie Benton, your Scrutiny Officer, I am writing, as suggested, to provide you with a little more background and detail regarding this temporary closure to admissions.

Anstey Ward is a 24 bedded unit, located at Alton Community Hospital. The care is provided by Southern Health NHS Foundation Trust to patients from Hampshire Hospitals in Basingstoke (step-down), patients directly from the community who require treatment, but not as intensive at that provided in an acute hospital (step-up) and a small number of patients for end of life and palliative care.

Our Divisional Director, Mr Gethin Hughes has sent a letter to key stakeholders informing them of a decision taken to temporarily close the ward to new admissions. It is intended that the ward will be closed to admissions initially for one week, although we will keep this under constant review during this period. This is a decision that has been taken with the support of the Clinical Commissioning Group. Hampshire Hospitals have also been informed of the situation.

Following on from two serious incidents that occurred on the ward an internal inspection was instigated, through which a number of quality and safety concerns were identified. In response to this, we have already started the implementation of an intensive programme of turnaround, which has been specifically designed to address those concerns. The turnaround plan involves intensive support and training from senior staff from within Southern Health, as well as implementing good practice and new processes which we will develop in conjunction with the local GPs.

Our priority is to ensure that those patients on the ward have access to safe care and we are making sure that robust arrangements are in place for the management of those patients on the ward.

We are closely monitoring the impact of this temporary closure and patients who would normally have been admitted are, where appropriate, receiving more intensive support from our

community services either to accelerate their discharge from the acute hospital or maintain their treatment at home.

Our intensive support and turnaround action means that we will keep any disruptions to a minimum and with constant review, will re-open to admissions as soon as possible

I will of course keep you informed of our progress.

Yours sincerely

Paul Thomas
Head of Business Management

Copies: Katie Benton, Scrutiny Officer, HCC, Winchester
 Gethin Hughes, Divisional Director
 Dawn Buck, Head of Comms and Engagement

Proposed pilot project for needs based inpatient care on the Stefano Olivieri Unit at Melbury Lodge, Winchester

The Stefano Olivieri Unit is based in Melbury Lodge Winchester. It is a 15 bed, acute admission (short stay), assessment and treatment ward providing care for older people with organic mental health needs. The unit is part of the inpatient older people's mental health service offering by Southern Health which has a total of 137 beds across Hampshire.

The inpatient beds are managed within the East Hampshire Integrated Services Division of Southern Health NHS Foundation Trust. The beds we currently provide are divided between organic and functional illness.

- Functional illness generally describes conditions, such as depression, anxiety, bipolar disorder, schizophrenia and personality disorders.
- Organic illness generally describes conditions associated with memory loss and cognitive impairment, such as dementia. Dementia describes a syndrome, which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function.

Gosport War Memorial Hospital

- Dryad -16 functional beds
- Daedelus ward – 17 organic beds

Western Hospital, Southampton

- Berrywood ward -18 functional beds
- Minstead ward - 18 functional beds
- Beaulieu ward - 17 organic beds

Melbury Lodge, Winchester

- Stefano Olivieri Unit - 15 organic beds

Parklands Hospital, Basingstoke

- Beechwood ward - 18 functional beds
- Elmwood - 18 organic beds

What we are proposing

We are intending to run a pilot project which looks at changing the function of the Stefano Olivieri Unit to provide a needs based service for patients with functional illness.

The pilot project aims to:

1. Ensure inpatient care needs are met by the service which is most appropriate to the individual's needs
2. Further develop skills of staff and services available to older people, to improve access to psychological services and incorporate the recovery model of care by closer working with Adult Mental Health (AMH) inpatient service.
3. Improve the integrated care received by those individuals with complex physical and mental health needs by closer working with our integrated care teams and adult mental health teams through in-reach work and clear discharge planning
4. The proposed age range is 60 years upwards – we aim to provide a needs based service not based on age alone.
5. Allow patients over the age of 65 yrs to access AMH services if they can better meet the individual's needs.

6. The pilot will run for six months

Achieving a needs-based functional ward for individuals with complex functional mental health needs in later life requires close working with patients / carers, adult mental health, the integrated care teams, adult services and the private / voluntary sector.

Stefano Olivieri Unit is situated on the Melbury Lodge site in Winchester, enabling the pilot project to maximise the potential for closer working and sharing of resources between the older people's mental health inpatient wards and adult mental health inpatient services (Kingsley ward).

We have been informally working in this way in our Basingstoke services and have seen positive outcomes very quickly. This pilot will enable us to have an evidence base on which to inform future services in this area.

Closer working with adult mental health will enable us to better meet the needs of the individuals accessing the services, that best promote their recovery and support their mental and physical health needs.

Why we are proposing this change

Over the last year we have been evaluating our bed use in older people's mental health services. We now know that at any one time, between 40 and 70 per cent of all older people's organic mental health beds are used by individuals going through the discharge process. This means that people are staying in hospital longer than is necessary.

In order to improve the discharge process we are:

- Looking at how we work with adult services more effectively to discharge patients in a timely way
- Reviewing care pathways throughout the admission
- Working with our community teams to in-reach to wards to improve discharge planning, enabling people to return to the community quickly and safely
- Working with our community teams to look at admission prevention and keeping people well in the community

As we work through the issues around the admission, treatment and discharge process we know that this will ultimately mean there will be lesser need for organic and functional beds across our region.

Evidence suggests that specialist old age services are best equipped to diagnose and treat mental illness in an ageing population. The proposed changes are not a move to an 'ageless' service where the distinctive needs of older people are not always addressed. We believe that a specifically trained workforce, skilled in caring for older people with functional illness and dementia is the most appropriate way to provide an age appropriate, non-discriminatory service to older people (a principle supported by Department of Health, NICE, The British Psychological Society and the Royal College of Psychiatrists).

On the inpatient unit we recognise that there are currently patients who are seen by the older people's mental health service who would benefit from services within the adult mental health services. Typically, these people are the 'younger elderly' who are physically fit.

In addition there are also those who are presently seen by our general adult mental health services who could benefit from the skills of an older people's mental health service.

We believe these individuals should be able to access alternative services where it can appropriately meet their need.

What this means and the timeframes we are proposing

- The change of the use of the ward from a primarily organic ward to a needs-led functional ward
- Closing organic admissions to the Stefano Olivieri Unit on 22 August 2014. Please note that there is currently no-one awaiting admission so this has been planned to have the minimal impact on patients.
- We will be reviewing care and discharge plans for all patients on Minstead ward in the Western Community Hospital in Southampton.

- The review of patients on Minstead ward will inform the exact date of service reconfiguration .We will be looking to transfer patients to Stefano Olivieri Unit from Minstead ward to allow opening beds to functional admissions on Stefano Olivieri Unit by the 1 November 2014.
- During the pilot phase we will support the redeployment of staff across various locations to ensure we utilise their knowledge and skills to deliver the best possible care to our clients. This will include a relocation of base for Stefano Olivieri Unit and Western Community Hospital staff to utilise skills within other older people's mental health inpatient services during the pilot phase
- Review of facilities and environment and updating to Stefano Olivieri Unit as required through September and October
- Staff training to further develop skills required for a needs-led ward
- Work with colleagues in adult mental health to plan where we can share and work in closer partnership

We will be hosting a stakeholder workshop on the pilot in September and would like to encourage you to come and hear the benefits of this new model of care. We will be sending your invite shortly so please look out for it. Appendix 1 (attached) outlines further detail on the proposed pilot service for the Stefano Olivieri Unit. If you would like to speak to someone in the meantime regarding the pilot then please contact:

Sarah Baines, General Manager OPMH Services
sarah.baines@southernhealth.nhs.uk or 023 9268 1062

Dr Tracey Eddy, OPMH Consultant Psychiatrist and Clinical Service Director
tracey.eddy@southernhealth.nhs.uk or 01256 376449

Stefano Olivieri Unit - Outline proposal for pilot needs based inpatient care project

The Stefano Olivieri Unit will become a needs-led functional ward with highly skilled staff who support individuals with mental health needs.

The ward will act as a pivotal partner in the health pathway between adult mental health and integrated care teams in order to ensure those with complex needs are able to access services best placed to support them.

Needs of the individuals admitted will include:

1. People with mental disorder and physical illness or frailty which contribute (s) to, or complicates(s) the management of their mental illness .On occasion this will include people under the age of 65.
2. People with psychological or social difficulties related to the aging process, or end of life issues, or who feel their needs may be best met by a service for older people. This would normally include people over the age of 70 years.

People of any age with a primary dementia who require in patient admission will access one of the specialist dementia wards (Daedelus ward at Gosport War Memorial Hospital, Beaulieu Ward at the Western Hospital or Elmwood ward at Parklands Hospital).

Principals of care on the SOU (older people's mental health service)

1. Older people with a mental health need benefit from an integrated approach with adult social services –these patients may have complex social needs.
2. The community integrated care teams, community services and third sector must work closely to provide more co-ordinated care.
3. Services must be commissioned on the basis of need and not age alone. The needs of those with mental illness (organic and functional) and their associated physical and social issues are often distinct from younger people.
4. The majority of the mental illness experienced by older people is not dementia and there is a significant cross over between dementia and functional illnesses such as depression and psychosis.
5. Older people often have a combination of mental and physical health problems - commissioners and service providers need to seek and exploit opportunities for joint working and service delivery that can address both physical and mental health needs.
6. Older person's services need to be multidisciplinary.
7. Older people should have access to in reach services, home treatment and crisis services.- this may reduce need for admission, facilitate early discharge and reduce transfer to residential care.
8. Older people respond well to psychological input – the spectrum of psychological service provision needs to reflect this.

Admission criteria:

- For assessment and treatment of an acute functional mental disorder
- The person can be safely managed in the unit
- People admitted will be normally be 65 years and over. Only in exceptional circumstances would anyone under 60 years be admitted
- People aged between 60 - 65 years, who may already be known to the local integrated care team (aligned to the local crisis home treatment team) may be admitted for assessment and treatment if appropriate (i.e. those with coexisting physical health problems that make management more complex or with needs that can be more appropriately met by an OPMH service) after discussion between admitting consultant / ward consultant. This cohort of patients will be limited to those within the Winchester / Eastleigh Integrated Care Teams
- Only in exceptional circumstances would anyone under 60 years be admitted to the Stefano Olivieri Unit
- Where all alternatives to admission have been explored and excluded due to the needs of the person requiring admission

We anticipate that up to a third of the beds (4 – 5 beds) may be occupied by individuals in the age of 60 - 65 years which complex physical / mental health needs, that can be more appropriately met on the Stefano Olivieri Unit.

Similarly there will be individuals over the age of 65 years who may more appropriately receive care on the adult mental health ward (Kingsley ward) or from the crisis Home Treatment Teams, but who have, to date, entered older people's mental health services due to their age rather than their needs.

Evaluation of the project

The pilot will run for a period of 6 months after which the admissions to the unit will be reviewed:

1. To determine whether individualised care needs are met
2. To gather patient feedback PROM – personal experience of recovery
3. To review the use of organic /functional beds across the older people's mental health inpatient services
4. Monitor the numbers of patients who receive treatment and whether the model needs to be extended further.