

# **Transforming Older People's Mental Health Services in South Hampshire and Southampton**

**A public consultation on proposals to transform mental health services  
for older people**

**This consultation document has been produced by Hampshire Partnership NHS  
Foundation Trust with the support of NHS Hampshire and NHS Southampton City**



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## **Foreword**

Welcome to this consultation on proposals to transform older people's mental health services in South Hampshire and Southampton.

At Hampshire Partnership NHS Foundation Trust we are responsible for providing mental health, social care and learning disability services across Hampshire and in Southampton. Now, with the exciting news that on 1<sup>st</sup> April the Trust merged with Hampshire Community Health Care we are able, as one organisation, to provide for the physical as well as mental health care of the population we serve.

The aim of our older people's mental health service is to provide a range of high quality services which will allow older people to remain in their own home where possible, supporting them and their carers throughout their illness. In order to achieve this, we need to change and develop our current services to allow us to treat more people in a community setting.

This document will tell you how, working with our commissioning partners in Hampshire and Southampton, we are proposing to continue to improve and modernise our older people's mental health services. The detail has been developed with the involvement of clinicians, service users and carers, and a wide range of local stakeholders. The proposals within this document build on the transformation of older people's mental health services across Hampshire; initial development began in Mid Hampshire in Andover and we intend to develop the services we provide across the whole county supported by local commissioning intentions and national guidance.

It is now vital that we gather the views of all those who have an interest in their local mental health services. I urge you to read the information in this document, come along to the public meetings that we have arranged and tell us what you think about our plans. Above all, please take the opportunity to have your say using the feedback form provided or by getting in contact with us (see pages 11-12).

We are building a thriving future for community mental health care, and we look forward to working with you to create a service that provides the best possible outcome for our patients.

**Katrina Percy**  
**Chief Executive, Hampshire Partnership NHS Foundation Trust**

## **Clinical View**

Older peoples' mental health services have consistently developed over the last few decades from the days when many thousands of older people were cared for in large and fairly anonymous long stay psychiatric wards, with little prospect of being resettled back into the communities they came from. It was common for people to have extremely limited choice: of what they ate, what they wore, how they spent their time, and access to treatment for mental and physical health problems.

From the very beginning, the focus of our service has been to help people continue with their own life, as they choose to live it. This involves working with them and their families so that they can continue to live at home for as long as possible – often until the end of their life - and for our skilled doctors, nurses and other professionals to provide treatment and support to them in a way that best suits what they want.

We in Southampton and South Hampshire are proud of what we have achieved for local people over the years, by our working with them, their carers and our professional partners. The range of treatment opportunities, in terms of drug treatments, psychological and occupational therapies for people with mental health problems is far greater and more effective than even 15 years ago. We have much clearer guidance from expert national bodies such as the National Institute for Clinical Excellence (NICE) and all of our work with people follows national best practice.

Looking ahead, we see a new challenge: how to continue to provide the most up to date care to people where they live, while delivering the best possible value for money. The population of older people is now the fastest growing sector in society: in Hampshire the over 65 population will grow by 30% between now and 2020 and it is predicted that in Southampton there will be 27% more people in the 65-69 age group, 18% more people in the 70-74 age group and 22% more people in the 85+ age group by 2015. Over the same period the prevalence of dementia in Hampshire will increase by 37% and that of depression by 27%. Meeting this need will be a considerable challenge and the most cost effective way of responding to this is to provide community based services. This is also in line with what individuals say they want and which provides the best opportunity for continued health and independence.

There are a number of areas in which we want to develop and enhance our services to achieve our aim to provide the best possible opportunities to live well with mental illness in later life.

We need to do more for people with dementia in care homes by helping home staff to identify and meet their very particular needs. We need to provide a better experience for people with dementia in acute hospitals. We need to ensure that people who are developing memory problems have easy access to diagnosis and help. We need to give people who are struggling with severe mental illness a real alternative to hospital admission.

