

Planning Ahead, Working Together

**Public consultation on Older People's Mental Health Services
within Southampton and South Hampshire**

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**This consultation document has been produced by NHS Hampshire,
NHS Southampton City and Hampshire Partnership NHS Foundation
Trust**

1. Introduction

- 1.1 This consultation document has been produced by NHS Hampshire, NHS Southampton City and Hampshire Partnership NHS Foundation Trust, who are working together to develop older peoples mental health services that serve the populations of Southampton and South Hampshire.
- 1.2 It is the result of listening to what people have to say and describes part of a programme of service transformation that we see developing for older peoples mental health services over the next few years.
- 1.3 The importance of mental health to our overall well-being is recognised in national policies and by our colleagues locally in NHS organisations and Local Authorities. We want to make sure that our services are the best and that we exceed national standards for the quality and performance of our clinical care.
- 1.4 Our aim is to develop services which offer real choice and more control to the people who use them, allowing them to remain in their home, and supporting them to maintain independence and have a good quality of life.
- 1.5 This means beginning to change our existing services, moving from current in-patient bed-based services where there is now less demand, to focus on support in the community that meets the needs of the population now and in the future.
- 1.6 This public consultation describes proposals which have been developed by NHS Hampshire, NHS Southampton City and Hampshire Partnership NHS Foundation Trust. The proposals are detailed on pages 6 and 7

2. Background to our proposals

- 2.1 Over the last 30 years there has been a major shift in the way that mental health services care for people. Historically we have relied on large psychiatric hospitals and institutions for people with mental health needs. Today, we deliver the majority of services in people's homes, and for a minority of our service users and patients, in local hospital settings.
- 2.2 Nationally there have been several policy documents published which have structured our thinking for services for older people with mental health needs. These have included:
 - The National Service Framework for Older People 2001
 - Our health, our care, our say 2005. *A new direction for community services*
 - Everybody's Business 2005. *Integrated mental health services for older adults*
 - Living well with dementia 2009. *A National Dementia Strategy*

In response to these and other policy documents local action has taken place as follows.

- 2.3 NHS Hampshire and Hampshire County Council published a Joint Hampshire Commissioning Strategy for OPMH services in 2008. In developing the strategy, wide involvement and engagement was undertaken across statutory bodies, third sector organisations and patient and carers groups.

The strategy identified a range of challenges in the provision of local mental health services resulting from changes in the population and the growing demand for services.

The key priorities within the Joint Strategy for OPMH services were as follows:-

- Support for carers
- Promoting independence and access to universal wellbeing services
- Achieving a balance between specialist and generic services
- Providing pathways into and out from hospital
- Developing mechanisms to enable organisations and individuals to work together towards shared goals

The strategy is monitored by a Joint Commissioning Board. To date service improvements have been locally evidenced in Mid Hampshire and include:

- Improved access to therapy services
- Improved access to memory services
- Joint working with the Third Sector through the Dementia Advisor and Alzheimer's Cafe

2.4 NHS Southampton City and Southampton City Council produced a Joint Dementia Vision in 2009 with the aim of positively transforming services for people with a dementia within the Southampton city area over five years. The proposals in this paper support both dementia and functional illnesses, however a strategy for older people with a functional illness such as depression or bi-polar disorder will be published in the near future, The service areas for redesign in the Joint Dementia Vision were as follows:-

- Improved awareness by better provision of information, training and education
- Good quality early diagnosis and intervention through updating current services and referral mechanisms
- High quality care and support to include those who also have a physical illness and for hard-to-reach groups
- Improved mental health support in general hospitals
- Delivering the objectives within the National Dementia Strategy

There was significant engagement in the creation of the Joint Dementia Vision; led jointly by the PCT and City Council this has been a major feature of service development planning in Southampton. Hampshire Partnership NHS Foundation Trust amongst other agencies including users and carer organisations has been party to the engagement and planning.

2.5 NHS Hampshire, NHS Southampton City and Hampshire Partnership NHS Foundation Trust have been working together in response to the above guidance on a programme of engagement with the public and partner organisations. This has provided the local NHS with good feedback on its current services for older people with mental health needs whilst indicating priorities for these services in the future.

2.6 As a result of the engagement activity the following important themes have emerged which will be included in the services that we develop.

- Improved information and support for patients and carers
- Improved joint working across organisations
- Services that provide improved access and more community based support
- Less reliance on inpatient beds
- Broader understanding of the needs of older people with mental health problems in order to develop a greater awareness and reduce stigma

3. Listening to and meeting people's needs

3.1 We know that people agree with the direction we are taking and want our services to change. At recent engagement events they have told us what matters to them and the improvements that they would like to see.

3.2 Stakeholders told us what mattered was:

- Support for carers through improved input and communication from services and better information provision
- Managing with fewer beds through the development of community-based services, providing access to other services, and improving admission and discharge processes when a hospital bed is required
- Improving earlier diagnosis and care for people with dementia by raising awareness, whilst ensuring easy access together with a timely response from services during a crisis
- Improving services for people with complex dementia either at home or in a care home through simplified case management, intensive support when required and increased re-ablement / rehabilitation services
- Meeting the needs of people with a functional illness by involving service users more fully in their own care planning and supporting service users and carers to overcome issues of social exclusion and stigma

3.3 What our staff told us they would like:

- An increase the number of staff in community-based services in order to support people in their own homes
- We need to work more closely with other partner organisations that support older people, and voluntary organisations that are able to provide access to a wide range of information and services
- Increased carer support especially at a time of crisis
- We need to ensure that we build on the role of the care co-ordinator / key worker in order to provide a simple point of contact for service users, carers and GPs

4. The context of our proposals

4.1 There are a number of challenges for services for older people with mental health needs in Hampshire:

- By 2013 the over 65 population will have increased by 16% along with an increase in people with dementia of 15%
- One in four older people have severe depression which requires treatment
- Only 33% to 50% of older people with dementia currently receive a diagnosis
- Older people with mental health needs account for a significant proportion of health and social care services:
 - 40% of people attending their GP surgery
 - 50% of all general hospital inpatients
 - 60% of care home residents

- One third of people who care for an older person with dementia also have depression
- Older people occupy two thirds of acute hospital beds and 60% of these will have or develop a mental disorder during admission

4.1.1 For the local populations of Eastleigh and Test Valley the trend for dementia up to 2013 shows increases as follows:

	65-69	70-79	80+	Overall
Eastleigh	31%	7%	13%	12%
Test Valley	34%	10%	15%	15%
County	30%	7%	17%	15%

The increase for depression for the same period is 15% in Eastleigh, 18% in Test Valley with a county average of 10%.

Carers in Eastleigh and Romsey account for 9.4% of the population compared to a county average of 9.2%.

4.2 Equally there are similar challenges in Southampton:

- It is estimated that by 2015 there will have been significant increases in the older age group within the city as follows:
 - 65-69 age group (27% increase)
 - 70-74 age group (18%)
 - 85+ age group (22%)
- Older people (65+ years) with mental health problems accessing social services was 31.9 per 1000 compared to just 15.9 across England as a whole. Southampton's rate was the highest amongst its Office of National Statistics (ONS) peers
- GP registers for dementia are recording an increasing number of people with the condition
- It is currently estimated that two thirds of older people with dementia receive no diagnosis
- By 2015 the 'Projecting Older People Population Information System' (POPPI) predicts 2,558 older people in Southampton will have dementia and 2,855 will be suffering from depression

5. Making the most of our resources

- 5.1 We know that the population profile in Hampshire will change and we will see increased numbers of older people and smaller numbers of working age adults over the coming decade (The Demographic Future of Hampshire 2007). Our services must continue to reflect this changing profile.
- 5.2 The recent paper 'NHS 2010 – 2015: from good to great' (Department of Health 2009) describes the challenges the NHS faces in delivering high quality health care in a tough financial environment.
- 5.3 We are committed to providing value for money whilst retaining high quality services and environments to support people to live well.

As a result we need to develop our workforce to give them the knowledge, skills and attitudes to deliver better care and treatment that meets the needs of our patients, service users and carers. We acknowledge that change can be difficult and we will ensure that we minimise the uncertainty that our staff and patients may feel during this period, and support them throughout the process.

- 5.4 We will continue to review our use of bed based services concentrating on improved prevention, early intervention and health promotion whilst treating the most unwell in the most appropriate setting. We will support cost savings through advances made in new medications and therapeutic treatments.
- 5.5 We will provide value for money by making the most efficient use of available resources (including our buildings), whilst ensuring that we provide services that are efficient, safe, productive and of high quality.
- 5.6 We have all been aware of the recession and of current economic challenges. The Government is expecting the public sector (of which we are a part) to ensure that we are making the most of our resources (tax payers' money) and can contribute to a reduction in the overall national debt.

6. Current service provision

6.1 Notable service improvement has already occurred within OPMH Services in Hampshire and Southampton and the proposals in this paper will continue the transformation.

6.2 Older people living in Southampton and South Hampshire have access to the following mental health services provided by Hampshire Partnership NHS Foundation Trust:

- Community mental health Nursing, Occupational Therapy and Physiotherapy
- Memory assessment and Memory Service
- Outpatient clinics
- Psychology
- Inpatient services at the Western Community Hospital in Millbrook, Southampton, and the Tom Rudd Unit on the Moorgreen Hospital site in West End.

6.3 There are three Consultant led community mental health teams (CMHTs) in Southampton and four in the South Hampshire county area. They are based at the Western Community Hospital, the Tom Rudd Unit and in Eastleigh, Romsey and Hythe.

All teams have co-located Social Workers whilst Southampton has co-located Adult Services Teams with both providing joint working arrangements. Details of team structures are listed in Appendix 1.

6.4 The Alzheimer's Society, Admiral Nurses, Age Concern, Solent Mind, Solent Healthcare, Hampshire County Council and Southampton City Council also provide services to older people in the area.

6.5 Inpatient services are provided as follows:

Organic (dementias)

- Beaulieu (18 beds) at Western Community Hospital
- Berrywood (15 beds) at Western Community Hospital specialising in challenging behaviour
- Willow (18 beds) at Tom Rudd Unit, Moorgreen Hospital

Functional (e.g. severe depression, psychosis, schizophrenia, bi-polar disorder)

- Minstead (18 beds) at Western Community Hospital
- Linden (17 beds) at Tom Rudd Unit, Moorgreen Hospital

6.6 The five wards serve the populations of Eastleigh, Southern Parishes, Romsey, Hythe and Southampton city. During the past 18 months the service has regularly experienced a

number of empty beds as a result of current community services supporting more older people to remain in their own home.

6.7 Psychiatric Liaison Service input is provided at both Southampton General and Royal Hampshire County hospitals. Collaborative working with acute hospitals provides prompt referral for memory assessments and access to other Trust specialist services.

6.8 Consultant Psychiatrists can be accessed out of hours via an on call system which provides cover 24 hours a day, 365 days a year. The on call is used by GPs for any psychiatric emergency ensuring that these are dealt with promptly.

7. Proposed New Services

7.1 We are now looking to continue to improve the care and treatment that we provide. It is proposed that two inpatient wards are closed to release funding to deliver a new model of care focussed on community-based services.

7.2 Discussions with our commissioners have indicated that the new services will follow the requirements of the National Dementia Strategy and their own commissioning strategies that were approved respectively by the Hampshire PCT Executive Board in 2008 and the Southampton PCT Board in 2009. The new services will include the following elements:

7.3 Early diagnosis

- We will improve access by arranging for Memory Clinics to be available in more locations. Nurse led clinics will continue to be increased in number in support of existing clinics run by memory doctors
- We will develop our liaison role with Primary Care colleagues to improve awareness and encourage early referral
- We will work with Primary Care colleagues to increase awareness of un-diagnosed depression and encourage referrals to IAPT (Improved Access to Psychological Therapies) or OPMH services

7.4 Dementia Advice and Support

- Our proposal is for extended follow-up support where appropriate for patients and carers after diagnosis of dementia or cognitive impairment (memory loss) and medication
- Memory Matters for service users and carers will continue to be available across the area, co-located where possible with Memory Cafes and carer support groups run by OPMH, Admiral Nurses or the voluntary sector. There are plans to encourage referrals to Memory Matters direct from GPs, the voluntary sector and Admiral Nurses via a screening process for suitability.

7.5 Improved support in the community

- Services will be easier to access and organised more efficiently by a single point of access to health and social care services
- An extended and improved base for Eastleigh and Southern Parishes at Newtown House will provide a single point of access and a service more flexible and responsive to crises and other times of need
- There will be closer links with Rapid Response teams provided by Adult Services and Primary Care. This will enable people to remain at home with supported provided outside of normal working hours

7.6 Admission to specialist mental health beds

- The service will support the changes to the number of inpatient beds by switching to an inpatient consultant model to oversee and develop the treatment and care we provide from admission to discharge, thus ensuring delayed transfers of care are kept to a minimum

7.7 Improved intermediate care

- Enhancements to current community based services will enable greater specialist intermediate care or intensive support. This will allow most people to return to their normal levels of functioning within their own home, avoiding a hospital admission

7.8 Improved care in nursing and residential homes

- We will provide more support and education to care homes where the number of patients with mental health needs is increasing

7.9 Improved end of life care

- We will provide high quality end of life care for people with dementia by ensuring that staff in all environments have the right skills to support both patients and their carers

7.10 Our proposals are about the continuing improvement of our community-based services so that they offer consistent and high quality support to people in their own home. As a result of this service development fewer people will require admission to hospital in the future; however we will ensure that there is sufficient access to inpatient beds to meet the needs of those people who require this level of care.

7.11 Improvements to our services will continue to support carers as well as providing them with a number of potential benefits. These include:-

- Enhanced community support - more intensive community services will help people avoid inappropriate admission to hospital or care home
- Reducing length of stay - additional community and memory services will assist people to return home more quickly
- Earlier diagnosis and memory support - people will be supported to live well with dementia
- Improved support for carers– the proposed services will offer more support to carers and help to avert a crisis
- Improved clinic facilities – will give a better environment for outpatient care
- The increased range of services will enhance patient and carer choice

7.12 These proposals will lead to improvements in the care pathways we provide for both organic and functional illnesses. The tables below detail the existing service and how it will change in the future.

Organic care pathway (dementias)

Element of Care Pathway	Current service	Additional activity
Improved identification and diagnosis working with primary care, effective and timely access to services	Referrals direct to Memory Service by GPs or via CMHTS. Diagnosis and medication is followed by a minimum annual visit. Work is taking place to provide better follow up and support.	Work with GPs to raise referral rates and increase levels of diagnosis. Single point of access to CMHT's
Improved support and signposting for people in the early stages of their condition, working in partnership with other agencies notably the third sector	Patient information is provided to all. Memory Matters courses for service users and carers. Close working with Admiral Nurses.	Early stage dementia groups. Development of signposting information. Employ new Mental Health Advisors to steer/ advise patients and carers and develop stronger links with third sector.
A more recovery focussed care planning approach based on living well	Care planning and CPA is offered according to need. A significant proportion of work in CMHTs is with people with dementia.	Adopt more personalised care planning, provide training to CMHT clinicians, develop WRAP skills
Improved case management for people with complex needs, intensively supporting people when they become more unwell to stay at home as far as this is possible	Multidisciplinary care plans and care delivery based on need.	Additional resource in CMHTs to enable more patients to be supported in their home environment by providing multiple visits per day where indicated.
Stronger links and joint working with providers of 'Rapid Response' (RR) services	Relationships not formalised. Ad hoc joint work.	Formal relationship with RR services. Invest in a community mental health nurse to sit within RR service to provide education as well as patient care. 24 hour cover for OPMH patients as required.
More specialised support to care homes	Support from CMHT including doctors. Care homes allocated to CMHT staff based on their patch.	Multidisciplinary structured support to nursing homes, screening new admissions and providing advice and education re managing challenging behaviour.
Specialised organic inpatient beds, these beds will have increased senior psychiatric consultant involvement to manage complex clinical needs.	Three wards, reducing admission rates.	Two wards, used more effectively.
Mental health liaison services to support Southampton General Hospital.	Two nurses plus medical support covering SGH as requested.	Specialist advice and support which is focussed around older people with mental health needs in acute wards.
End of life care which is dignified and provided in partnership.	HPFT is fully committed to delivering improvement in end of life care and are working with the SHA to achieve this.	There is a directorate workplan to improve the co ordination of end of life care.
Improved partnership working with local authorities and PCT providers	Community Mental Health teams currently work in an integrated way, but this is limited.	Specialist mental health worker links into Virtual Wards and Community Innovation Teams

Functional care pathway (e.g. severe depression, anxiety, psychosis, schizophrenia, bipolar disorder)

Element of Care Pathway	Current service	Additional activity
Improved identification and diagnosis working with primary care. Patients are not automatically transferred into older peoples services upon reaching 65, if their needs are best met with Adult Mental Health Services	Referrals from GPs, specialist support from CMHTs and psychologists. Relatively new IAPT service.	GP education to encourage appropriate referrals. Single point of access to CMHT's
Improved support and signposting for people in the early stages of their condition, working in partnership with other agencies notably the third sector	Specialist service for patients with enduring conditions. Support for patients with conditions which have developed as they become older. Embryonic IAPT (Improving Access to Psychological Therapies) service for older people.	Appropriate joint work with IAPT services so that patients are effectively triaged. Definition of IAPT activity for carers. Improved signposting for patients/carers by Mental Health Advisors.
A more recovery focussed care planning approach based on living well	Care planning and CPA is offered according to need.	Adopt more personalised care planning, provide training to CMHT clinicians, develop WRAP skills
Improved case management for people with complex needs, intensively supporting people when they become more unwell to stay at home as far as this is possible	Multidisciplinary care plans and care delivery based on need.	Additional resource in CMHTs to enable more patients to be supported in their home environment by providing multiple visits per day where indicated.
Stronger links and joint working with providers of 'Rapid Response' services	Relationships not formalised. Ad hoc joint work.	Formal relationship with RR services. Invest in a community mental health nurse to sit within RR service to provide education as well as patient care. 24 hour cover for OPMH patients as required.
More specialised support to care homes	Support from CMHT including doctors. Care homes allocated to CMHT staff based on their patch.	Multidisciplinary structured support to nursing homes, screening new admissions and providing advice and education re managing challenging behaviour.
Specialised functional inpatient beds, these beds will have increased senior psychiatric consultant involvement to manage complex clinical needs	Two wards, reducing admission rates, excess capacity.	One ward, used more effectively.
Mental health liaison services to support Southampton General Hospital.	Two nurses plus medical support covering SGH as requested.	Specialist advice and support which is focussed around older people with mental health needs in acute wards.
End of life care which is dignified and provided in partnership.	HPFT is fully committed to delivering improvement in end of life care and are working with the SHA to achieve this.	There is a directorate workplan to improve the co ordination of end of life care
Improved partnership working with, Adult Mental Services, local authorities and PCT providers	Community Mental Health teams currently work in an integrated way, but this is limited	Specialist mental health worker links into Virtual Wards and Community Innovation Teams. Appropriate access to Crisis Resolution Home Treatment Services

8. Options for change

8.1 Our proposal is to reduce the number of inpatient wards that serve the populations of Southampton and South Hampshire. The Trust explored several options as to how to close this number of inpatient wards. These included:

No.	Option	Advantages	Disadvantages
1	Do nothing	<ul style="list-style-type: none"> Locally available resource remains for people who can no longer be treated in their own homes No disruption to Trust staff 	<ul style="list-style-type: none"> Opportunity missed to improve provision of community based services Risk of some people being treated in an inappropriate environment Not best use of tax payers' money due to continued need to run five wards with a proportion of empty beds
2	Retain 2 Wards at Western Community Hospital and 1 Ward at Moorgreen Hospital	<ul style="list-style-type: none"> Opportunity to develop an enhanced range of community based services in line with National Guidance Older people with longer term needs will receive more appropriate care and treatment 	<ul style="list-style-type: none"> Leaves an isolated ward on Moorgreen site, raising concerns about safety out of hours Not best use of resources at Western Hospital Not best use of tax payers' money Create short term disruption to care pathway Displacement of staff Concern from public, patients and staff locally that there will be a loss of service
3	Retain 1 Ward at Western Community Hospital and 2 Wards at Moorgreen Hospital	<ul style="list-style-type: none"> Opportunity to develop an enhanced range of community based services in line with National Guidance Older people with longer term needs will receive more appropriate care and treatment 	<ul style="list-style-type: none"> Potential to destabilise Western Hospital, which is a shared facility with Solent Healthcare Not best use of tax payers' money Create short term disruption to care pathway Displacement of staff Concern from public, patients and staff locally that there will be a loss of service
4	Retain 3 wards at Western Community Hospital and close 2 wards at Moorgreen Hospital	<ul style="list-style-type: none"> Opportunity to develop an enhanced range of community based services in line with National Guidance Older people with longer term needs will receive more appropriate care and treatment Opportunity to make more effective use of beds and other resources Opportunity to develop other services at these facilities 	<ul style="list-style-type: none"> Create short term disruption to care pathway Displacement of staff Concern from public, patients and staff locally that there will be a loss of service

8.2 Based on the above option appraisal, Option 4 is the preferred option and it is therefore proposed that Linden and Willow wards located at Moorgreen Hospital are closed.

8.3 The decision to keep the wards at the Western Community Hospital is supported by:

- Meeting the requirements for single sex accommodation
- Close proximity to the facilities offered at Southampton General Hospital

- Existing provision of the full range of OPMH wards
- Existing working relationships with medical and nursing staff who care for the physical health needs of older people from the wards run by the PCT

8.4 The population of Eastleigh and Test Valley will be able to access inpatient beds provided by HPFT for older people with mental health needs including those at Melbury Lodge on the Royal Hampshire County Hospital site in Winchester.

9. The impact of the proposed changes

9.1 For people who currently use the wards located at Moorgreen Hospital there may be some additional travel involved to receive their inpatient care. Details of mileage are provided in Appendix 2 and show that for the majority of people there will be a reduction in their travel. In addition the focussing of our resources at a single hospital site will deliver further improvements to their treatment and care.

9.2 Appendix 2 also provides details of the number of patients admitted to Linden and Willow Wards in the 12 months to 31st March 2010. In total 235 patients were admitted from the Hampshire and Southampton geographical areas affected by this proposal. For the purposes of this paper we have excluded patients who were admitted from other areas.

9.3 Approximately 40 staff will be affected by these proposals. We recognise the impact of these proposals and understand this is a difficult time for our staff. The Trust will use its policy 'Organisation Change Policy and Procedure (for the management of staff)' to ensure that all staffing-related issues are correctly and sensitively managed. The Trust is committed to retaining its staff wherever possible and will actively look at redeployment and secondment opportunities across all service areas.

Additional training will be provided to all staff where necessary in order to equip them for new roles.

10. Programme for public consultation

10.1 The proposed timetable for the public consultation is as follows:

Date	Activity
6 January 2011	Consultation Paper agreed by Hampshire Partnership NHS Foundation Trust Board
13 January 2011	Southampton City Scrutiny B Panel approval to proceed to consultation
25 January 2011	Hampshire HOSC approval to proceed to consultation
27 January 2011	NHS Hampshire Board approval to proceed to consultation
9 February 2011	NHS Southampton City Board approval to proceed to consultation
15 February 2011	Public consultation commences which will include a number of meetings in public, and attendance at community, stakeholder and special interest groups as requested
3 May 2011	Public consultation closes
4 May to 13 May 2011	Comments and feedback collated, analysed and validated and recommendations proposed
By 8 June 2011	Recommendations from public consultation received for approval by Trust and PCT Boards and Health Overview and Scrutiny Committees
From 13 June 2011	Recommendations and proposals taken forward

11. Having your say

Your views are extremely important and we are keen to hear from as many of you as possible. There are a number of ways in which you can find out more, get involved and tell us what you think.

11.1 Public events

As discussed in this document we have already undertaken a range of engagement events ahead of public consultation. There will now be a series of public events where you will be able to find out more about the proposals and put your questions to NHS Hampshire, NHS Southampton, Hampshire Partnership NHS Foundation Trust and clinical experts.

If you need specialist communication support, for example a British Sign Language (BSL) interpreter please contact our Patient Advice and Liaison Service (PALS) on 023 8047 5265 or write to: Freepost RRLB-EUUJ-KSAB, Consumer Experience Department – HPFT, Maples, Tatchbury Mount, Calmore, Southampton SO30 2RZ

Public meetings will take place as follows:

Date	Event
1. TBC	
2. TBC	
3. TBC	
4. TBC	

11.2 Public drop-in events

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please call the Service Development, Engagement and Consultation Team on 023 8087 4118.

11.3 Staff briefings

We also want to hear from our staff, building on meetings with teams which took place during the period of engagement. Staff briefings will take place as follows:

Date	Event
1. TBC	
2. TBC	
3. TBC	
4. TBC	

If you are a member of staff working for Hampshire Partnership NHS Foundation Trust, you can find out more information about our proposals and issues on the staff website. If you have any questions, please contact the Service Development, Engagement and Consultation Team by email: engagement.office@hantspt-sw.nhs.uk or telephone 023 8087 4118.

11.4 Online

During the consultation more information will be made available online at our website: www.hampshirepartnership.nhs.uk along with up-to-date information about events and meetings.

11.5 Feedback form

Please use the feedback form at the end of this document, which is also available online, to tell us about your views and give comments. Alternatively you can:

- Download the form via the Trust website: www.hampshirepartnership.nhs.uk
- Write to: Freepost RSGC-BGJX-SRRB
Engagement Office, Maples, Tatchbury Mount, Calmore SO40 2RZ
- Email: engagement.office@hantspt-sw.nhs.uk
- Telephone: 023 8087 4118

Deadline for feedback

The public consultation is running for a period between The deadline for feedback on the proposals is noon on Feedback received after this date will not be considered.

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Appendix 1:

Community Mental Health Team structures

Team	Service	Position	Total	
Newtown House CMHT	Adult Services	Social Worker	1.00	
	Adult Services Total		1.00	
	CMHT	Administration Manager		1.00
		Administrator		1.80
		CMHN		8.88
		HCSW		5.40
		Memory Nurse		0.80
		OT		1.99
		OT Tech		1.40
		Psychology		0.63
Team Manager		1.00		
CMHT Total			22.90	
Newtown House CMHT Total			23.90	
Southampton West CMHT	Adult Services	Administrator	1.00	
		Care Manager	1.60	
		HCSW	1.00	
		Senior Practitioner	1.00	
		Social Worker	3.00	
	Adult Services Total			7.60
	CMHT	Administrator		1.00
		CMHN		3.60
		HCSW		1.00
		OT		0.43
Physio			0.30	
Psychology			1.10	
Team Manager			1.00	
Trainee MHP		0.50		
CMHT Total			8.93	
Southampton West CMHT Total			16.53	
Southampton East CMHT (inc Central)	Adult Services	Administrator	1.00	
		Care Manager	2.00	
		HCSW	1.00	
		Senior Practitioner	1.00	
		Social Worker	3.60	
		Team Manager	1.00	
	Adult Services Total			9.60
	CMHT	Administration Manager		0.93
		Administrator		1.50
		CMHN		8.25
HCSW			1.64	
OT			0.90	
Physio			0.50	
Physio tech			0.15	
Psychology		0.50		
Senior Practitioner		1.00		
CMHT Total			15.37	
Southampton East CMHT (inc Central) Total			24.97	

New Forest East and Romsey CMHT	Adult Services	Social Worker	1.00
	Adult Services Total		1.00
	CMHT	Administrator	1.06
		CMHN	8.47
		HCSW	1.00
		Memory Nurse	1.00
		OT	1.04
Team Manager	1.00		
CMHT Total		13.57	
New Forest East and Romsey CMHT Total			14.57

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Appendix 2:

Admission details for Linden and Willow Wards

Postcode District	Post town	Coverage	Local authority area	Mileage to Moorgreen	Mileage to WCH	Mileage Variance	Patients Admitted
Linden Ward							
SO14	SOUTHAMPTON	City Centre, St. Mary's, Newtown, Nicholstown, Ocean Village, Chapel, Eastern Docks, Bevois Valley, Bargate, Bevois	<u>Southampton</u>	5.6	5.0	-0.6	-
SO15	SOUTHAMPTON	Shirley, Freemantle, Banister Park, Millbrook,	<u>Southampton</u>	7.6	3.0	-4.6	2
SO16	SOUTHAMPTON	Bassett, Chilworth	<u>Southampton</u>	8.4	3.5	-4.9	-
SO16	SOUTHAMPTON	Redbridge, Rowhams, Nursling	<u>Test Valley</u>	13.0	2.0	-11	-
SO17	SOUTHAMPTON	Highfield, Portswood, St Denys, Swaythling	<u>Southampton</u>	6.6	5.4	-1.2	-
SO18	SOUTHAMPTON	Bitterne, Bitterne Park, Chartwell Green, Townhill Park, Southampton Airport, Harefield	<u>Southampton, Eastleigh</u>	4.5	6.5	2	29
SO19	SOUTHAMPTON	Sholing, Thornhill, Peartree, Woolston	<u>Southampton</u>	9.0	9.0	0	38
SO30	SOUTHAMPTON	Botley, Hedge End, West End, Bursledon	<u>Eastleigh</u>	4.0	12.7	8.7	27
SO31	SOUTHAMPTON	Hamble-le-Rice	<u>Eastleigh, Fareham</u>	6.3	12.7	6.4	20
SO32	SOUTHAMPTON	Curdbridge	<u>Southampton</u>	3.8	15.4	11.6	3
SO45	SOUTHAMPTON	Hythe, Fawley, Blackfield, Calshot, Hardley	<u>New Forest</u>	25.9	14.8	-11.1	-
SO50	EASTLEIGH	Town Centre, Hamley	<u>Eastleigh</u>	9.0	7.7	-1.3	-
SO51	ROMSEY	Romsey, Ampfield, Lockerley, Mottisfont, Wellow	<u>Test Valley</u>	20.8	10.7	-10.1	-
SO52	ROMSEY	North Baddesley	<u>Test Valley</u>	9.6	5.0	-4.6	-

Postcode District	Post town	Coverage	Local authority area	Mileage to Moorgreen	Mileage to Melbury Lodge	Mileage Variance	Patients Admitted
SO53	EASTLEIGH	Chandler's Ford	<u>Eastleigh, Test Valley</u>	11.0	9.0	-2	21

Postcode District	Post town	Coverage	Local authority area	Mileage to Moorgreen	Mileage to WCH	Mileage Variance	Patients Admitted
Willow Ward							
SO14	SOUTHAMPTON	City Centre, St. Mary's, Newtown, Nicholstown, Ocean Village, Chapel, Eastern Docks, Bevois Valley, Bargate, Bevois	Southampton	5.6	5.0	-0.6	5
SO15	SOUTHAMPTON	Shirley, Freemantle, Banister Park, Millbrook,	Southampton	7.6	3.0	-4.6	-
SO16	SOUTHAMPTON	Bassett, Chilworth	Southampton	8.4	3.5	-4.9	-
SO16	SOUTHAMPTON	Redbridge, Rownhams, Nursling	Test Valley	13.0	2.0	-11	11
SO17	SOUTHAMPTON	Highfield, Portswood, St Denys, Swaythling	Southampton	6.6	5.4	-1.2	6
SO18	SOUTHAMPTON	Bitterne, Bitterne Park, Chartwell Green, Townhill Park, Southampton Airport, Harefield	Southampton, Eastleigh	4.5	6.5	2	10
SO19	SOUTHAMPTON	Sholing, Thornhill, Peartree, Woolston	Southampton	9.0	9.0	0	18
SO30	SOUTHAMPTON	Botley, Hedge End, West End, Bursledon	Eastleigh	4.0	12.7	8.7	-
SO31	SOUTHAMPTON	Hamble-le-Rice	Eastleigh, Fareham	6.3	12.7	6.4	13
SO32	SOUTHAMPTON	Curdbridge	Southampton	3.8	15.4	11.6	7
SO45	SOUTHAMPTON	Hythe, Fawley, Blackfield, Calshot, Hardley	New Forest	25.9	14.8	-11.1	-
SO50	EASTLEIGH	Town Centre, Hamley	Eastleigh	9.0	7.7	-1.3	12
SO51	ROMSEY	Romsey, Ampfield, Lockerley, Mottisfont, Wellow	Test Valley	20.8	10.7	-10.1	-
SO52	ROMSEY	North Baddesley	Test Valley	9.6	5.0	-4.6	-

Postcode District	Post town	Coverage	Local authority area	Mileage to Moorgreen	Mileage to Melbury Lodge	Mileage Variance	Patients Admitted
SO53	EASTLEIGH	Chandler's Ford	Eastleigh, Test Valley	11.0	9.0	-2	13

Feedback Form

We want to hear your views

Please tell us what you think about our proposals. You can do this by answering the questions below:

Do you agree that the services we provide in the future should deliver the following?

- Early diagnosis and improved follow up and support for people with dementia and other conditions including depression
- More support and care offered to older people with mental health needs and their carers at home which may be intensive at times
- Improved care in nursing and residential homes

Yes – Please give your reasons

No – Please give your reasons

Do you have any views on services we should develop in partnership with other agencies e.g. Adult Services, voluntary sector, GPs?

Do you have any thoughts or ideas on other things we can do to improve our services to local people?

Do you support the proposal to close Willow Ward and Linden Ward at the Tom Rudd Unit on the Moorgreen Hospital site in order to develop improved community mental health services?

Yes – Please give your reasons

No – Please give your reasons

The deadline for feedback on the proposals is noon on xx xxxx 2011.

About you

We want to make sure that this consultation has reached as wide an audience as possible.

Please can you provide us with some details about yourself by ticking or underlining your answer to the questions below. It would help us to know that our respondents represent the diversity of the communities in which we provide our services.

Please be assured your comments will be noted regardless of whether you complete this section or not.

Are you:

- A mental health service user
- A carer or relative of someone who uses mental health services
- A member of the general public
- Health Services staff
- Local Authority staff
- Representing an organisation – please state
- Other – please state

Your age:

- 18-30
- 31-40
- 41-50
- 51-60
- 61-65
- Over 65

What is your gender?

- Female
- Male

What is your ethnic background?

- White
 - British
 - Irish
 - Any other white background
- Mixed
 - White and black Caribbean
 - White and black African
 - White and Asian
 - Any other mixed background
- Asian or Asian British
 - Asian Indian
 - Asian Pakistani
 - Asian Bangladeshi
 - Any other Asian background
- Black or Black British
 - Black Caribbean

- Black African
 - Any other Black background
- Other Ethnic Origin Groups
 - Chinese
 - Other ethnic group
 - Rather not say

Please choose the option which describes your sexual orientation:

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other
- I do not wish to disclose this

Would you describe yourself as having any of the following?

- A sensory disability
- A physical disability
- A mental health problem
- A learning disability
- None of the above
- Rather not say

What is your religion?

- Buddhist
- Christian
- Hindu
- Muslim
- Other (please state)
- None

Thank you for your feedback. We will compile all responses and use them as part of the information that NHS Hampshire and Hampshire Partnership NHS Foundation Trust consider when making their decision as to next steps.

The outcome of the consultation will be publicised and will be available on line at XXXXXXXXX

Please return this form to:

Freepost RSGC-BGJX-SRRB, Engagement Office, Maples, Tatchbury Mount, Calmore, SO40 2RZ,

You can also e-mail your comments to:

engagement.office@hantspt-sw.nhs.uk

or telephone:

023 8087 4118