HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	5 November 2014
Report Title:	Proposals to Develop or Vary Services
Reference:	6216
Report From:	Director of Policy & Governance

Contact name: Katie Benton, Scrutiny Officer

Tel: 01962 847336 **E-mail:** katie.benton@hants.gov.uk

By virtue of Section 100B (4)(b) of the Local Government Act 1972, Section 2 of this report is being considered as a matter of urgency because Southern Health NHS Foundation Trust wishes to implement this temporary change in service prior to the Health and Adult Social Care Select Committee's next meeting in January 2015, in order to correct an imbalance between organic and functional older people's mental health beds, and reduce vacant beds in the mental health system.

1. Summary and Purpose

1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.

1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.

1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010, last updated in April 2013. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingsitemdocuments.htm?sta=&pref=Y&item_ID=4831&tab=2&co=&confidential=

1.4. This Report is presented to the Committee in 3 parts:

1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.

2. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.

3. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Action

2. Southern Health NHS Foundation Trust: Temporary Change of Use to the Stefano Olivieri Unit, Melbury Lodge

Context

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

Background

2.2 The HASC received an item setting the background to the Stefano Olivieri unit at their meeting in September. At this meeting, Members heard from the Trust that the temporary change of use of the Stefano Olivieri unit from an organic Older People's Mental Health unit to a functional illness unit was expected to result in the following improvements to mental health services:

- A needs-appropriate service for those aged 60-70 with functional illnesses.
- The creation of an integrated service for those with organic illnesses.
- Improvement of access to physical health care for those with co-morbid issues.

2.3 The Committee were broadly supportive of the pilot and the innovative way of providing needs-based services this would introduce to Melbury Lodge. Members agreed however that more detailed proposals were required in order to agree a temporary change in use to the unit, with clear evidence to support them.

2.4 The Chairman wrote to the Trust after the September meeting to outline the areas where further information would be required in order to allow Members to come to a decision on whether to support the temporary change. These included:

2.4.1 Clarification on the clinical case for introducing this pilot, with evidence supporting this information.
2.4.2 Confirmation of Clinical Commissioning Group support for this temporary change.
2.4.3 Data on the occupancy of both organic and functional Older People's Mental Health beds over the previous year, and an assurance that the change of use proposed for the Stefano Olivieri unit will not impact on access to inpatient organic beds for those who need them.
2.4.4 Confirmation of the community mental and physical health services available to those with organic illnesses in West Hampshire, and details of how these services will be supported to meet any increase in need as a result of this temporary change.
2.4.5 Assurance that staff currently working within the Stefano Olivieri unit are suitably trained to be able to support those service users with a functional illness.
2.4.6 Details of changes to the discharge process to ensure that Older People's Mental Health service users who are able to move on to more appropriate services can do so in a timely manner.
2.4.7 Details of the pilot's evaluation programme, and the key outcomes that are expected from this temporary change in service.

Update

2.5 The Trust has submitted a paper (Appendix 1, page 10) which provides answers to the concerns raised by the Committee under paragraph 1.4.

2.6 Members will wish to query with commissioners whether their support has been given for this temporary change to the Trust's model of care in Stefano Olivieri unit, given the concerns they have raised regarding reducing reliance on organic beds whilst the pilot is in operation.

Recommendations

2.7 Members confirm:

a. If they support the proposals regarding the temporary change in use of the Stefano Olivieri unit at Melbury Lodge by Southern Health NHS Foundation Trust.

b. Whether they require any further information on this issue, and the timings for a future update.

3. Southern Health NHS Foundation Trust: Reduction to Bed Numbers at Fordingbridge Hospital

Context

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

Background

3.2 The Ford Ward in Fordingbridge Hospital is a 20 bedded step up, step down and palliative care ward, which is part of Southern Health NHS Foundation Trust's Southampton and West Hampshire Integrated Services Division.

Update

3.3 The attached briefing (Appendix 2 (page 26)) provides Members with an overview of the reasons for the closure, which is related to concerns about hospital-acquired infection, staffing issues, and the oncoming winter period. The temporary closure of six beds, all of which were vacant when the closure began on the 22 September, is for a proposed period of 6 – 8 weeks.

3.4 The Trust have informed commissioners of this temporary measure.

Recommendations

3.5 Members confirm:

a. If they are satisfied with the actions of Southern Health NHS Foundation Trust to temporarily close six beds on the Ford Ward in Fordingbridge Hospital.

b. If they require further information.

Items for Monitoring

4. NHS North Hampshire Clinical Commissioning Group, NHS West Hampshire Clinical Commissioning Group: maintaining high quality hospital services for the people of North and Mid Hampshire – update on progress with consultation proposals

Context

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

4.2 The now-disbanded Health Overview and Scrutiny Committee (HOSC) agreed that the proposals for the future of hospital services in north and mid Hampshire constituted a substantial change in service in January 2014.

Background

4.3 The HOSC last received items on proposals for hospital services in North and Mid Hampshire at their meetings in January and April 2014. At the January meeting, Hampshire Hospitals NHS Foundation Trust presented with commissioners proposals for the future of hospital services, and in April, informed Members of delays to the project timetable following the need to submit to assurance processes led by NHS England.

4.4 The outcomes of the assurance processes had highlighted areas where further work should be undertaken before public consultation could begin. As a result, the timescales originally set were delayed. It was expected in April that the public consultation would instead begin after the local and European elections in late May.

4.5 Members received a short written update to their meeting in September, attached as Appendix 3 (page 28). This noted the further delay to the consultation.

Update

4.6 Members have received an update letter attached as Appendix 4 (page 30). This letter sets out that clinical commissioners do not yet feel that they have the appropriate evidence to go out to consultation, due to new assurance process requirements from NHS England, and therefore this stage of the programme with be further delayed.

Recommendations

4.7 That the Committee receive a report on the outcomes of the consultation once this process has concluded.

5. South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – update on progress

History

5.1 A full background to the South East Hampshire Clinical Commissioning Group (SEH CCG) Chase Community Hospital substantial change in service was provided to the Health Overview and Scrutiny Committee (HOSC) in November 2013. A further update was provided to Members in April 2014. This follows the Committee's previous support for the proposals outlining the future of Chase Community Hospital.

Update

5.2 The update report, attached as Appendix 5 (page 31), provides Members with progress on the Chase project and an overview of the stages that have been implemented since the HOSC last considered a substantive monitoring item in April 2014.

5.3 The HOSC previously heard how the final costs of the Chase scheme had been finalised at £3.7m, which would require a more rigorous process for capital approval undertaken by NHS England. This had contributed to a significant delay to the project.

5.4 In light of this information SEH CCG's Governing body endorsed in July 2014 the following options for progression of the programme:

5.4.1 Developing a two phased scheme, where the outpatients area, office accommodation, and adult mental health accommodation could be created in phase 1. The GP accommodation redevelopment would be created as a second phase to allow more time for GP practices to sign up to the scheme.

5.4.2 Developing a scheme to include the outpatients area, office accommodation, and adult mental health accommodation plus only one GP practice. This would create a void where the second GP Practices would have been located. The space created could potentially be used for supporting the voluntary sector and creation of a community well-being facility, but the CCG would remain liable for the cost of void space.

5.5 Following CCG Governing Body approval of the above worked up plans in November, a Project Initiation Document (PID) will be developed and the GP Surgery PID will be submitted to NHS England. The CCG will then develop the Full Financial Business Case for the Hospital Redevelopment, which should enable the release of funding for the project to proceed.

Recommendations

5.6 Members confirm:

a. If they are satisfied with the actions of South Eastern Hampshire Clinical Commissioning Group in implementing the proposals to date.

b. If they require further information or a further update on progress.

Items for Information

6. Southampton Clinical Commissioning Group: Future of Bitterne Walk-In Centre

Background

6.1 The Bitterne Walk-In Centre is a nurse-led primary care service commissioned by Southampton Clinical Commissioning Group from Solent NHS Trust and is located on the east of Southampton.