If we do these things, we will help even more people to stay where they want to be, at home, or an alternative environment of their choosing, such as a care home

Because of the way we have already been working within our community teams to achieve these aims, our service now has a large number of empty, expensive inpatient beds, using up money which would be much better spent on the further improvements we wish to make in community treatment. The way forward is for us to move money towards community-based services. This is how we can ensure that the most people get the help they need, as soon as they need it, from professionals who have the right skills to help them live well with their mental illness.

**Dr Helen McCormack**  
**Clinical Director, Older People's Mental Health Services**  
**Hampshire Partnership NHS Foundation Trust**

## **Introduction**

This consultation document has been produced by Hampshire Partnership NHS Foundation Trust supported by NHS Hampshire and NHS Southampton City, who are working together to develop older people's mental health services that serve the population of South Hampshire and Southampton.

It describes a programme of service transformation that we see developing for older people's mental health services over the next few years, and is the result of listening to what people have to say about our services.

Our aim is to develop services which offer more choice and control to the people who use them, allowing them to remain in their home, supporting them to maintain independence for as long as possible and have a good quality of life.

This means we need to continue to change our existing services, moving from current in-patient, bed based services where there is now less demand, to focus on support in the community that meets the needs of the population now and in the future.

This consultation document describes the proposals we have developed, which are detailed on pages 11-12.

## **How services are changing**

Over the last 30 years there has been a major shift in the way that mental health services care for people. Historically we have relied on large psychiatric hospitals and institutions for people with mental health needs. Today, we deliver the majority of services in people's homes, and for a minority of our service users and patients, in local hospital settings.

Nationally there have been several policy documents published which have guided our thinking for services for older people with mental health needs. These have included:

- The National Service Framework for Older People (2001) - a framework for services that are centred around the person regardless of their age
- Our health, our care, our say (2005) - sets a clear direction for services to make sure they are based in community settings, linked to primary care and with pathways into specialist secondary care services. It highlights the need to promote early intervention and prevention
- Everybody's Business (2005) - says that mental health services for older adults should be 'joined-up' supporting both the patient and carer
- The National Dementia Strategy (2009) - guidance about dementia services and how these should be provided in the future. It talks about:
  - Providing better information
  - Earlier diagnosis, and services to keep people out of hospital
  - Improved support for carers

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

## **Hampshire**

NHS Hampshire and Hampshire County Council published a Hampshire Joint Commissioning Strategy for Older People's Mental Health services in 2008.

The strategy identified a range of things that mental health providers needed to focus on resulting from changes in the population and the growing demand for services. These were:

- Support for carers
- Promoting independence and access to services that support a person's wellbeing
- Achieving a balance between specialist and other services
- Providing pathways into and out from hospital
- Better joint working to make sure organisations and individuals continue to work together towards shared goals

Mid Hampshire was chosen to pilot the first stage of the commissioning strategy. Work undertaken included the closure of the Allan Gardiner Unit in Andover and the introduction of more community services. Evaluation and feedback from the pilot suggested significant satisfaction from service users and carers and concluded that the service model should be rolled out across Hampshire.

The second stage is to now look at South Hampshire and proposals outlined in this document reflect learning from the Mid Hampshire pilot, whilst recognising that the South Hampshire population may have differing needs.

We intend to roll out the transformation of services in line with local commissioning intentions and supported by national guidance across all the services for older people that we provide within the county.

## **Southampton**

Like Hampshire, NHS Southampton City and Southampton City Council also produced a five-year Joint Dementia Vision in 2009. The proposals in this paper support both dementia and functional illnesses (such as depression, psychosis, schizophrenia or bi-polar disorder). The main points of consideration in the Joint Dementia Vision are as follows:

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

There was significant engagement in the creation of the Joint Dementia Vision led jointly by the Primary Care Trust and City Council. This has been a major feature of service development planning in Southampton. Hampshire Partnership NHS Foundation Trust amongst other agencies, including user and carer organisations, were involved in this process. Southampton is also currently working on developing a vision for wellbeing services for older people who are experiencing functional illnesses.

## The thinking behind our proposals

The scale of the challenges facing all organisations, in terms of population changes, growing demand for older people's mental health services and pressure on resources means that we have to do things differently.

The direct cost of dementia alone exceeds the total cost of stroke, cancer and heart disease in cost of illness studies. Nationally, the number of older people with mental health needs will increase by 30% over the next 15 years.

