

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	28 July 2015
Report Title:	Inquiries Received and Action Taken
Reference:	6841
Report From:	Director of Policy & Governance

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1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/ inquiry	Source	Action Taken	Comment
Care Quality Commission's inspection of Portsmouth Hospitals Trust	Care Quality Commission Portsmouth Hospitals Trust	Final report of inspectors to be received and recommendations for action to be noted by the Committee. The Report from the inspections is attached as Appendix 1	Draft action plan to be circulated separately.
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the outcomes of the Care Quality Commission's inspection report on Portsmouth Hospitals Trust. b. Request the action plan from the inspection report, once drafted by the Trust. c. Confirm timings for future monitoring of the progress of actions recommended. 			
Temporary closure of Community Hospital beds – update and actions proposed	Southern Health NHS FT	A report has been attached as Appendix 2 (page 7).	
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the update. b. Confirm the timing for a future update, to monitor progress with the ongoing staffing challenges, and continued discussions with commissioners and stakeholders regarding sustainability and need for community hospital beds. 			

Topic/ inquiry	Source	Action Taken	Comment
Mental Health rehabilitation services	West Hampshire CCG	A report is attached as Appendix 3 (page 12).	
<p>Recommendations:</p> <p>That Members:</p> <ol style="list-style-type: none"> a. Provide feedback regarding the engagement plan relating to the proposed improvements to the rehabilitation pathway. b. Provide feedback regarding the case made for the proposed changes, including the proposed use of the savings and the evidence that the number of beds available without Eastrop is suitable for the level of need. c. Confirm the timing for a report back to a future meeting at which the Committee will take a decision regarding whether to support the proposed permanent closure of Eastrop House in Basingstoke. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
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. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 **Equalities Impact Assessment:** This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

2 Impact on Crime and Disorder:

2.1 This paper does not request decisions that impact on crime and disorder

3 Climate Change:

3.1 How does what is being proposed impact on 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?

No impacts have been identified.

SOUTHERN HEALTH NHS FOUNDATION TRUST

Interim Report

Committee:	Health and Adult Social Care Select Committee
Date:	28 July 2015
Title:	Review of issues relating to temporary bed closures
Report From:	Director of Integrated Services (east and north Hampshire) and Director of Integrated Services (West Hampshire, Children and Facilities Services)

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1. Executive Summary

1.1 This report seeks to update the Hampshire Health and Adult Social Care Select Committee regarding beds at Fordingbridge, Alton, Romsey and Fleet Community Hospitals.

1.2 This is an interim report for discussion regarding the current situation, which is variable across all four sites due to differing challenges in each area. Therefore updates on each hospital are provided separately.

1.3 The Trust will ensure the Health and Adult Social Care Select Committee is kept fully informed of information relating to the community hospitals.

2. Recommendations

2.1 That the Health and Adult Social Care Select Committee note and discuss the interim report

3. Alton Community Hospital

3.1 Background

Southern Health NHS Foundation Trust informed the Health and Adult Social Care Select Committee in January 2015 that Anstey Ward at Alton Community Hospital at that time had 20 beds in operation, representing a continued reduction of four beds.

This was due to staffing challenges and the potential impact on quality of care. The Trust was pleased to report that teams had been working locally to ensure the right quality of care was delivered to patients. It was reported that there had been a significant improvement in standards of service, in line with what is provided in similar services elsewhere.

In April a phased reduction of beds on Anstey ward commenced, in order for the ward to operate at a reduced capacity of 12 beds due to ongoing staff challenges. This has enabled the ward to continue to be run at safe staffing levels, through ongoing communication with the Clinical Commissioning Group, Hampshire Hospitals NHS Foundation Trust and Hampshire County Council.

3.2 Current position

Southern Health can confirm that there are currently 12 beds in operation on Anstey ward, and that levels of staffing are meeting the nationally mandated safer staffing levels.