6.2 Approximately one third of the Centre's activity is from patients within the boundaries of Hampshire's Clinical Commissioning Groups.

Update

6.3 Commissioners originally proposed to temporarily close the Bitterne Walk-In Centre. Following a meeting of the Southampton Health Overview and Scrutiny Panel (HOSP), who recommended a full consultation on the temporary closure, the proposal to temporarily close the Walk-In Centre have been suspended until after the general election.

6.4 Representatives from Southampton CCG will be in attendance to answer any questions from Members regarding this topic, and to set out the new timescales for this project.

Recommendations

6.5 Members confirm whether they require any further information on this issue, and the timings for a future update.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

A. Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
B. Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
C. Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D – Local Government Act 1972 – background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

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

2. Impact on Crime and Disorder:

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

3. Climate Change:

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

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

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

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

Southern Health NHS
NHS Foundation Trust

Update for HASC on 5th November 2014
Proposed pilot project for needs-based, inpatient care on the Stefano Olivieri Unit at Melbury Lodge, Winchester

Key messages for the Committee

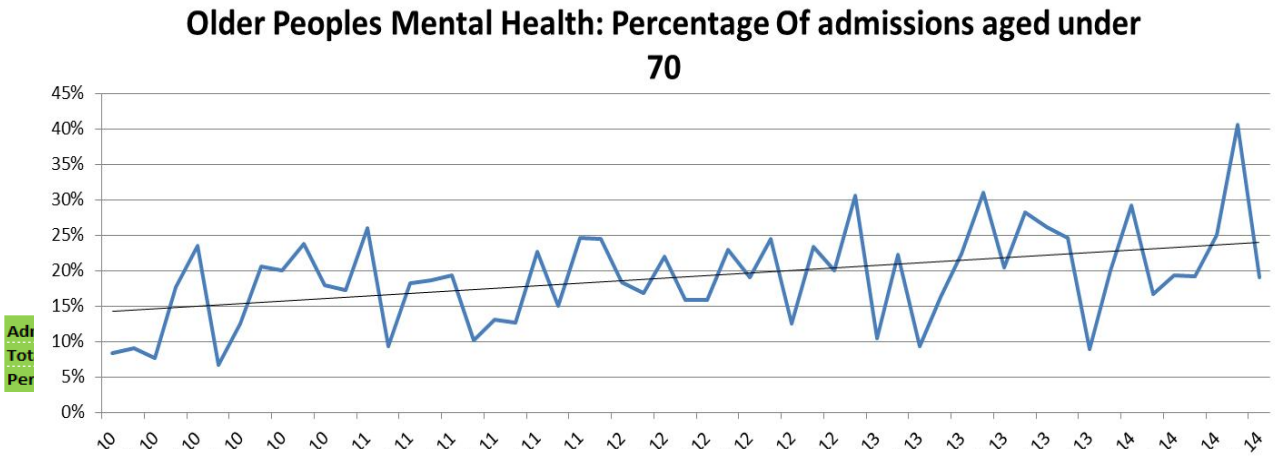
- Further to the presentation and discussion at the meeting on 16 September 2014, Southern Health is pleased to report that progress has been made in the implementation of the proposed pilot project in line with original plans.
  The original paper can be found in appendix 1(Page 14).
- **The clinical case for introducing the pilot.**
  The clinical view and the experience of clinicians working on Mental Health wards is that we are seeing a small percentage of people under the age of 65 who have a clinical presentation of increased frailty and comorbid physical health problems whose needs can be more appropriately met by Older People's Mental Health services. Conversely people over the age of 65 are presenting as physically fit and need to be able to access services within Adult Mental Health services, for example, those with challenging behaviour associated with acute psychotic illness. The national evidence (Royal College of Psychiatrists, NICE, Patient groups and Commissioning groups) is that services should be needs based rather than age based. This model is a positive move towards ensuring peoples care is needs based and delivered according to their individual needs rather than their age.
  Further evidence and background information can be found in appendix 2 (Page 19).
- **Clinical Commissioning Group support.**
  The Older People's Mental Health Specialist bed provision is hosted by the East Integrated Services Division of Southern Health NHS Foundation Trust and although beds are located across the county, the bed stock is managed as a Hampshire-wide resource. Therefore, the Hampshire 5 CCGs each have an interest in the pilot project.
  A briefing was extensively distributed to key stakeholders and Clinical Commissioning Groups and followed up with individual contact and formal meetings.
  There is unanimous support of the clinical model to introduce a needs based functional service. However, there is some anxiety around the ability of the service to reduce its reliance on organic beds during the pilot and therefore a need for further collaborative working during the pilot and within the ongoing monitoring is required.
  Individual meetings have occurred with representatives from the CCGs as well as representation at formal meetings including Contract Monitoring Meetings, Mental

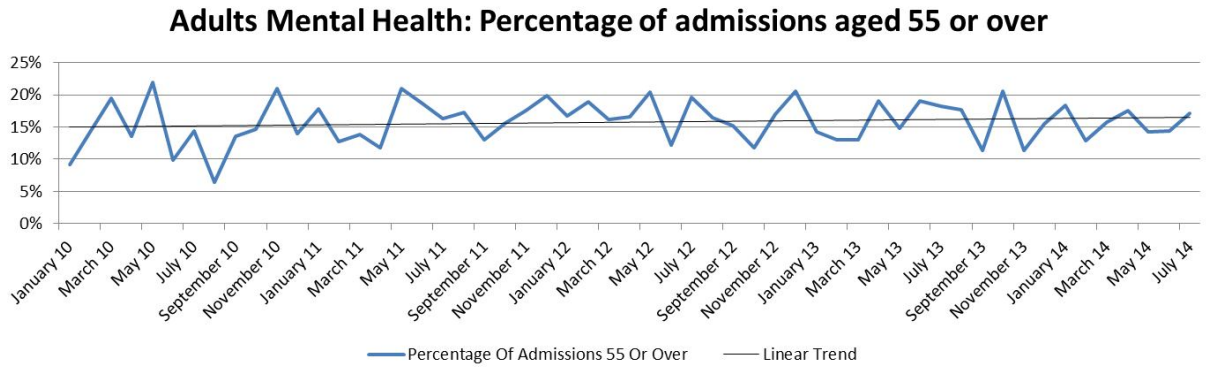
Health GP Leads Meeting and the Clinical Cabinet of the West CCG (who host the mental health contract on behalf of the other CCGs). Ongoing collaborative working during the pilot and as part of the evaluation is planned.

- **Data on Bed Occupancy within OPMH services**
  The service recognises that over the last 6 months, organic beds have not been utilised fully and there is an incorrect balance between the number of organic and functional beds across the whole system. Redistributing the location of the functional beds into the Winchester area allows people to receive care nearer to their home that supports safer and more timely discharge and will improve the patient experience.
  The tables below show the admissions, by age, to both OPMH and AMH In-patient facilities.
  More detailed bed usage data is contained in Appendix 3 (Page 20).

Admissions to OPMH Wards

	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14
Admissions Under 70	13	12	14	4	9	14	7	6	9	11
Total Admissions	46	46	57	45	45	48	42	31	47	44
Percentage 70 Or Under	28.26%	26.09%	24.56%	8.89%	20.00%	29.17%	16.67%	19.35%	19.15%	25.00%





An example of admissions patterns for the West CCG area (in which the Stefano Olivieri Unit is located) over the last 6 months shows:

- 54 admissions for treatment of functional illness, all accessing wards within Hampshire but outside of the Winchester Area (e.g. Western Community Hospital, Gosport War Memorial Hospital and Parklands in Basingstoke) with the majority being discharged home.

- 30 admissions for the treatment of organic illness, 18 accessing wards within Hampshire but outside of the Winchester Area; there were 12 admissions to the SOU. Of these 30 admissions, the majority were discharged to nursing homes.
- Data shows that the demand for new admissions during September was low.