NHS Hampshire (NHSH) has a population of circa 1.3 million of which 17% are over the age of 65 whilst Southampton City (NHSSC) services a population of 260,000, of which 25% are over the age of 65.

Older People with a mental health need account for a significant proportion of those who use health and social care services. A conservative estimate is that:

- 40% of people attending their GP
- 50% of all general hospital inpatients
- 60% of home care residents

Whilst in addition:

- One third of people who care for an older person with dementia have depression
- Two thirds of hospital beds are occupied by older people and 60% of these will have or will develop a mental health disorder during their admission
- Current estimates are that two thirds of older people with dementia receive no diagnosis

Therefore, it is anticipated that nationally, by 2013, there will be a:

- 16% increase in older people with depression - around 5,500 additional people
- 15% increase in older people with dementia - around 3,000 additional people.

These increases have potential to overwhelm health and social care services. If there is no change to the way we currently deliver services, it is clear that we will not be able to cope with this growing demand.

Locally in Hampshire a needs assessment was included in the Joint Older People's Mental Health Commissioning Strategy (2008-2013) that highlighted an increase in the over 65 population of 16%.

In addition the proposal in this consultation document has also taken into consideration the Test Valley Local Inequality Profile (2010) and the estimate of the number of cases of dementia (Eastleigh and Test Valley Local Authority 2009- 2030), which predicts that, by 2013 there will be 2,902 people over the age of 65 across Hampshire with dementia bringing the total to 22,247, an increase of 15%.

Equally there are similar challenges in Southampton where it is estimated that by 2015 there will be:

- 27% more people in the 65-69 age group
- 18% more people in the 70-74 age group
- 22% more people in the 85+ age group

Older people (65+ years) with mental health problems accessing social services was 31.9 per 1000 compared to just 15.9 across England as a whole, with Southampton's rate as the highest amongst its Office of National Statistics (ONS) peers, whilst GP registers for dementia are recording an increasing number of people with the condition.

By 2015 the 'Projecting Older People Population Information System' (POPPI) also predicts 2,558 older people in Southampton will have dementia, and 2,855 will be suffering from depression.

## **Listening to and meeting people's needs**

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

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

### **Stakeholders** (those people who we work closely with) **told us what mattered was:**

- Support for carers through input and communication from services and better information
- Managing with fewer beds through the development of community-based services and providing access to other services
- Improving admission and discharge processes when a hospital bed is required
- Improving earlier identification and care for people with dementia by raising awareness, whilst ensuring easy access together with a timely response from services during a crisis
- Improving services for people with complex dementia either at home or in a care home through intensive support when required
- Supporting service users with a functional illness (for example severe depression or anxiety) by involving patients more in their own care planning and supporting them and their carers to overcome issues of social exclusion and stigma
- Being accessible to and linking with other providers of older peoples services such as voluntary agencies, working in partnership with these providers to develop cost effective services

### **Service Users and Carers told us what was important to them included:**

- Services need to be as close to home as possible and only use admission to hospital when really needed
- More information and discussion needs to be available for service users and their families (where appropriate) in relation to their diagnosis and treatment interventions (including medication)

- Improved and increased step down accommodation in the community with the use of ‘crisis’ and non-hospital environment to adjust from hospital
- More support out of hours, at weekends and Bank Holidays
- Increased awareness of mental health in the community and inclusion of mental health education in schools to help reduce stigma and increase understanding.

#### **What our staff told us they would like:**

- A greater focus on community services in order to support people in their own homes
- To work more closely with other partner organisations that support older people, and voluntary organisations that are able to provide access to a wide range of information and services
- Increased carer support especially at a time of crisis
- To enhance current community worker's roles in order to provide a single point of contact for service users, carers and GP's

#### **The challenges we are facing**

We are all aware of the recession and of current economic challenges. The Government is expecting the public sector, of which we are a part, to ensure that we are using our resources, which are funded by tax payers' money wisely, whilst also contributing to savings, by providing services in the most efficient and cost-effective way.