Southern Health is pleased to report that we are assured on quality of service delivery on the ward and the level of patient experience

Recruitment continues to be a challenge. However we have been working proactively to help address this. Measures include a recruitment open day held at the hospital, with more recruitment days planned in the near future. We are also working to raise awareness among the local community about services provided at Alton Community Hospital; this has included engaging with the local media.

A new ward manager has been recruited and is now working on Anstey ward, who has joined from an acute general hospital. however nursing vacancies remain, therefore the bed reduction remains in place.

We continue to work closely with patients, commissioners, GPs and other local stakeholders to consider sustainable options for the future of Alton Hospital.

4. Fleet Community Hospital

4.1 Current position

Southern Health is supporting the local Clinical Commissioning Group which is leading a review of community beds in the north east Hampshire and Farnham area. This work is being progressed through the Community Beds Clinical Reference Group.

All beds at the hospital are open and are staffed at safe staffing levels.

5. Fordingbridge Hospital

5.1 Background

It was reported to the Health and Adult Social Care Select Committee in September that Southern Health had taken the decision to make a small reduction to the number of beds on Ford ward at Fordingbridge Hospital, from 20 to 15.

This decision was made as part of ongoing internal checks on the safety and quality of our services, and was made proactively to help ensure the safest possible ward environment approaching the winter months.

A combination of factors made and continues to make Southern Health's course of action the most appropriate, while ensuring patients continued to receive high quality, safe care.

These included:

- **Environment:** Fordingbridge is an old building, and the ward environment means that beds were quite close together, increasing the risk of infection between patients. At that time there had been more infection outbreaks at Fordingbridge compared to other similar hospitals and the Trust needed to take steps to ensure the risk was minimised.
- **Staffing:** There is a national shortage of nurses, and this has been felt particularly hard at Fordingbridge Hospital. We also found that fewer agency staff were choosing to work at Fordingbridge Hospital.

By reducing beds, the Trust was able to create more space between them, reducing infection risk. With fewer beds we have also been able to ensure we have the right numbers of staff in order to continue to provide a safe and effective service to all patients.

5.2 Temporary measures taken during to increased system-wide winter pressures

In January 2015 the number of beds was temporarily increased to 18 during the period of significant increased demand on health and social care services system-wide due to increased winter pressures.

However this measure was temporary and some concerns were raised by patients about the environment on the ward during this period. Therefore the numbers of beds in operation on Ford ward returned to 15 as soon as appropriate.

5.3 Current position

Ford ward at Fordingbridge Hospital is currently staffed in-line with safe staffing levels for 15 beds, which are in operation.

This also allows us to continue additional levels of patient dignity and privacy previously identified following the decision to operate with a small reduction in the number of beds.

Southern Health is working to increase patient flow through Ford ward where appropriate while ensuring patients continue to receive high quality, safe care. The Trust is working closely with patients and partners Hampshire County Council and TQ at Home, the Trust's social care arm which supports individuals following a stay at hospital, to facilitate this.

Staffing remains a challenge and vacancies remain. Action has been taken to address recruitment challenges, which are being felt across the whole system.

There has been no additional demand, or patients waiting and improved levels of privacy and dignity for patients has been noted.

There are currently no plans for the number of beds on Ford ward to be increased from 15. However Southern Health is continuing to review the acuity and dependency of patients on Ford ward in line with national safer staffing recommendations.

5. Romsey Community Hospital

6.1 Background

Southern Health took the decision to temporarily suspend admissions to Nightingale and Chichester wards at Romsey Hospital following cases of a Healthcare Associated Infection.

The decision took effect from 23 May and was among a number of measures taken to minimise the risk of any further infection and ensure the highest levels of patient safety were maintained.

6.2 Additional measures introduced

Other action taken by the Trust included a full deep clean of the wards, alongside regular cleaning, and specialist bio-decontamination equipment and services clean.

The temporary closure of beds was reviewed daily, the Health and Adult Social Care Select Committee, GPs and staff were informed and visitors to the wards were communicated with.

All equipment has been assessed and some equipment has been replaced as appropriate.