- **Community Mental and Physical Health Services available to those with organic illnesses in West Hampshire**
  Our current structures and the development of integrated physical health and mental health community teams across the organisation supports this model and ensure that peoples' care needs will be met appropriately. OPMH has established working groups with both Adult Mental Health community and In-patient services and the West Area.
  Appendix 4 (Page 24) details the current service provision for physical and mental health services within the West Hampshire Area.
- **Staff suitability at the Stefano Olivieri Unit**
  The staff on SOU are experienced practitioners, appropriately trained and competent in providing care and treatment for patients with both organic and functional mental illnesses. Consideration has been given to ensure that expert clinical leadership is part of the new SOU model from both a medical and nursing perspective.
- **Changes to the discharge process to enable patients to move on to more appropriate services in a timely manner**
  The service currently has clear processes for discharge planning including best interest meetings and family meetings which commence at the start of admission. Care is delivered and co-ordinated under the Care Programme Approach.
  In order to improve the discharge process during the pilot we are:
    - Actively case managing patient flow from their admission through to discharge, ensuring focussed intervention and timely, safe discharge
    - Joint training has been delivered and continues with Adult Services colleagues in order to improve the understanding of Continuing Health Care Application and Section 117 Funding with a view to streamline the process and reduce delay
    - Local Integrated Care Teams are CMHTS are focussing their work on admission avoidance and supported discharge
    - An Enhanced Recovery at Home Service has been introduced which enables more intensive support to be delivered to patients in their own homes, thus preventing the need for admission or reducing extended length of stay in a hospital bed
    - Appointment of two discharge planners to support the wards with the smooth discharge process
- **Evaluation of the Pilot**
  The pilot has clear outcomes and will run for a period of 6 months and its effectiveness formally evaluated:
  1. To determine whether individualised care needs are met
  2. To gather patient and carer experience pre- and post-pilot
  3. To gather information on patient, personal experience of a recovery focussed approach to treatment of functional illness using PROMs (Patient Reported Outcome Measures)
  4. To review the use of organic /functional beds across the older people's mental health inpatient services to ensure that there is adequate service provision in the right place at the right time

5. To monitor the patient length of stay and admission rates.

The evaluation will be co-ordinated by a Specialist Registrar with current input into the unit. The evaluation will include the auditing of the number of patients admitted to the functional services, the number of those with shared care programmes with Adult Mental Health and the patient/family experience. The demand and use of organic beds across the system will continue to be closely monitored.

Appendix 1

Original paper submitted and discussed at the Committee on 16 September 2014.

Southern Health NHS
NHS Foundation Trust

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

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

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

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

Gosport War Memorial Hospital

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

Western Hospital, Southampton

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

Melbury Lodge, Winchester

- Stefano Olivieri Unit - 15 organic beds

Parklands Hospital, Basingstoke

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

What we are proposing

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

The pilot project aims to:

1. Ensure inpatient care needs are met by the service which is most appropriate to the individual's needs
2. Further develop skills of staff and services available to older people, to improve access to psychological services and incorporate the recovery model of care by closer working with Adult Mental Health (AMH) inpatient service.

3. Improve the integrated care received by those individuals with complex physical and mental health needs by closer working with our integrated care teams and adult mental health teams through in-reach work and clear discharge planning
4. The proposed age range is 60 years upwards – we aim to provide a needs based service not based on age alone.
5. Allow patients over the age of 65 yrs to access AMH services if they can better meet the individual's needs.
6. The pilot will run for six months

Achieving a needs-based functional ward for individuals with complex functional mental health needs in later life requires close working with patients / carers, adult mental health, the integrated care teams, adult services and the private / voluntary sector. Stefano Olivieri Unit is situated on the Melbury Lodge site in Winchester, enabling the pilot project to maximise the potential for closer working and sharing of resources between the older people's mental health inpatient wards and adult mental health inpatient services (Kingsley ward).
We have been informally working in this way in our Basingstoke services and have seen positive outcomes very quickly. This pilot will enable us to have an evidence base on which to inform future services in this area.
Closer working with adult mental health will enable us to better meet the needs of the individuals accessing the services, that best promote their recovery and support their mental and physical health needs.

Why we are proposing this change

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

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

As we work through the issues around the admission, treatment and discharge process we know that this will ultimately mean there will be lesser need for organic and functional beds across our region.
Evidence suggests that specialist old age services are best equipped to diagnose and treat mental illness in an ageing population. The proposed changes are not a move to an 'ageless' service where the distinctive needs of older people are not always addressed. We believe that a specifically trained workforce, skilled in caring for older people with functional illness and dementia is the most appropriate way to provide an age appropriate, non-discriminatory service to older people (a principle supported by Department of Health, NICE, The British Psychological Society and the Royal College of Psychiatrists).
On the inpatient unit we recognise that there are currently patients who are seen by the older people's mental health service who would benefit from services within the adult mental health services. Typically, these people are the 'younger elderly' who are physically fit.

In addition there are also those who are presently seen by our general adult mental health services who could benefit from the skills of an older people's mental health service.
We believe these individuals should be able to access alternative services where it can appropriately meet their need.

What this means and the timeframes we are proposing

- The change of the use of the ward from a primarily organic ward to a needs-led functional ward
- Closing organic admissions to the Stefano Olivieri Unit on 22 August 2014. Please note that there is currently no-one awaiting admission so this has been planned to have the minimal impact on patients.
- We will be reviewing care and discharge plans for all patients on Minstead ward in the Western Community Hospital in Southampton.
- The review of patients on Minstead ward will inform the exact date of service reconfiguration .We will be looking to transfer patients to Stefano Olivieri Unit from Minstead ward to allow opening beds to functional admissions on Stefano Olivieri Unit by the 1 November 2014.
- During the pilot phase we will support the redeployment of staff across various locations to ensure we utilise their knowledge and skills to deliver the best possible care to our clients. This will include a relocation of base for Stefano Olivieri Unit and Western Community Hospital staff to utilise skills within other older people's mental health inpatient services during the pilot phase
- Review of facilities and environment and updating to Stefano Olivieri Unit as required through September and October
- Staff training to further develop skills required for a needs-led ward
- Work with colleagues in adult mental health to plan where we can share and work in closer partnership

We will be hosting a stakeholder workshop on the pilot in September and would like to encourage you to come and hear the benefits of this new model of care. We will be sending your invite shortly so please look out for it. Appendix 1 (attached) outlines further detail on the proposed pilot service for the Stefano Olivieri Unit. If you would like to speak to someone in the meantime regarding the pilot then please contact:
Sarah Baines, General Manager OPMH Services
sarah.baines@southernhealth.nhs.uk or 023 9268 1062
Dr Tracey Eddy, OPMH Consultant Psychiatrist and Clinical Service Director
tracey.eddy@southernhealth.nhs.uk or 01256 376449

-Appendix 1-

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

The Stefano Olivieri Unit will become a needs-led functional ward with highly skilled staff who support individuals with mental health needs.
The ward will act as a pivotal partner in the health pathway between adult mental health and integrated care teams in order to ensure those with complex needs are able to access services best placed to support them.

Needs of the individuals admitted will include:

1. People with mental disorder and physical illness or frailty which contribute (s) to, or complicates(s) the management of their mental illness .On occasion this will include people under the age of 65.

2. People with psychological or social difficulties related to the aging process, or end of life issues, or who feel their needs may be best met by a service for older people. This would normally include people over the age of 70 years.

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

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

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

Admission criteria:

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

We anticipate that up to a third of the beds (4 – 5 beds) may be occupied by individuals in the age of 60 -65 years which complex physical / mental health needs, that can be more appropriately met on the Stefano Olivieri Unit.
Similarly there will be individuals over the age of 65 years who may more appropriately receive care on the adult mental health ward (Kingsley ward) or from the crisis Home

Treatment Teams, but who have, to date, entered older people's mental health services due to their age rather than their needs.

Evaluation of the project

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

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

Appendix 2

Background information

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 patients, in a hospital setting. Nationally, there have been several policy documents published which have guided our thinking for services for older people with mental health needs.