To do this, we have changed the way we work. As a result of these improvements in care, we now have a large number of empty beds across our older people's services (see tables below). Full details for the period January – March can be found at Appendix 1.

<b>Calendar Year</b>	<b>Total no. of beds available for older people</b>	<b>Average weekly no. of empty beds</b>	<b>Average weekly % of empty beds</b>
2010	231	59	26

<b>Jan - Mar</b>	<b>Total no. of beds available for older people</b>	<b>Average weekly no. of empty beds</b>	<b>Average weekly % of empty beds</b>
2011	231	70	30

A large amount of the cost of our services is spent on beds in hospital; with each bed we provide costing £300 per day. We want to use the money more effectively to provide improved community services to the majority of people in order to support them in their own home. We believe this will help to avoid unnecessary admissions to hospital, reduce the time people stay in hospital and lessen the need for people to go into care homes which will help to save more money for the health service.

#### **Current service provision**

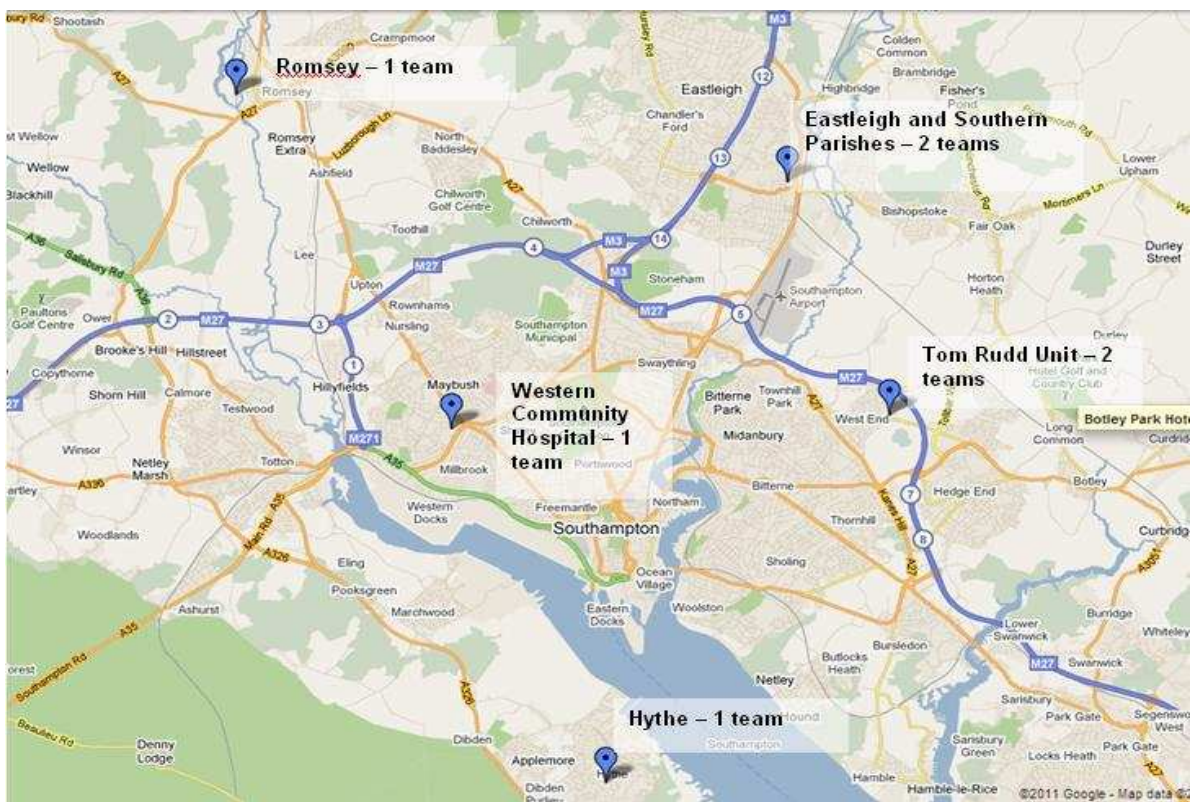
There has already been a significant improvement in services within our older people's mental health services in Hampshire and Southampton. The proposals in this document are intended to continue these improvements in South Hampshire and Southampton.