All staff training has been updated, with a particular focus on infection prevention and control.

6.3 Current position

Nightingale and Chichester wards reopened to admissions on Monday 6 July.

Admissions were initiated on a phased basis to ensure a safe and effective service continues to be provided to all patients.

The Trust has been working in partnership with University Hospitals Southampton NHS Foundation Trust (UHS) to further strengthen consultant cover already in place. All medical cover is now provided by UHS and is consultant-led.

Daily checks of the ward continue to be conducted.



**MENTAL HEALTH REHABILITATION
“RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME”**

1. IMPROVEMENTS TO THE REHABILITATION PATHWAY

- 1.1. The Hampshire Health and Adult Services Committee will be asked to consider this pathway improvement and to note the Hampshire CCG`s, Hampshire County Council`s and Southern Health`s agreed approach to mental health rehabilitation
- 1.2. It is also asked to note the proposal to permanently close Eastrop House
- 1.3. It is asked to note and comment on the proposals for engagement (attached) to support the NHS to reach its final decision on improvements to the mental health rehabilitation pathway and confirming as permanent the current temporary closure of Eastrop House in Basingstoke.

2. BACKGROUND – AN OVERVIEW OF MENTAL HEALTH SERVICES

- 2.1. It is known that about one in four people will experience mental ill health at some point in their lives. For many this will be mild mental health problems such as anxiety, low mood and some associated addictions or personality problems. About half do not seek help for these problems, and the majority of those that do seek help from their GP, or the Improving access to psychological therapies service (IAPT or talking therapies), which provides evidence based cognitive behavioural therapy.
- 2.2. Those individuals with more serious or complex mental health problems, and those with risks to themselves or others are referred to community mental health teams for assessment and treatment. The majority of people with moderate and severe mental health problems are treated in the community by mental health services. Specialist community teams (for example the acute mental health teams) are able to provide intensive support in the community for people who are acutely mentally ill, or in crisis. A small number of people become so unwell that they need a short term admission to a mental health inpatient unit for assessment and treatment. The majority are admitted as voluntary patients. The most unwell, and high risk, will be cared for in a psychiatric intensive care unit (PICU). These services are based at Antelope House in Southampton, Parklands Hospital in Basingstoke, Melbury Lodge at Winchester and Elmleigh in Havant.
- 2.3. Mental health services are designed to support individuals to recover a life despite their mental health problems, and have a focus on maintaining hope, promoting independence and enabling individuals to take opportunities to enhance their

quality of life. Services consider the whole person, in their family and social context. Mental health services are integrated with social care, and also work closely with a range of third sector and community organisations, in addition to primary care, police and other agencies.

3. MENTAL HEALTH REHABILITATION SERVICES

- 3.1. The majority of people who are admitted to mental health inpatient units are discharged within 6 weeks, however a minority of people require longer periods of inpatient care, and then require support from mental health rehabilitation services to regain their skills and independence. The numbers are small, with about 150 people fully or partly funded by health services, however the impact on people's lives and the cost to health and social care services is high.
- 3.2. With engagement and support many of these people are able to live with a degree of independence in community and supported living settings. To get to this stage and maintain stability does however need good care co-ordination and the whole mental health and care system working together. The rehabilitation pathway supports people from the critical stages in their illness, to living in community settings. The system has undoubtedly been impacted by the withdrawal of supporting people funding (some services have been maintained through social care funding) and the financial pressures across the system.
- 3.3. Recovery for some of this group may well be spending more extended periods of their lives in community settings supported by specialist community workers skilled in monitoring and treating unpredictable re-occurrence.
- 3.4. The health and social care system needs to work closely to support these people. While they are in hospital their care and support is most likely to be funded by health services. As people move into community settings the funding can be shared by health and social care and as people recover they may well move to lower levels of support through social care and housing and benefit support.
- 3.5. This can be complicated and individuals are supported by care co-ordinators, who are mental health professionals who are usually part of the local community mental health teams.
- 3.6. CCGs in Hampshire and Southern Health NHS Foundation Trust have decided to review the mental health rehabilitation pathway. This work has already shown that some parts of the Hampshire system are working well and people get good care and are supported back to community services in a reasonable period. Other parts are less effective. We have found that the whole pathway is not always well connected and there are real opportunities for improving the system. We need to

make sure the existing pathway works consistently for people. In particular people need to be supported to move on to the next part of their recovery when they are ready. This is about system improvements and investment which make the existing pathway work better and support the right care in the right place at the right time.