- **The National Service Framework for Older People** (2001) provides a framework for services that are not age discriminatory and are person centred.

- **Inpatient care for older people within mental health services** (2011). A report by the Faculty of the Psychiatry of Old Age of the Royal College of Psychiatrists, providing recommendations around key issues surrounding inpatient provision

- The White Paper, **"Our Health, Our Care, Our Say"** (2005), provides a clear direction for services to ensure they are based in community settings, linked to primary care and with pathways into specialist secondary care services. It guides all providers towards personalisation and promoting early intervention and prevention.

- **"Everybody's Business"** (2005) outlines a model of integrated mental health services for older adults able to support both the patient and their carer.

- **The National Dementia Strategy – Living well with Dementia** (2009) provides guidance regarding dementia services and how these should be provided in the future. The focus of the strategy is providing better information, earlier diagnosis, services to keep people out of hospital and provide better carer support.

Appendix 3

Bed Usage Data

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

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

As we work through the issues around the admission, treatment and discharge process we know that this will ultimately mean there will be lesser need for organic and functional beds across our region.
Evidence suggests that specialist old age services are best equipped to diagnose and treat mental illness in an ageing population. A specifically trained workforce, skilled in caring for older people with functional illness and dementia is the most appropriate way to provide an age appropriate, non-discriminatory service to older people (a principle supported by Department of Health, NICE, The British Psychological Society and the Royal College of Psychiatrists).
Our experience to date identifies that there are currently patients who are seen by the older people's mental health service who would benefit from services within the adult mental health services e.g. better access to psychological therapies, recovery and wellness focussed groups and intervention. Typically, these people are the 'younger elderly' who are physically fit.
In addition there are also those who are presently seen by our adult mental health services who could benefit from the skills of an older people's mental health service e.g. better access to physical health assessment and treatment, specialist skills in dealing with frailty.
Historically, services to these individuals have been organised and delivered based on their age, rather than their presenting problem or need. These individuals should be able to access services which can appropriately meet their needs rather than governed by age.

Below shows the data over the last year of referrals and admissions to OPMH services in total and split by C.C.G.

Referrals and admissions per '000 weighted pop Number of referrals and admissions	NHS North Hampshire CCG	NHS Fareham and Gosport CCG	NHS South Eastern Hampshire CCG	NHS Southampton CCG	NHS West Hampshire CCG	All Hampshire & Southampton CCGs
OPMH - Referrals and inpatient admissions received per 000 weighted adult population	3.44	3.73	2.87	4.70	3.07	3.39
	1416	1792	1580	1969	4262	11019
Inpatient pathway						
OPMH - Admissions per 000 weighted adult population	0.22	0.17	0.12	0.21	0.13	0.15
	89	83	66	87	175	500

Bed

			Occupied Beds Including Leave		Occupied Beds Excluding Leave		Available Beds
			Number	Percentage	Number	Percentage	
April 2014	Functional	Beechwood	563	104.3%	531	98.3%	540
		Berrywood	503	93.1%	472	87.4%	540
		Dryad	573	119.4%	469	97.7%	480
		Minstead	517	95.7%	492	91.1%	540
		Functional Total	**2156**	**102.7%**	**1964**	**93.5%**	**2100**
	Organic	Beaulieu	500	98.0%	500	98.0%	510
		Daedalus	445	87.3%	415	81.4%	510
		Elmwood Female Wing	299	99.7%	299	99.7%	300
		Elmwood Male Wing	232	96.7%	216	90.0%	240
		Stefano Olivieri	398	88.4%	398	88.4%	450
		Organic Total	**1874**	**93.2%**	**1828**	**90.9%**	**2010**
		Month Total	**4030**	**98.1%**	**3792**	**92.3%**	**4110**
May 2014	Functional	Beechwood	609	109.1%	540	96.8%	558
		Berrywood	551	98.7%	524	93.9%	558
		Dryad	551	111.1%	469	94.6%	496
		Minstead	547	98.0%	475	85.1%	558
		Functional Total	**2258**	**104.1%**	**2008**	**92.5%**	**2170**
	Organic	Beaulieu	519	98.5%	519	98.5%	527
		Daedalus	406	77.0%	364	69.1%	527
		Elmwood Female Wing	307	99.0%	307	99.0%	310
		Elmwood Male Wing	246	99.2%	242	97.6%	248
		Stefano Olivieri	388	83.4%	388	83.4%	465
		Organic Total	**1866**	**89.8%**	**1820**	**87.6%**	**2077**
		Month Total	**4124**	**97.1%**	**3828**	**90.1%**	**4247**
June 2014	Functional	Beechwood	578	107.0%	509	94.3%	540
		Berrywood	535	99.1%	471	87.2%	540
		Dryad	534	111.3%	460	95.8%	480
		Minstead	535	99.1%	504	93.3%	540
		Functional Total	**2182**	**103.9%**	**1944**	**92.6%**	**2100**
	Organic	Beaulieu	454	89.0%	454	89.0%	510
		Daedalus	321	62.9%	312	61.2%	510
		Elmwood Female Wing	240	80.0%	240	80.0%	300
		Elmwood Male Wing	262	109.2%	262	109.2%	240
		Stefano Olivieri	393	87.3%	390	86.7%	450
		Organic Total	**1670**	**83.1%**	**1658**	**82.5%**	**2010**
		Month Total	**3852**	**93.7%**	**3602**	**87.6%**	**4110**
July 2014	Functional	Beechwood	563	100.9%	468	83.9%	558
		Berrywood	521	93.4%	423	75.8%	558
		Dryad	508	102.4%	458	92.3%	496
		Minstead	533	95.5%	461	82.6%	558
		Functional Total	**2125**	**97.9%**	**1810**	**83.4%**	**2170**
	Organic	Beaulieu	508	96.4%	506	96.0%	527
		Daedalus	139	26.4%	119	22.6%	527
		Elmwood Female Wing	252	81.3%	252	81.3%	310
		Elmwood Male Wing	258	104.0%	258	104.0%	248
		Stefano Olivieri	422	90.8%	406	87.3%	465
		Organic Total	**1579**	**76.0%**	**1541**	**74.2%**	**2077**
		Month Total	**3704**	**87.2%**	**3351**	**78.9%**	**4247**
August 2014	Functional	Beechwood	540	96.8%	487	87.3%	558
		Berrywood	554	99.3%	452	81.0%	558
		Dryad	526	106.0%	478	96.4%	496
		Minstead	535	95.9%	448	80.3%	558
		Functional Total	**2155**	**99.3%**	**1865**	**85.9%**	**2170**
	Organic	Beaulieu	507	96.2%	507	96.2%	527
		Daedalus	243	46.1%	239	45.4%	527
		Elmwood Female Wing	231	74.5%	221	71.3%	310
		Elmwood Male Wing	268	108.1%	254	102.4%	248
		Stefano Olivieri	437	94.0%	418	89.9%	465
		Organic Total	**1686**	**81.2%**	**1639**	**78.9%**	**2077**
		Month Total	**3841**	**90.4%**	**3504**	**82.5%**	**4247**
September 2014	Functional	Beechwood	580	107.4%	420	77.8%	540
		Berrywood	532	98.5%	422	78.1%	540
		Dryad	513	106.9%	441	91.9%	480
		Minstead	461	85.4%	375	69.4%	540
		Functional Total	**2086**	**99.3%**	**1658**	**79.0%**	**2100**
	Organic	Beaulieu	491	96.3%	491	96.3%	510
		Daedalus	403	79.0%	366	71.8%	510
		Elmwood Female Wing	208	69.3%	196	65.3%	300
		Elmwood Male Wing	219	91.3%	200	83.3%	240
		Stefano Olivieri	197	43.8%	186	41.3%	450
		Organic Total	**1518**	**75.5%**	**1439**	**71.6%**	**2010**
		Month Total	**3604**	**87.7%**	**3097**	**75.4%**	**4110**
		Grand Total	**23155**	**92.4%**	**21174**	**84.5%**	**25071**

Usage

The above chart shows the Occupied Bed Days, including and excluding leave for each inpatient unit for the last six months.