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

- Community Mental Health Nursing, Occupational Therapy and Physiotherapy
- Memory Assessment and Memory Services (including Memory Matters courses)
- Outpatient clinics
- Individual and Group Therapy services
- Psychology
- Inpatient services at the Western Community Hospital in Millbrook, Southampton, and the Tom Rudd Unit on the Moorgreen Hospital site in West End.

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

All these teams have joint working arrangements with colleagues from Adult Services.



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

Inpatient services provided by Older People's Mental Health services are detailed in the following map:



Locally five hospital wards serve the populations of Eastleigh, Southern Parishes, Romsey, Hythe and Southampton city. These are:

**Organic wards** (for people with a dementia)

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

**Functional wards** (for people with severe depression, psychosis, schizophrenia or bi-polar disorder)

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

Access to emergency advice and support is provided via GP's to Consultant Psychiatrists, 24 hours a day, 365 days per year. Care plans for service users include out of hours crisis plans and how to access out of hours advice and support.

## **Proposed Enhanced Services**

We have considered the comments we have received and taken account of national guidance and best practise. As a result, we want to continue to improve the care and treatment that we provide through the provision of enhanced services in the community. It is proposed that the best way to release funds to do this is through the closure of two inpatient wards so that we can deliver enhanced services in the community.

The people who commission our services agree with these changes. The changes to the service we would like to make include:

### **Early diagnosis**

- We will improve access by providing Memory Clinics in more locations. These will be based on a successful model that has been proven to work.
- We will develop our liaison role with Primary Care colleagues to improve awareness and encourage early referral to our services
- We will work with Primary Care colleagues to increase awareness of un-diagnosed depression and encourage referrals for older people to iTalk (a service that is currently being rolled out across Hampshire enabling more service users to access 'talking therapies' in a timely way)

### **Mental Health Advice and Support**

- Our proposal is for better support and a wide range of information to be made available for patients and carers after diagnosis of dementia and when medication is prescribed
- Memory Matters courses for service users and carers will continue to be available across the area and we will work with our partner agencies and the voluntary sector to improve accessibility and timeliness
- We will look for opportunities to work more closely with the voluntary sector whose staff are employed to support older people with mental health problems by providing non specialist advice and signposting to other services

### **Improved Access to specialist services**

- Services will be easier to access and organised more efficiently with a single point of access as part of a care pathway.
- An extended and modernised base for the Eastleigh and Southern Parishes CMHTs at Newtown House has already provided improved access and a service that can be more flexible and responsive
- We will provide increased clinics based in community settings close to people's homes

### **Greater support in the community**

- Enhancements to current community based services will enable greater specialist care and intensive support for people with either a dementia or functional illness. This will allow most people to return to their usual level of functioning or manage their condition within their own home, avoiding a hospital admission

- We will work alongside other care providers in order to improve support to people who do not require specialist mental health care
- We will build closer links with Rapid Response teams provided by Adult Services and Primary Care. This will enable people to remain at home with support provided outside of normal working hours
- As a result of our Trust merging with Hampshire Community Health Care there will be improved opportunities to link with older people's physical health 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 physical as well as mental health problems, allocating a single case worker to co-ordinate their care

#### **Admission to specialist mental health beds**

- We will ensure that when admission to hospital is needed, it will be for the shortest time possible. This will be achieved by starting to plan for discharge immediately after the patient's admission.

#### **Improved care in nursing and residential homes**

- We will provide enhanced support and education into care homes where there are increasing numbers of patients with mental health needs. This will enable people to remain in their home of choice whilst still receiving the treatment they need.

#### **Improved liaison to Acute Hospitals**

- We will continue to improve our existing working relationships with the Royal Hampshire County Hospital and Southampton General Hospital to ensure that access to specialist advice and support is available when it is needed.

#### **Improved end of life care**

- We will provide high quality end of life care by ensuring that staff in our services have the right skills to support both patients and their carers at this time

Our proposals involve the continuing improvement of our community mental health services so that they offer consistent and high quality support and treatment to older people in their own homes. As a result of enhanced community provision fewer people will require admission to hospital in the future. However, we will continue to ensure that there is sufficient access to inpatient beds to meet the needs of those people who require this level of care.

