

Planning for the future of Older People's Mental Health Services – East and West Hampshire

Presented to Hampshire Health Overview and Scrutiny Committee
Meeting

27 March 2012



Today we will explain...

- **The history and detail of our proposal**
- **Our current service model**
- **Where changes already implemented
– the benefits**
- **Engagement to date**
- **Next steps**



Primary Care Trust/Hampshire County Council Joint Commissioning Strategy – Older People's Mental Health (OPMH)

- **Joint Commissioning Strategy published in 2008**
- **Wide involvement and engagement across all stakeholders**
- **Identified a range of challenges in the provision of local mental health services**
- **Identified changes in the population and the growing demand for services**



Key priorities within the Joint Strategy for OPMH services

- **Support for carers**
- **Promoting independence and access to wellbeing services**
- **Achieving a balance between specialist and other services**
- **Providing pathways into and out of hospital**
- **Enabling organisations and individuals to work together towards shared goals**



This strategy reflects the national picture



Dementia is common

- 1 in 4 people over age 80 have dementia, but...
- For people with dementia only 33%-50% receives a diagnosis locally
- Older people with mental health needs use significant health and social care resources



Functional mental illness is common



- 🌈 One in four older people have significant depression

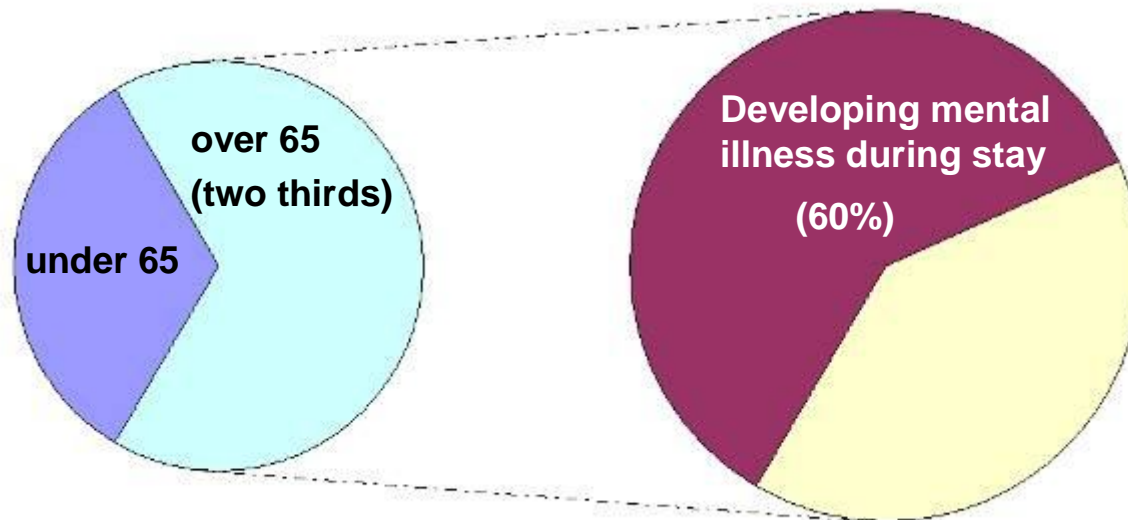


- 🌈 One third of people who care for an older person with dementia also have depression



The picture in general acute hospitals

General Hospital admissions

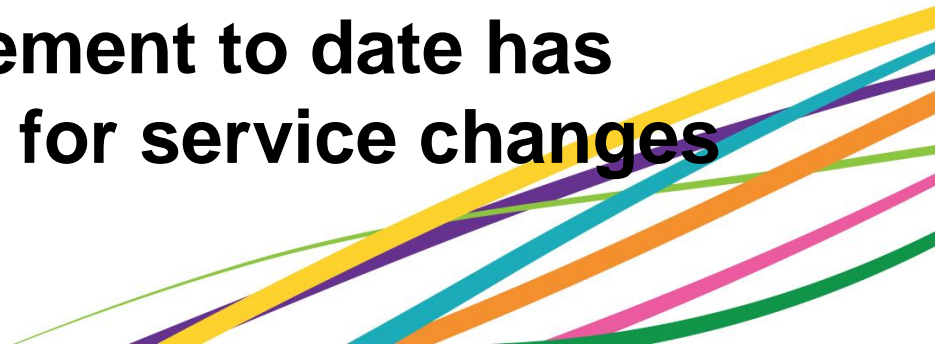


- 🌀 Older people occupy two thirds of acute hospital beds with 60% developing a mental health disorder during their stay



Rolling out the OPMH strategy

- **Phase 1 - Mid Hampshire (Andover)**
- **Phase 2 – South Hampshire & Southampton (Tom Rudd Unit)**
- **Population trends reflected across Hampshire**
- **Broad engagement prior to change**
- **Feedback from engagement to date has demonstrated support for service changes**



What have been the benefits for service users & carers?