The data shows that bed occupancy is variable across each unit and generally shows a downward trend in both organic and functional beds (excluding leave) over the period.

Admission by Ward and CCG

			NHS FAREHAM AND GOSPORT CCG	NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG	NHS NORTH HAMPSHIRE CCG	NHS SOUTH EASTERN HAMPSHIRE CCG	NHS SOUTHAMPTON CCG	NHS WEST HAMPSHIRE CCG	Unknown	POW'S TEACHING L-H-B	Grand Total
April 2014	Functional	Beechwood			9			1			10
		Berrywood	1				1	10			12
		Dryad	2			2					4
		Minstead			1	1	4	3			9
		Functional Total	**3**		**10**	**3**	**5**	**14**			**35**
	Organic	Beaulieu						1			1
		Daedalus	4			2	1				7
		Elmwood Male Wing			1						1
		Stefano Olivieri	1		1			1			3
		Organic Total	**5**		**2**	**2**	**1**	**2**			**12**
		Month Total	**8**		**12**	**5**	**6**	**16**			**47**
May 2014	Functional	Beechwood			7					1	8
		Berrywood	1			1	3	2			7
		Dryad	3			1			1		5
		Minstead	1				3	4		1	9
		Functional Total	**5**		**7**	**2**	**6**	**6**	**1**	**2**	**29**
	Organic	Beaulieu					1	1			2
		Daedalus	3			1	1				5
		Elmwood Male Wing			2						2
		Stefano Olivieri			2			4			6
		Organic Total	**3**		**4**	**1**	**2**	**5**			**15**
		Month Total	**8**		**11**	**3**	**8**	**11**	**1**	**2**	**44**
June 2014	Functional	Beechwood			4			1			5
		Berrywood	1				2	5			8
		Dryad	3			2					5
		Minstead	1				1				2
		Functional Total	**5**		**4**	**2**	**3**	**6**			**20**
	Organic	Beaulieu	2			1	2	4			9
		Daedalus				1					1
		Elmwood Male Wing			1	1					2
		Stefano Olivieri	1		1	1		2			5
		Organic Total	**3**		**2**	**4**	**2**	**6**			**17**
		Month Total	**8**		**6**	**6**	**5**	**12**			**37**
July 2014	Functional	Beechwood			2			6			8
		Berrywood					2	2	1		5
		Dryad	5			2					7
		Minstead					5	1			6
		Functional Total	**5**		**2**	**2**	**7**	**9**	**1**		**26**
	Organic	Beaulieu					2	2			4
		Elmwood Female Wing			2	1					3
		Elmwood Male Wing					1	2			3
		Stefano Olivieri				1	1	4			6
		Organic Total			**2**	**2**	**4**	**8**			**16**
		Month Total	**5**		**4**	**4**	**11**	**17**	**1**		**42**
August 2014	Functional	Beechwood			4	3		2			9
		Berrywood	1			2	2	2			7
		Dryad	1			2					3
		Minstead			1	2	2	6			11
		Functional Total	**2**		**5**	**9**	**4**	**10**			**30**
	Organic	Beaulieu					1	3			4
		Daedalus	3			3		2			8
		Elmwood Female Wing						1			1
		Elmwood Male Wing			1			1			2
		Stefano Olivieri			1			1			2
		Organic Total	**3**		**2**	**3**	**1**	**8**			**17**
		Month Total	**5**		**7**	**12**	**5**	**18**			**47**
September 2014	Functional	Beechwood		1	1		2	3			7
		Berrywood				1	1	5			7
		Dryad	2			1					3
		Minstead	1				1	1			3
		Functional Total	**3**	**1**	**1**	**2**	**4**	**9**			**20**
	Organic	Beaulieu					1				1
		Daedalus	2			3	1				6
		Elmwood Female Wing					1	1			2
		Elmwood Male Wing			1						1
		Organic Total	**2**		**1**	**3**	**3**	**1**			**10**
		Month Total	**5**	**1**	**2**	**5**	**7**	**10**			**30**

The above table shows the number of admissions by ward and C.C.G.

The data shows almost double the number of admissions from West Hants C.C.G. in comparison with other C.C.G.s