- 3.7. There are two different sorts of provision commissioned within Hampshire. Firstly there are block contracts where the whole service is commissioned by the Hampshire NHS and the beds are available whether or not they are used. Providers are both NHS and third sector. Secondly there are spot purchased beds where the NHS commissions a specific bed in a provider for a named person and the bed is paid for only when it is used.
- 3.8. With these improvements, the review has shown that when the pathway is working well and is focussed on the needs of the individual, there is more capacity in the system than is needed and that the overall system capacity can be reduced. There are about 50 new (some are re-admissions) people coming on to the pathway a year. Some of the units are supporting people to recover within a year and this is set as the standard. This means we need about 50 beds in Hampshire. In addition there is a small group of about 20 people who due to the unpredictability and severity of their illness will need ongoing support with their needs. There are a very small number whose mental health remains acutely unwell for an extended period and these are usually cared for in specialist units not available within Hampshire. This means that over an extended period of three years we can reduce the number of beds in the system. The eight beds in Eastrop in Basingstoke were temporarily closed in 2012 for refurbishment and patients were moved into appropriate residential and community based accommodation.
- 3.9. The plan to use Eastrop to deliver step down beds in order to increase mental health bed capacity has been reviewed as the system has been operating more efficiently and these additional beds are no longer required. With Eastrop closed there are 42 block beds. The CCG plans to continue to commission approximately 11 spot purchased beds to allow for complexity and choice. In addition improvements to occupancy and length of stay in the remaining block contract units add the equivalent of another 5 beds. These 58 beds will be sufficient to manage the Hampshire system. On this basis the CCGs in Hampshire and Southern Health NHS Foundation Trust will consider making the temporary closure of Eastrop in Basingstoke permanent.
- 3.10. The savings from the permanent closure of Eastrop and the improvement in efficiencies are being used in three ways:

- To pay for the general additional adult acute mental health capacity (not rehabilitation) which has been needed over the past 24 months reflecting the national increase in demand on adult mental health services.
- To pay for increased levels of staffing on the mental health wards as required by the safer staffing models.
- The Hampshire CCGs are meeting additional costs in their continuing healthcare provision (CHC) being the largest cost pressure in 2015/16, the MH Rehabilitation spot placements are funded from this budget so any savings will be set against the overspend.

3.11. In addition there will be improvement in community services for this group of people, including housing support and personalisation, which will initially be piloted through the mental health investment funding and not from these savings.

4. OUR VISION FOR PATIENTS

More people with mental health problems will recover

4.1. More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates, and a suitable and stable place to live.

Experience of care and support

4.2. Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected.

Fewer people will suffer avoidable harm

4.3. People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service

5. IMPROVEMENTS TO THE REHABILITATION PATHWAY

5.1. The residential rehabilitation setting (hospital or care home) is provided by a mixture of the NHS, the third sector and independent providers. This element of the service is delivering variable quality and outcomes and is the focus of this case for change.

5.2. There is also a need:

- To develop a wider range of options for providing personal support to people in their own homes. Housing provision will be through existing local authority led provision.

- To support and to enable the personalisation of mental health rehabilitation services.
- To further develop community rehabilitation services for this client group to be consistently good across the whole county, building on the existing good practice of the Winchester re-ablement team and learning from the south east Hampshire community rehab pilot due to commence in September 2015.