- More local rapid assessment for people with memory problems
- Closer working with other services
- Improved care in care homes
- Staffing meets the needs of our population
- Improved access to talking therapies by working closely with GPs
- Increase support to GPs and other professionals
- Increased work with Acute Hospitals colleagues



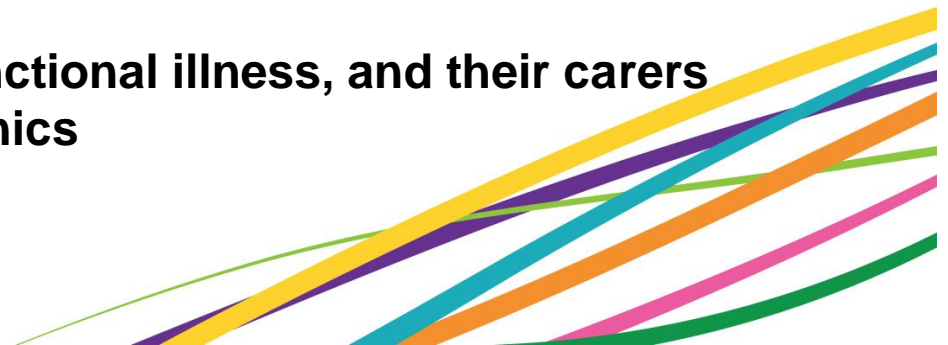
Phase 3 – Examples of Engagement

- Listening events – East and West
- Engagement events – East and West
- Focused stakeholder groups – East and West
(inc tour of sites, weighting of agreed criteria,
agreement to work on transport plans)
- HOSC presentation – January 2012
- HCC/Southern Health workshop
- Attendance at local groups – East and West
- Presentations at local councils



Key messages from listening and engagement activity

- ⇒ Support for carers through improved input and communication from services and better information
- ⇒ Transport for carers
- ⇒ Having OPMH in-patient beds within close proximity of acute general hospitals
- ⇒ Increased care at home
- ⇒ Training and education of primary care colleagues (GPs), colleagues in acute general hospitals, and colleagues in care homes
- ⇒ Environment
- ⇒ Managing with fewer beds through enhanced community-based services
- ⇒ Improving earlier diagnosis and care for people with dementia
- ⇒ Improving services for people with complex dementia, either at home or in a care home
- ⇒ Supporting service users with a functional illness, and their carers
- ⇒ Continued provision of memory clinics



Next steps - The proposal for East and West Hampshire

Our aims:

- **Early diagnosis and early intervention, working together with other sectors and ensuring ongoing person centred care and support**
- **Improved support for people in crisis in the community**
- **Admission when required to specialist mental health beds**
- **Improved liaison to acute hospitals**
- **Improved care in nursing and residential homes**
- **Improved end of life care**



We want to do this by closing four units and focussing more on community based services – providing local services for local people



Our Proposals

- **East Hampshire: Maintain beds at Gosport War Memorial Hospital. Close The Willows (Petersfield Community Hospital) and Summervale (Cold East site)**
- **West Hampshire: Maintain beds at Melbury Lodge (Winchester) and the Western Hospital (Southampton). Close The Becton Centre (Barton-on-Sea)**



Our rationale for these proposals:

- Regularly there are between 40 and 60 empty beds across our sites (despite closure of Linden and Willow Wards at the Tom Rudd unit last year)
- Capacity in the system to accommodate those who do need admission
- Proximity to acute general hospitals – identified as a criteria through listening and engagement work
- Environment - identified as a criteria through listening and engagement work
- Transport links – identified as a criteria through listening and engagement work
- Ability to increase the provision of quality community based services for a majority of those using our services – identified as a criteria through listening and engagement work



The 4 Key Tests

- Clinical support for the changes
- Enhanced Patient & Public Involvement
- Increased Choice for patients
- Commissioner/CCG/GP support



Next steps

- **We wish to formally consult the public on our proposals**
- **Further public meetings will be planned**
- **We will continue to engage and consult with our key stakeholders, and continue stakeholder meetings throughout the process**
- **We will continue to discuss our proposals with all staff who may be affected**
- **We will continue to work with our partners**



Thank you for listening

We're happy to take questions