Length of Stay

			NHS FAREHAM AND GOSPORT CCG		NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG		NHS NORTH HAMPSHIRE CCG		NHS SOUTH EASTERN HAMPSHIRE CCG		NHS SOUTHAMPTON CCG		NHS WEST HAMPSHIRE CCG		NHS WILTSHIRE CCG		Unknown		POWYS TEACHING LHB		Total Sum of Patients Discharged	Average LOS
			Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS	Patients Discharged	Average LOS		
April 2014	Functional	Beechwood					7	51.57					1	62.00			1	101.00			9	58.22
		Berrywood					1	42.00	1	134.00	1	28.00	6	85.17							9	79.44
		Dryad	2	139.50																	2	139.50
		Minstead							1	94.00	3	60.33	3	78.00							7	72.71
		Functional Total	**2**	**139.50**			**8**	**50.38**	**2**	**114.00**	**4**	**52.25**	**10**	**80.70**			**1**	**101.00**			**27**	**75.07**
	Organic	Beaulieu											1	64.00	1	54.00					2	59.00
		Daedalus	1	23.00					3	98.00											4	79.25
		Elmwood Female Wing					1	79.00													1	79.00
		Stefano Olivieri									1	164.00	3	129.00							4	137.75
		Organic Total	**1**	**23.00**			**1**	**79.00**	**3**	**98.00**	**1**	**164.00**	**4**	**112.75**	**1**	**54.00**					**11**	**96.82**
		Month Total	**3**	**100.67**			**9**	**53.56**	**5**	**104.40**	**5**	**74.60**	**14**	**89.86**	**1**	**54.00**	**1**	**101.00**			**38**	**81.37**
May 2014	Functional	Beechwood					7	84.43					2	205.50					1	0.00	10	100.20
		Berrywood	2	99.50									3	85.67							5	91.20
		Dryad	3	18.00					4	96.75											7	63.00
		Minstead					1	35.00			3	88.00	3	170.67					1	16.00	8	103.38
		Functional Total	**5**	**50.60**			**8**	**78.25**	**4**	**96.75**	**3**	**88.00**	**8**	**147.50**					**2**	**8.00**	**30**	**90.87**
	Organic	Beaulieu	1	105.00									2	160.00							3	141.67
		Daedalus	5	127.20					3	50.00	2	123.50					1	47.00			11	98.18
		Elmwood Female Wing					1	61.00													1	61.00
		Elmwood Male Wing											1	80.00							1	80.00
		Stefano Olivieri	1	134.00			2	66.50			1	123.00	1	76.00							5	93.20
		Organic Total	**7**	**125.00**			**3**	**64.67**	**3**	**50.00**	**3**	**123.33**	**4**	**119.00**			**1**	**47.00**			**21**	**100.57**
		Month Total	**12**	**94.00**			**11**	**74.55**	**7**	**76.71**	**6**	**105.67**	**12**	**138.00**			**1**	**47.00**	**2**	**8.00**	**51**	**94.86**
June 2014	Functional	Beechwood					8	57.75					2	40.00							10	54.20
		Berrywood									2	37.00	2	95.50							4	66.25
		Dryad	4	212.75					3	47.00											7	141.71
		Minstead	1	20.00							3	60.00									4	50.00
		Functional Total	**5**	**174.20**			**8**	**57.75**	**3**	**47.00**	**5**	**50.80**	**4**	**67.75**							**25**	**79.96**
	Organic	Beaulieu									3	85.00	5	72.80							8	77.38
		Daedalus	1	46.00					1	22.00											2	34.00
		Elmwood Female Wing							1	1269.00											1	1269.00
		Elmwood Male Wing					2	1633.50													2	1633.50
		Stefano Olivieri									1	99.00									1	99.00
		Organic Total	**1**	**46.00**			**2**	**1633.50**	**2**	**645.50**	**4**	**88.50**	**5**	**72.80**							**14**	**380.14**
		Month Total	**6**	**152.83**			**10**	**372.90**	**5**	**286.40**	**9**	**67.55555556**	**9**	**70.56**							**39**	**187.72**
July 2014	Functional	Beechwood					8	95.38					3	35.33			1	72.00			12	78.42
		Berrywood									2	42.00	6	96.67							8	83.00
		Dryad	6	74.00					2	82.50											8	76.13
		Minstead							1	88.00	2	30.00	2	111.50							5	74.20
		Functional Total	**6**	**74.00**			**8**	**95.38**	**3**	**84.33**	**4**	**36.00**	**11**	**82.64**			**1**	**72.00**			**33**	**78.33**
	Organic	Beaulieu									3	212.33	2	52.50							5	148.40
		Daedalus	2	211.50					2	168.00											4	189.75
		Elmwood Female Wing					2	204.50			1	205.00									3	204.67
		Elmwood Male Wing					1	80.00	1	28.00			1	314.00							3	140.67
		Stefano Olivieri							2	90.00			1	58.00							3	79.33
		Organic Total	**2**	**211.50**			**3**	**163.00**	**5**	**108.80**	**4**	**210.50**	**4**	**119.25**							**18**	**154.17**
		Month Total	**8**	**108.38**			**11**	**113.82**	**8**	**99.63**	**8**	**123.25**	**15**	**92.40**			**1**	**72.00**			**51**	**105.10**
August 2014	Functional	Beechwood	1	479.00			1	117.00	1	8.00			2	29.50							5	132.60
		Berrywood							1	75.00			5	81.40							6	80.33
		Dryad	3	80.00																	3	80.00
		Minstead							1	9.00	4	114.50	5	88.40							10	90.90
		Functional Total	**4**	**179.75**			**1**	**117.00**	**3**	**30.67**	**4**	**114.50**	**12**	**75.67**							**24**	**95.58**
	Organic	Beaulieu									3	205.00	1	166.00							4	195.25
		Daedalus	2	78.00																	2	78.00
		Elmwood Female Wing					2	54.00					1	11.00							3	39.67
		Elmwood Male Wing					2	38.50			1	14.00	1	27.00							4	29.50
		Stefano Olivieri							1	49.00			5	104.80							6	95.50
		Organic Total	**2**	**78.00**			**4**	**46.25**	**1**	**49.00**	**4**	**157.25**	**8**	**91.00**							**19**	**91.95**
		Month Total	**6**	**145.83**			**5**	**60.40**	**4**	**35.25**	**8**	**135.88**	**20**	**81.80**							**43**	**93.98**
September 2014	Functional	Beechwood			1	1	3	196.00	1	35.00			1	30.00							6	109.00
		Berrywood							1	55.00	2	76.50	3	155.33							6	112.33
		Dryad	2	41.00					2	58.00											4	49.50
		Minstead	1	10.00							5	41.40	3	72.00							9	48.11
		Functional Total	**3**	**30.67**	**1**	**1**	**3**	**196.00**	**4**	**51.50**	**7**	**51.43**	**7**	**101.71**							**25**	**78.36**
	Organic	Beaulieu									1	236.00	2	40.50							3	105.67
		Daedalus	1	135.00					1	41.00	2	116.00									4	102.00
		Elmwood Male Wing					2	126.50													2	126.50
		Stefano Olivieri					1	122.00					3	58.33							4	74.25
		Organic Total	**1**	**135.00**			**3**	**125.00**	**1**	**41.00**	**3**	**156.00**	**5**	**51.20**							**13**	**98.08**
		Month Total	**4**	**56.75**	**1**	**1**	**6**	**160.50**	**5**	**49.40**	**10**	**82.80**	**12**	**80.67**							**38**	**85.1052632**
		Grand Total	**39**	**110.67**	**1**	**1**	**52**	**145.15**	**34**		**46**	**98.17**	**82**	**91.9390244**	**1**	**54.00**	**3**	**73.33**	**2**	**8.00**	**260**	**107.253846**

The above chart shows the average length of stay for the last 6 months by ward and C.C.G. Length of stay is variable across each ward and function.

Appendix 4

Many older people with mental health needs will receive help and support from their local G.P. However, there is a small group of people who need more specialist support, due to the complexity or severity of their condition.
Southern Health NHS Foundation Trust currently provides specialist mental health services for older adults across Hampshire (excluding Portsmouth and North East Hampshire). The services are delivered primarily in a community setting, delivering care to patients in their own homes, with specialist inpatient beds provided in sites across Hampshire, when required.
Community Mental Health Teams provide:

- Consultant Psychiatrists and other specialist medical staff
- Community Mental Health Nursing, Occupational Therapy and Physiotherapy
- Memory Assessment and Memory Services (including Memory Matters courses)
- Outpatient Clinics
- Individual and Group Therapy services
- Access to specialist Psychology input

These teams are provided from 9 hubs across Hampshire with emphasis on delivery in the local area. More recent improvements have seen the development of Integrated Care Teams, where physical and mental health services for older people are being delivered from integrated teams that bring together Primary Care, Adult Services and specialist staff in physical and mental health to deliver a co-ordinated response to the patient's needs.
Community Care Teams (physical health)
Community care is provided by our Community Care Teams (CCTs). These teams are provided from a number of hubs over Hampshire with emphasis on delivery in the local area. Specifically in the West area around Winchester there are teams covering Winchester City and the South and East of the city, Winchester rural and Andover and Eastleigh including the Southern Parishes and Chandlers Ford.
Each team is clinically led by a Community Matron. Through these teams community nurses and matrons work in partnership with our community therapists to provide co-ordinated and comprehensive patient care. Each CCT provides community care to a defined number of GP practices within its locality (covering a defined practice population). They also provide a rapid response service to provide short-term support during a time of crisis to enable patients to stay in their own home. Virtual Wards are also in place in the CCTs. These provide extra support, treatment and care for patients most at risk of emergency admission to secondary care to enable them to remain at home.
There are a number of **specialist nurses and teams** working in partnership with the CCTs including::

- Care Home Residents
- Continence
- Diabetes
- Falls Prevention
- Heart Failure
- Multiple Sclerosis
- Palliative Care
- Parkinson's Disease
- Respiratory
- Tissue Viability

Inpatient Services

Inpatient services for older people with mental health needs are hosted by the East Integrated Services Division of Southern Health NHS Foundation Trust over a number of specialist units across Hampshire and delivered to patients with functional and organic illnesses.

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

A total of 137 beds are currently provided across the following sites:

Site	Organic	Functional
Melbury Lodge, Winchester		
Stefano Olivieri Unit	15	
Gosport War Memorial Hospital		
Dryad Ward		16
Daedelus Ward	17	
Western Community Hospital, Southampton		
Berrywood Ward		18
Minstead Ward		18
Beaulieu Ward	17	
Parklands Hospital, Basingstoke		
Beechwood Ward		18
Elmwood Ward	18	
Total	**67**	**70**

Southern Health NHS
NHS Foundation Trust

Southampton and West Hampshire
Integrated Service Division
BRIEFING

Taking temporary action to maintain a safe environment at Fordingbridge Hospital

As part of our ongoing internal checks on the safety and quality of our services, we have decided to make a small reduction to the number of beds at Fordingbridge Hospital. Making this change proactively will help ensure the safest possible ward environment as we approach the winter months.

We understand the need for sufficient hospital bed capacity. At the same time we must put the safety of our patients as our top priority. We are confident that these changes will maintain safety and improve clinical effectiveness, resulting in minimal impact on the ability to access a hospital bed in the region.

What are we doing?

- **We are temporarily reducing the number of beds by six (out of a total of 20). This will enable us to change the ward environment to reduce the risk of infection, and maintain safe staffing levels.**

When will this change take place?

- **The change first took effect on Monday 22 September, and will be formally reviewed after eight weeks, on Monday 17 November.**

Why are we taking this action?