6. SYSTEM MANAGEMENT CHANGES

6.1. As the detailed activity analysis indicated there is sufficient capacity in existing rehabilitation services even when all spot placements have been de-commissioned, there are system management changes also required to achieve this which are:

- Reviewing the current serious mental illness (SMI) placements funded by Hampshire CCGs and joint funded with Hampshire County Council.
- Ensuring all referrals in to the SMI rehabilitation pathway are fully considered by the four block providers and that spot placements are discussed with commissioners at the earliest stage and considered only in exceptional circumstances. This is agreed and is progressing.
- Consider how the Care Coordination system can be designed to fully meet the needs of the SMI rehabilitation client group (in progress)
- Consider how community support for people with SMI can be strengthened

6.2. These changes will mean that people will be assessed and be supported to be in the right place to meet their need. The block provider's beds will be fully utilised. People will be reviewed on a regular basis and supported to move to the least restrictive care setting appropriate to their needs. The care co-ordination and community support systems will be considered both by commissioners and providers and will be improved.

7. CONCLUSION

7.1. Hampshire CCGs and Southern Health Foundation Trust have set out their plans for improving the existing Mental Health Rehabilitation Services and would ask that HASC consider and comment on these. Specifically the work demonstrates that Eastrop which was closed on a temporary basis in 2012 can be considered for closure on a permanent basis.

7.2. The HASC is asked to note and comment on the engagement plan to inform the proposed improvements to the rehabilitation pathway.

July 2015
Jess Berry
Head of Mental Health
West Hampshire CCG

Dr. Lesley Stevens
Director of Mental Health and Learning Disabilities
Southern Health NHS Foundation Trust

West Hampshire CCG Mental Health Rehabilitation Engagement

Proposal for research to examine Patient and Carer Perspectives

Objectives

- ❖ To positively enhance the body of knowledge regarding the actual experiences of patients currently receiving (or having recently received) rehabilitation care
- ❖ To enable West Hampshire CCG (on behalf of Hampshire 5 CCGs) to more confidently assess patient experiences
- ❖ To identify current good practice
- ❖ To highlight issues, benefits, concerns and barriers regarding current services
- ❖ To introduce patients and carers to the CCG's wider plans and gather feedback
- ❖ To maximise the quantity and quality of responses through a variety of engagement methods

Methodology

Data collection will include 1-to-1 discussion, telephone discussion, online and hardcopy surveys appropriate to the patients and carers concerned.

Raise will visit four locations to enable 1-to-1 discussions:

- Together (24hr recovery services) – Voluntary Sector
- Hollybanks (in-patient rehab) – Southern Health NHS Foundation Trust
- Ravenswood (Low secure) – Southern Health NHS Foundation Trust
- Nelson House (Locked rehab) – Private provide

We appreciate that the wellness of individuals in these settings varies and that Raise will need to be flexible in our approach.

There will also be opportunity for recently 'discharged' patients to express their views via telephone discussions. In order to contact such individuals Raise would need to work in partnership with the CCG as well as advertising the project via our own networks and mailshots.

Carers will be able to provide their feedback by both online survey and telephone discussion.

Data – Storage and Analysis

Storage:

Data will be collected anonymously and stored for 6 months following delivery of the final report. Data will be held according to the guidelines set out by the Information Commissioners Office.

Analysis:

Quantitative and qualitative data will be collected in accordance with the parameters agreed with West Hampshire CCG prior to contact being made with patients and carers.

Reporting

Analysis of this data will be provided in the project's final report together with Raise's observations.

Raise would be happy to present its findings in person to the project board.

Raise's Experience

As a 100% Service User organisation, Raise has been commissioned by a multitude of organisations to deliver engagement projects. These have included NHS Trusts, local authorities, 3rd Sector and Private providers across the South East and beyond. Settings varied between rehabilitation, forensic, long stay and PICU. The reports from these projects are often confidential, however an example of our work which was made public can be seen at:

<http://raise.org.uk/assets/Raise%20Employability%20Survey%20Final%20Report.pdf>

Outline Project Timetable

We are aware that timescales are crucial and propose the following timeline:

