

23rd March 2011

Cllr Pat West
Chairman, Health Overview and Scrutiny Committee
Room 140, Chief Executives Department
Hampshire County Council
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Dear Pat

Older peoples mental health services in south west Hampshire

Further to your very helpful letter of the 25th January 2011, which I have delayed replying to you in order that a number of key meetings and actions have taken place to ensure as comprehensive a response as possible. I am delighted to hear of the number of members attending the dementia master class, and am sure that it will prove helpful and informative for those attending. I also hear that the presence of Dr Helen McCormack, Clinical Director and Consultant Psychiatrist for Older Peoples Mental Health Services, and the information she shared was very well received by your panel at the meeting on 10th March.

In your letter you raised a number of queries which were very helpful in enabling discussions with the relevant organisations on the wider implications of our proposals, in my response I will undertake to answer these.

Engagement

Following the previous HOSC meeting, we have carried out a substantial amount of engagement activity supported by colleagues from NHS Hampshire. This has included face to face meetings, attendance at local group meetings and two engagement events held on the 4th March (see attached engagement log.)

We have met with elected members from Eastleigh and the Southern Parishes, Trust representatives also attended the Eastleigh Borough Council Health and Well Being Scrutiny Panel on the 2nd March where Amanda Horsman Director of Operations for Older Peoples Mental Health and Dr Paul Hopper Clinical Services Director and Consultant Psychiatrist gave a presentation and answered questions from those in attendance. In addition meetings and briefings with local groups have taken place in both the Eastleigh and Southern Parishes and Test Valley local areas.

In terms of further engagement with GP's I can confirm that Dr Paul Hopper has met with Dr Simon Hunter, Chair of the West APAC as well as attending the West APAC meeting on 10th March. In addition to this, as detailed in the engagement log, GPs have been present at some of the meetings and have made their views known.



INVESTOR IN PEOPLE

In summary the feedback that we have received has been invaluable in shaping future service provision particularly around linking with Third Sector providers of services for older people. The overwhelming view from our engagement work is one of support for the model of care outlined whilst ensuring that it will continue to provide high quality local services for local people.

Health needs

When Dr McCormack came to visit you she was able to describe in detail how services provided for older people have significantly changed over the last twenty years.

The health needs of this population have been outlined in some detail in the Commissioning Business Case provided to you by Diane Wilson, however to reiterate some key headlines:

- By 2013 the over 65 population will have increased by 16% along with an increase in dementia of 15%
- 1 in 4 older people have severe depression which requires treatment
- Within the County we are also expecting to see an increase of the 85 plus age group of 17%. We know that the population profile of Hampshire indicates that our services must be in a position to meet the needs of this changing population
- We have taken into consideration the Test Valley local inequality profile (2010) and the estimated number of cases of dementia (Eastleigh and Test Valley Local Authority 2009-2030) to understand the future needs of the local population

Future service provision

You have asked for further detail and clarity on what the actual service provision will be and in particular for the Eastleigh and Southern Parishes area. Please find detailed in the table below the level of investment allocated in the Commissioning Business Case for this service model.

Post	Band	WTE	Cost
Dementia Advisor	Band 5	2.0	£60,403
Dementia Advisor	Band 7	2.0	£86,553
Psychiatric Liaison	Band 6	2.0	£74,932
CPN's linked to rapid CIT	Band 6	3.0	£112,397
Consultant Psychiatrist	Consultant	4 PA's	£51,200
Health Care Support Workers	Band 3	2.0	£42,110
Reablement case worker	Band 7	1.0	£43,276
Memory Nurses	Band 7	2.0	£86,553
Enhanced CMHT linked to rapid response	Band 6	3.0	£112,397
CMHT extended hours to 8pm	Band 6	2.5	£93,665
Total		19.5	£763,486
25% to cover A/L and sickness			£190,871
Total			£954,357

In terms of service details, listed below are the areas that the Trust will focus on to deliver the service model and how this will be achieved.

1. Early diagnoses

We will improve access by arranging for memory clinics to be available in more locations, and will liaise with GP surgeries to identify potential venues. 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 for both patients with dementia to memory clinics and for those with un-diagnosed depression.

2. Liason with Primary Care

As already described above we will develop our liaison role with primary care colleagues to improve and increase awareness and encourage early referral. Where appropriate we will encourage referrals to IAPT (Improved Access to Psychological Therapies), which currently operates in five areas of Hampshire providing access for older people who would benefit from these services. We will continue to discuss opportunities with Commissioners to extend this service provision across Hampshire.

In addition we are already working with and supporting Wincar (GP Commissioners) in relation to their input into nursing homes

3. Mental health advice and support

Our proposal is for better support and information for patients and carers after a diagnosis of dementia or cognitive impairment. We will be providing Memory Matters courses for services users and carers and we will be working in partnership with the Third Sector such as the Alzheimer's Society, MIND and Alzheimer's Cafes where these exist to sign post people to care, advice and support which will most meet their needs.

4. Improved access to specialist services

The Trust has already provided an extended and modernised community base for Eastleigh and Southern Parishes at Newtown House. In addition to this we will seek further opportunities to provide clinics and services out in local areas and in particular to fulfil the needs of the population within Eastleigh Southern Parishes, and other more rural parts of Hampshire.

5. Greater support in the community

As our Trust merges with HCHC there will be improved opportunities to link with generalist older people's services to provide care and support for older people enabling them to remain at home. We will look at opportunities to jointly work where a person has a co-morbidity, allocating a single case worker to oversee their care. The vast majority of our visits by community mental health nurses and other members of the team already take place in peoples own homes and we intend to continue to provide this model of care along with to specialist clinics and groups where this is appropriate.

6. Admissions to specialist mental health beds

In some cases there will be a need to provide inpatient care for some individuals and I would like to take this opportunity to reassure you that acute psychiatric beds will be available for those who need them. Access to specialist mental health beds will be via a Consultant Psychiatrist to ensure that that admission is absolutely the right option for the individual concerned. We are working with our wards to ensure that the treatment and care that is provided during an inpatient stay is of high quality and offers maximum therapeutic support for individuals, thus ensuring delayed transfers of care are kept to a minimum. The helpful suggestions we have received during our engagement work to spot purchasing from the Independent Sector will be used although we do not believe it will be necessary.

We envisage that for the majority of patients previously admitted to the wards at the Tom Rudd Unit their inpatient stay will be provided by the Beaulieu (dementia 18 beds), Berrywood (dementia with challenging behaviour 18 beds) and Minstead (functional 18 beds) wards located at the Western Community Hospital. For some patients where it will be more convenient the Stefano Oliveiri Unit (dementia and functional 15 beds) located at Melbury Lodge will provide an alternative option.

As you have already been advised by Dr McCormack, in her presentation to you, the Directorate is currently not making best use of its existing resources. In the last 12 to 15 months we have been funding an average of 70 empty beds across the County, this is because we have been working differently across older peoples mental health services, and supporting more people in their own homes thus requiring fewer beds.

We have completed a detailed review of our occupancy rates as part of these proposals and I can confirm that should we move forward with the closure of beds at the Tom Rudd Unit we can meet the capacity needs of future demand.

7. Improved care in nursing and residential homes

This has already proved successful when introduced elsewhere in the County. We already provide some dedicated support to nursing and residential homes across the area, and we will continue to do this within the new service model and working with our Commissioners.

8. Improved liaison to Acute Hospitals

I can confirm that we already work very closely with the Royal Hampshire County Hospital and Southampton General Hospital to ensure that specialist access is available when it is needed.

Whilst specifically we are in the process of recruiting additional psychiatric liaison nurse time to work at the Royal Hampshire County Hospital in Winchester a meeting is being

arranged between Dr Chris Gordon and Amanda Horsman and Dr McCormack to discuss our plans and future opportunities.

9. Improved end of life care

We already provide end of life care for service users and have ensured that staff on our wards have the right skills to support patients and their carers at this difficult and important time. We are now introducing the Liverpool Care Pathway across our services, and we will be training and supporting staff to enable them to provide high quality, evidence based practice to this patient group.

The development of this service model and our proposals form part of the Second Phase of the Joint Hampshire Commissioning Strategy for OPMH. This work has reflected on learning from the First Phase piloted in Mid Hampshire which has demonstrated some very positive outcomes for people who have been cared for in the new service model. This includes reduced admissions to acute hospitals, reduced emergency admissions from nursing homes and very positive feedback from services users and carers for the range of therapeutic activities provided. However we recognise that populations differ and our approach would be to tailor the service to meet the needs of this specific population who would be affected by changes at the Tom Rudd Unit.

Our proposals are designed to ensure continuing improvement of our community based services so that they offer consistent and high quality support to older people in their own home. As you are aware it is not just specialist mental health organisations such as ours who provide care and support for older people who may have some form of mental health problem. As you rightly outline, a significant amount of this work is already done within Hampshire Adult Services, the Third Sector and acute hospitals. We will continue to work closely with other providers of care to meet the needs of older people; and by developing this further we will be able to meet future challenges as part of a whole system approach

Resource Implications

Financial resources:

I understand the Business Case shared with you in confidence by Diane Wilson, included a finance schedule demonstrating there is an investment figure of £954k in the new service model which represents a substantial level of investment.

In recent years significant levels of investment into community based services has reduced the need for in-patient services.

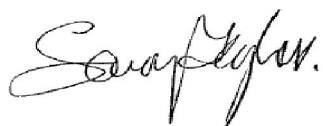
In line with other public organisations the Trust needs to reduce its expenditure over the coming years. Changes in the service model and more efficient use of in-patient services will form a major part of the Trust's cost and quality improvement programmes.

Human resources:

We recognise that a number of staff will be affected by these proposals and we will be working with them to identify alternative opportunities for re-deployment as per the Trust Organisational Change Policy and Procedure.

In conclusion I would like to thank you for your very helpful letter and would wish to emphasise our commitment to meeting the needs of the Hampshire population we provide for, I can confirm that Dr McCormack will present to the HOSC meeting on the 29th March, which Jane Elderfield and myself will also attend. I look forward with your support to progressing our proposals.

Kind regards

A handwritten signature in black ink, appearing to read 'Sandy Taylor'.

Yours sincerely
Sandy Taylor
Associate Chief Executive

Cc Katrina Percy, Chief Executive, Hampshire Partnership NHS Foundation Trust
Richard Samuel, Director of Strategic Planning and Corporate Affairs, NHS Hampshire
Diane Wilson, Associate Director Adult Care, NHS Hampshire
Sarah Tiller, Associate Director Communications and Corporate Business, NHS Hampshire