There are a number of factors which together make our course of action the most appropriate in these circumstances:

- **Environment:** Fordingbridge is an old building, and the ward environment means that beds are quite close together. This increases the risk of infection between patients. There have been more infection outbreaks at Fordingbridge compared to other similar hospitals and we need to ensure the risk is minimised.
- **Staffing:** There is a national shortage of nurses, and this has been felt particularly hard at Fordingbridge Hospital, where we have a higher vacancy rate compared to our other community hospitals. We are also finding that fewer agency staff are choosing to work at Fordingbridge Hospital.
- **Winter:** We need to take extra care during the winter months, when we know there is an increased risk of infection.

By reducing the beds, we can create more space between them, reducing infection risk. If we have fewer beds we can also ensure that we have the right numbers of staff to provide a safe and effective service to all patients.

What happens to patients currently using these beds?

- All the beds we are proposing to close are currently vacant, so there will be no immediate impact on patients using the hospital right now.

How long will this change be in place?

- We need to make the best use of the space we have at Fordingbridge, in a way that does not compromise safety. Our intention is to reduce the number of beds for eight weeks, after which we will review the situation. During this time we have been carrying out continued reviews of the situation, as well as exploring options for getting new equipment and making use of additional rooms in the building. We will focus on the further development of a rehabilitation and recovery model of care, ensuring that patients receive the maximum opportunity to regain independence where ever possible. We will keep you updated as our plans develop.

Do you have similar plans for other community hospitals?

- We are closely monitoring our other community hospitals to ensure they are safe for the coming months.

We informed the Clinical Commissioning Group of this change on 22 September, and have had ongoing discussions to ensure they understand the change and the progress being made. We will continue these updates, and will also keep you informed of any developments as we take this action. In the meantime, please do not hesitate to contact me for further information.

Best regards,
Laura Rothery
Deputy Director
Southampton and West Hampshire Integrated Services Division
Southern Health NHS Foundation Trust
laura.rothery@southernhealth.nhs.uk

Maintaining high quality hospital services for the people of North and Mid Hampshire

Update for the Hampshire Health and Adult Social Care Select Committee Tuesday 16 September 2014

NHS West Hampshire Clinical Commissioning Group
NHS North Hampshire Clinical Commissioning Group
Wessex Area Team, NHS England
Hampshire Hospitals NHS Foundation Trust

1. The above organisations updated the HOSC meeting on 28 January 2014 on their ongoing plans to make sure high quality hospital services for the people of North and Mid Hampshire are maintained now and for the future. The proposal is to centralise services for the most critically ill and highest risk patients in a new critical treatment hospital that would have consultants on site 24 hours a day, seven days a week. The options remain to site the new critical treatment hospital either between Winchester and Basingstoke or on the same site as the Basingstoke & North Hampshire Hospital. HOSC resolved that this constituted a substantial change in service and were generally satisfied with the proposals for public consultation, subject to a few areas of clarification for the committee.

2. Since then, these organisations have continued to work together through the stages of the NHS Assurance process required before proceeding to formal consultation. The Wessex Clinical Senate[1] is reviewing the clinical case for this proposal. The Senate's interim report is due on 18 September 2014 and a final report is expected at the end of September.

3. Engagement with local people has continued during this review period by both West Hampshire and North Hampshire CCGs and the Trust. A number of groups and individuals have been actively involved in preparations for a formal consultation programme, including Health Watch Hampshire, One Community Eastleigh, the Hampshire maternity services liaison committee, patient participation groups in the north and west Hampshire areas and representatives of local authorities, such as Councillor Martin Tod of Winchester City Council (and HASC).

4. Pending clarification around any remaining issues and pending the draft report from the Clinical Senate, the aim is for the CCG Boards to consider proceeding to formal

[1] Clinical Senates were created by the Health and Social Care Act 2012 to provide strategic, independent advice and leadership support to the commissioning and provision of healthcare designed to best meet the needs of patients. More information on the Wessex Clinical Senate can be found at http://www.wessexsenate.nhs.uk/.

consultation at their meetings in September, with the consultation programme potentially starting in October. The programme will run for 12 weeks plus a further two weeks to take account of the Christmas and New Year period, ending in mid January.

5. The consultation will:
   - Explain in detail what the proposed changes would be and their potential impact on both existing health services and, more importantly, patients and local people;
   - Gather views and preferences on these changes from GPs, local people, voluntary and community organisations and anyone else who would be affected by them, understand any possible unintended consequences of these changes and get people's views on how we should implement them in ways that address their concerns.

6. Once this consultation activity has been completed, a further report to the HASC will be available to outline the response and the proposed way forward.

Appendix 4

NHS
West Hampshire
Clinical Commissioning Group

Headquarters
Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB
Tel: 023 8062 7444

21 October 2014

Councillor Patricia Stallard
Chairman
Health and Adult Social Care Select (Overview and Scrutiny) Committee
Hampshire County Council
The Castle
Winchester
SO23 8UJ

Dear Councillor Stallard,

I thought it would be helpful if I brought you up to date with the latest progress on this project.

At our public Board meeting on 25 September 2014, West Hampshire Clinical Commissioning Group (CCG) received an update on proposals by Hampshire Hospitals NHS Foundation Trust (HHFT) for the development of a new critical treatment hospital. As part of this, the CCG considered whether there was sufficient evidence to proceed to formal consultation on the proposal with local people and organisations.

Any decision to proceed to formal consultation is dependent on receiving assurance by NHS England that the Trust's business case meets all the necessary national criteria for public consultations on any major change to NHS services. This includes considering the independent clinical advice of the Wessex Clinical Senate, which had been carrying out a review of the proposed clinical service changes. Clinical Senates were created by the Health and Social Care Act 2012 to provide strategic, independent advice and leadership support to the commissioning and provision of healthcare designed to best meet the needs of patients.

At our meeting, the CCG decided that further work was required with NHS England to take forward this assurance process to enable us to progress to the point where we may initiate public consultation.

I hope this has been helpful. Please don't hesitate to contact me if you have any queries or would like any further information for your next Committee meeting on 5 November.

Yours sincerely

Dr Sarah Schofield
Chairman
West Hampshire Clinical Commissioning Group

Appendix 5

South Eastern Hampshire
Clinical Commissioning Group

Hampshire HASC Update

Chase Community Hospital Redevelopment

1. Introduction

1.1 The purpose of this paper is to update the Hampshire Health and Adult Social Care Select Committee on the progress of the Chase Hospital redevelopment project.

2. Background

2.1 In March 2013 the HOSC approved the Outline Business Case (OBC) for the redevelopment of Chase Community Hospital in Whitehill and Bordon. The OBC was made up of two distinct phases:

2.1.1 Phase one
This involved developing a new model of care to prevent hospital admissions and support people recovering from an illness or injury. The new model of care is centred on an Integrated Care Team made up of local GPs, community nurses, care workers, social workers, therapists and specialist nurses working together to provide enhanced support to people in their own homes. The OBC proposed that should bed-based care be required by local people four beds would be commissioned from a local nursing home. A consequence of this new model of care was that the beds at Chase Community Hospital would no longer be required and would be decommissioned from September 2013.

2.1.2 Phase two
The second phase of the project as outlined in the OBC is the redevelopment of parts of the interior of Chase Hospital building resulting in modernised outpatient area, improved office accommodation for the integrated care team, a new adult mental health service (relocated from Elizabeth Dibben Centre, which would then be disposed of as surplus to requirements) and new purpose built accommodation for two GP surgeries (which would relocate from existing buildings in the town). At the time the budget cost for this element was anticipated to be in the region of £2.8m of capital from NHS England. This funding has been identified as a PCT legacy scheme and as the Outline Business Case was approved in March 2013 the capital investment requirement of less than £3m was set out in customer capital returns in 2013/14.

2.2 The project is supported by a project director and project manager working with a project board, a steering group of local community representatives and workstreams focusing on: communication and engagement, outpatients, and redevelopment.

3. Progress

3.1 Since the last report to the HOSC in April 2014 there has been a great deal of progress with the project stakeholders, particularly regarding the overall space and layout for individual tenants and services.

3.2 Progress against each of the phases outlined above is as follows:

3.2 Phase one

3.2.1 The integrated care team was established in August 2013 and began caring for patients from September 2013. At the same time four nursing home beds were commissioned from Wenham Holt Nursing Home in Liss. As a result the beds at Chase Community hospital were closed in September 2013.

3.2.2 Between September 2013 and September 2014 the Integrated Care Team has cared for 168 patients. Wenham Holt has cared for 58 patients (at October 2014). Patients and carers have reported positive experiences regarding both services and the CCG's Chief Quality Officer visited Wenham Holt on 21st October and reported that the patient experience and levels of care are good.

3.3 Phase two

3.3.1 In March 2013 Chase Community Hospital passed into the ownership of NHS Property Services. NHS Property Services Ltd (NHSP) was set up by the Department of Health to manage all the ex-Primary Care Trust estate not transferred to providers.

3.3.2 It is a limited company that now owns the legal title to 4,000 assets, valued at around £3 billion. As such NHS Property Services has developed its own processes and criteria for the approval of business cases for the development of its properties. The capital for these developments remains with NHS England therefore any business case developed by NHSP requiring capital must also be approved by NHS England.

3.3.3 South Eastern Hampshire CCG has therefore been working closely with NHSP and NHS England since March 2013 to gain clarity about these processes as they have been developed in order to progress the Chase Hospital redevelopment. During the autumn of 2013 two important issues emerged:

a. NHS England has developed new processes for the approval of capital according to the value of the scheme. Schemes under £3m are subject to a 'fast track' approval process that can be approved by NHS England's Chair, Chief Executive, or Chief Financial Officer. Larger schemes of £3m to £10m in value are subject to a more rigorous process, which requires scrutiny and approval by the NHS England Finance and Investment Committee.
b. NHS Property Services new processes for capital schemes require any major tenant of their buildings to sign up to the scheme, in effect agreeing to the new rents that will be introduced as a result of an improved building. This is called the Land Transaction Approval (LTA) process. In addition should any space in the building be vacant (or void) the commissioning CCG becomes liable for the full rent of this space. Once clarity was obtained about the

process for Business Case approval the project team have been working closely with NHS Property Services to undertake a full analysis of the detailed costs of the scheme. This work was undertaken in conjunction with Hampshire Lift Co.

3.3.4 In December 2013 the initial analysis of the detailed costs of the project indicated that the scheme would cost £4.2m. Between January 2014 and March 2014 further work was undertaken to reduce the costs of the scheme, with the aim of having a scheme that was able to be submitted through NHS England's fast track process for schemes under £3m. However after further detailed work the costs of the scheme have now been finalised at £3.7m. This means that the scheme will be subject to the more rigorous process for capital approval undertaken by NHS England and this has resulted in a further delay to the project.

3.3.5 The project team have continued with workstreams focused on mapping the activity in the hospital and the outpatients' workstream has been successful in attracting new services to the site. For example the hospital is one of the locations for the enhanced provision MSK services directly tendered by the SEH CCG and operated by Solent NHS Trust and Care UK is due to begin a new Community Ophthalmology service in the near future. Community Midwives also now use Chase Community Hospital as a base location for their clinics.

3.3.6 In light of new processes and increased capital costs the CCG Governing Body received an update at its July 2014 meeting. The Governing Body were presented with five options to move the project forward. The options the Governing body endorsed for progression and investigation were:

6.5.1.1.1 To develop a two phased scheme, where the outpatients area, office accommodation, and adult mental health accommodation could be created in phase 1. The GP accommodation redevelopment would be created as a second phase to allow more time for GP practices to sign up to the scheme.

6.5.1.1.2 To develop a scheme to include the outpatients area, office accommodation, and adult mental health accommodation plus only one GP practice. This would create a void where the second GP Practices would have been located. The space created could potentially be used for supporting the voluntary sector and creation of a community well-being facility, but the CCG would remain liable for the cost of void space.

3.3.7 Since the July update at the Governing Body the CCG has held proactive discussions with both GP practices, which indicate that only one GP practice is interested in relocating to the Chase Hospital. It is therefore likely that the second option (b) above will be progressed and subsequently considered by the CCG's Governing Body in November. In anticipation of this the GP accommodation requirements are currently being refined and the space for adult mental health services has been reworked following feedback from the service.

3.4 Throughout the project local community representatives, current and future tenants have been kept informed of progress and many are members of the Project Board.
The original timescales for the project reported to the SEH CCG Governing Body in March 2013 were as follows and progress against each milestone is summarised below:

Milestone	Original date	Progress
Outline Business Case	March 2013	Achieved March 2013

approved		
Full business case developed	March to July 2013	Not achieved due to • Increased costs of scheme • New NHS property services processes • Lack of clarity regarding GP intentions to lease.
Detailed design	April/May 2013	Design Freeze October 2013. The detailed scheme design will take place prior to contractor appointment
Planning application submitted	April/May 2013	Achieved October 2013
Planning approval obtained	July 2013	Achieved 23rd December 2013
Tender for works	June 2013	Not achieved due to • Increased costs of scheme • New NHS property services processes • Lack of clarity regarding GP intentions to lease. • No detailed scheme design
Build costs complete	July 2013	Scheme costs complete in March 2014,
Staff consultation	April to July 2013	Complete
Nursing home beds commissioned	April to July 2013	Achieved September 2013
New model of bed based care finalised	April to July 2013	Achieved
Medical cover contractual arrangements agreed	April to July 2013	Achieved
Full business case approved	July to September 2013	Not achieved due to • Increased costs of scheme • New NHS property services processes • Lack of clarity regarding GP intentions to lease.
Beds close at Chase Community Hospital and new model of care implemented	September 2013	Achieved, Final Beds Closed 2nd September 2013
Works start on site	September/October 2013	Not achieved
Redevelopment of Chase Community Hospital completed	March/April 2015.	Not achievable (see below)

1. Risks

4.1 Given the changes to the project programme that have occurred during the last six months there are a number of key risks to the project:

a. Slippage: the original milestones for the project will not be achievable for the reasons outlined above. It is currently very difficult to predict timescales for the completion of the project due to the number of uncertainties at play particularly the length of the NHS England approval process, the on-going negotiation with practices and the

requirements of the NHS Property Services Land Transaction Process. This lack of clarity about timescales is creating confusion and frustration in the local community. In the meantime the CCG is responsible for the payment of rent in any void or unused space at the Hospital.

b. Tenant sign up: major new tenants have yet to agree to lease space in the building. Under NHSP's Land Transaction Approval (LTA) process this means that the Full Business Case cannot be progressed. The CCG are now leading discussions with the new tenants and the GP Practice.

c. Increasing capital costs and on-going revenue cost of void space: The overall redevelopment project costs will rise in line with inflation. In addition there is a risk that the project could become financially challenged due to the on-going revenue cost of void space.

2. Next Steps

2.1 The detailed plans for the single GP Practice are being worked up, once the total space has been agreed the CCG will take the revised plans back to the SEH Governing Body in November, where they will be asked to endorse the change of scope and agree the financial commitment of the new void area and underwrite the costs of next stage of the project.

5.2 Following CCG Governing Body approval a Project Initiation Document (PID) will be developed and the GP Surgery PID will be submitted to NHS England. Following feedback on the PID the CCG will develop the Full Financial Business Case for the Hospital Redevelopment, this will enable the release of funding for the project to proceed, and a detailed project programme produced.

6. Conclusion

6.1 Phase one of the project has been successfully completed but the second phase is now subject to delay, due to the overall project value being higher than anticipated, issues regarding tenant sign-up and the requirements of the NHS Property Services Land Transaction Process. Once the Full Business Case is submitted to NHS England and approved, a detailed project programme will be developed.

6.2 **The HASC is asked to:**

- **Note the progress made with detailed planning for the project and note the ongoing the delay to the project.**