Improvements to our services will provide benefits for both patients and their carers. These include:-

- Increased emphasis on community support - more intensive and responsive community services will help people avoid inappropriate admissions to hospital or care homes
- Reducing length of stay in hospital - additional services and support in the community will assist people to return home more quickly
- Earlier diagnosis and memory support - people will be diagnosed earlier and be provided with information and support to live well despite their diagnosis
- Improved support for carers— Enhanced services will be directed towards carers, recognising their role and providing improved information and support in caring for their relative.
- Improved clinic facilities – will give a better environment for outpatient care
- The increased range of services will enhance patient and carer choice and deliver service quality and excellence

## How will this be funded?

We receive most of our funding from NHS Hampshire and NHS Southampton City. Together, in 2010/11 they invested nearly £19m with the Trust to provide older people's mental health services in South Hampshire and Southampton area. This money pays for doctors, nurses and other healthcare professionals, who visit, treat and support people in their homes, at out-patient and memory clinics as well as providing hospital beds such as those at Moorgreen and the Western Community Hospitals.

We also recognise that many older people have more than just healthcare needs. Over and above the investment made by the local NHS, Hampshire County and Southampton City Councils invest in social care provision and professionals who work with us jointly to support the people in our care.

The service transformation proposed in this document will use existing funds and apply them in a different way to provide a range of improved, high quality services for older people with mental health needs.

In the current financial climate, as with all public services, we are working closely with our local health and council partners to ensure that the funding we receive is used as efficiently as possible, and provides value for money.

Being mindful of the wider national pressures to reduce costs across all public services, we are reviewing the services we provide by listening to people who use our services and other members of the community to understand how this can be achieved. Where we identify provision that people do not value, or diminish the quality of service they receive (such as doing things twice or coming into hospital instead of receiving support at home), then we will challenge how these services are provided. This will ensure that as well as achieving our goal to develop high quality, safe services that are valued by our local communities; we can also transform services within existing funds.

## Options for change

There were two main options that we considered to allow us to deliver the changes we have listed above. These are:

Option One – Maintain the current number of in-patient beds and continue to offer limited community support

Option Two – Reduce under-utilised beds over fewer hospital sites and develop enhanced community services

Our preferred option is option two and we propose to reduce the number of inpatient beds that serve the population of South Hampshire and Southampton, by closing the two in-patient wards located at Tom Rudd Unit, Moorgreen Hospital.

The decision to keep the wards at the Western Community Hospital instead of those at the Tom Rudd Unit is informed by:

- Meeting national guidelines that require hospitals to provide single sex accommodation for their patients
- The proximity of acute hospital facilities offered at Southampton General Hospital

- The Western Community Hospital provides an efficient critical mass since we already provide 3 in-patient wards there
- Existing working relationships with medical and nursing staff who care for the physical health needs of older people in other wards located at the Western Community Hospital
- A recent assessment of patient facilities gave the hospital an excellent rating

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

### **Our commitment to the Tom Rudd Unit**

This proposal is **not** linked to other developments currently underway on the Moorgreen Hospital site. As a Trust we are committed to continuing to provide a range of health services for the local population at the Tom Rudd Unit if the proposals to close Linden and Willow wards are approved.

To demonstrate this, during 2009/10 the Tom Rudd Unit had a significant refurbishment costing approximately £1.26m when community and research services were relocated from the main block of the Moorgreen Hospital into flexible and modern accommodation.

If our proposal to close Linden and Willow wards is approved, we have plans to introduce an Intensive Assessment and Treatment service for adults with a learning disability in one of the vacated wards. The service will help this group by supporting people in a crisis, providing inpatient beds and preparing them to be able to live again within their own community.

<b>How will things get better if the proposals go ahead?</b>	<b>How will services be affected if the proposals do not go ahead?</b>
<ul style="list-style-type: none"> <li>• Enable the development of a range of modern, community services for older people in line with National Guidance</li> <li>• More older people will receive their care and treatment in their own home</li> <li>• Improved working with primary care will assist in earlier diagnosis and access to our services</li> <li>• Closer working with other providers will give older people a wider range of support</li> <li>• Ensure value for money by making more effective use of the beds that the Trust provides for older people</li> <li>• More responsive community services for people in their own homes</li> <li>• A better quality of care and support for people living in care homes or during their admission to a general hospital</li> <li>• Provide opportunities for the Trust to develop other services at these facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to develop community services will be restricted</li> <li>• Fewer people will receive an early diagnosis and appropriate care for their condition</li> <li>• An inability for the service to respond to the needs of a growing, elderly population</li> <li>• Increased admissions to hospital from care homes and longer lengths of stay for patients in general hospitals</li> <li>• Inadequate support being provided for carers</li> <li>• A reduced access to community based treatments with potential waiting lists</li> <li>• Inefficient use of resources in continuing to provide under-utilised in-patient beds</li> <li>• A service that is potentially unable to respond to national requirements and provide modern and effective treatments</li> </ul>

### **The impact of the proposed changes**

The table below highlights how the average monthly admissions to Linden and Willow Wards have decreased over the past year.

Ward	Average number per month 2009/10	Average number per month 2010/11	Average reduction per month
Linden	12	6	-6
Willow	8	4	-4

NB: For the purposes of this document we have not included patients who were admitted from other areas.

For people who currently use these wards there may be some additional travel involved to receive their inpatient care. We know that for the majority of people there will be a reduction in their travel, however for people living in the Eastleigh and Southern Parishes there will be an increase.

The table below highlights the average monthly number of admissions where there would have been an increase in travel for residents living in Eastleigh and the Southern Parishes.

Ward	Average monthly admission 2009/10	Average monthly admission 2010/11
Linden	4	1
Willow	1	1

We also know in the 12 months to 31 March 2010 that Minstead, Berrywood and Beaulieu Wards at the Western Community Hospital admitted a total of four admissions from the Eastleigh and Southern Parishes geographical area currently served by Linden and Willow Wards. In addition, a number of patients from these areas were admitted to Melbury Lodge in Winchester (six) and Gosport War Memorial Hospital (24) as our older people's mental health services utilised available beds more efficiently and provided a greater number of options for patients.

Full details of admission and mileage can be found on the Older People's Mental Health consultation section of our website or requested from our Engagement Office.

Approximately 58 staff will be affected by these proposals. We recognise the impact of these proposals and understand this is a difficult time for our staff. The Trust will use its 'Organisation Change Policy and Procedure (for the management of staff)' to ensure that all staffing-related issues are correctly and sensitively managed. The Trust is committed to retaining its staff wherever possible and will actively look at redeployment and secondment opportunities across all service areas.

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

## Timetable

We are holding a **tbc** week public consultation process which has been approved with the local Health Overview and Scrutiny Committees. The timescale is more compact than other consultations and is in recognition of the extensive engagement work already undertaken by the Trust.

The proposed timetable for the public consultation is as follows:

Date	Activity
9 May 2011	Public consultation commences which will include a number of meetings in public, and attendance at community, stakeholder and special interest groups as requested
	Public consultation closes
	Comments and feedback collated, analysed and validated and recommendations proposed
	Recommendations from public consultation received for approval by Trust and PCT Boards and Health Overview and Scrutiny Committees
	Recommendations and proposals taken forward

## Having your say

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

### Public events

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

If you need specialist communication support, for example a British Sign Language (BSL) interpreter please contact our Patient Advice and Liaison Service (PALS) on 023 8047 5265 or write to: Freepost RRLB-EUUJ-KSAB, Consumer Experience Department – HPFT, Sterne 5, Tatchbury Mount, Calmore, Southampton SO40 2RZ

Public meetings will take place as follows:

Date	Time	Venue
Friday 13 May	12.30pm – 2.30pm	West End Parish Hall, West End
Tuesday 17 May	12.30pm – 2.30pm	Crosfield Hall, Romsey
Wednesday 18 May	5.30pm – 7.30pm	Central Hall, Southampton
Monday 23 May	5.30pm – 7.30pm	St Andrew's Centre, Dibden Pirlieu
Thursday 26 May	5.30pm – 7.30pm	Hamble Village Memorial Hall, Hamble - le - Rice

### Bespoke events

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

### Staff briefings

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

Date	Time	Venue
1. TBC		
2. TBC		
3. TBC		
4. TBC		

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

## Online

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

## Feedback form

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

- Download the form via the Trust website: [www.hampshirepartnership.nhs.uk](http://www.hampshirepartnership.nhs.uk)
- Write to: Freepost RSGC-BGJX-SRRB Engagement Office, Sterne 8, Tatchbury Mount, Calmore SO40 2RZ
- Email: [engagement.office@hantspt-sw.nhs.uk](mailto:engagement.office@hantspt-sw.nhs.uk)
- Telephone: 023 8087 4118

## Deadline for feedback

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

## What happens next?

It is important that the consultation process is transparent and that the NHS is accountable for the decision it makes.

## What happens to the responses?

During the consultation, all feedback and responses, along with notes from the public events, will be collated and analysed by Hampshire Partnership NHS Foundation Trust. This will then be validated independently. At the end of the consultation period a report will be produced identifying the themes and issues raised. The report will go to the Boards of Hampshire Partnership NHS Foundation Trust, NHS Hampshire and NHS Southampton City to help them decide how to proceed.

## Decision-making process

The final decision will be made by Hampshire Partnership NHS Foundation Trust, NHS Hampshire and NHS Southampton City. The decision will be made public once they have had time to consider the consultation feedback and response.

## The role of Health Overview and Scrutiny Committee (HOSC)

We have worked closely with these committees to develop and agree the required engagement and consultation processes. The way we have developed our proposals and the way we will reach a decision on them is being overseen by the Hampshire Health Overview and Scrutiny

Committee and Southampton City Scrutiny B Panel. These committees are made up of council members that reflect the political balance of the local constituency.

### **The role of Local Involvement Networks (LINKs)**

LINKs are the bodies with statutory responsibility for ensuring the voice of patients, service users and the public are heard. LINKs cover the same areas as county and unitary councils and are responsible for finding out what people want and for monitoring local services. They can make recommendations to the people who plan and run services and refer issues to HOSCs where they feel this is necessary.

## Appendix 1:

### Current number of empty beds

The table below details weekly the number of empty beds for the period January – March 2011.

<b>Week Ending</b>	<b>Total no. of beds available for older people</b>	<b>Total no. of empty beds</b>	<b>%of empty beds</b>
07.01.11	231	72	31
14.01.11	231	64	28
21.01.11	231	59	26
28.01.11	231	65	28
04.02.11	231	61	26
11.02.11	231	71	31
18.02.11	231	83	36
25.02.11	231	82	35
04.03.11	231	79	34
11.03.11	231	75	32
18.03.11	231	66	29
25.03.11	231	63	27

## Appendix 2:

### Glossary of terms

We have tried not to use any jargon or unfamiliar words in this document. However, there may be some words you are not familiar with and may hear some of the following terms used in discussions about the proposals:

- **Acute**  
A disorder or symptom that may develop suddenly. Acute conditions may or may not be severe and they are usually for a short amount of time.
- **Assessment**  
A process to identify the needs of an individual and evaluate the impact of their condition on their daily living and quality of life.
- **Carer**  
A relative or friend who voluntarily looks after someone who is unwell, disabled or vulnerable on a part-time or full-time basis.
- **Commissioners**  
A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers.
- **Commissioning**  
The process by which commissioners decide which services to purchase and which provider to purchase them from.
- **Community mental health team (CMHT)**  
A team made up of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings.
- **Health Overview and Scrutiny Committee (HOSC)**  
A County or City Council committee responsible for scrutinising the details and implications of decisions about changes to health services, and reviewing the processes used to reach those decisions.
- **In-patient services**  
Services where the patient or service users stay in hospital, accommodated on a ward, and receive treatment there from specialist health professionals.
- **Local Involvement Networks (LINKs)**  
Responsible for ensuring the voice of service users and the public is heard. LINKs cover the same areas as county and unitary councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.
- **Memory Clinics**  
These provide assessment and ongoing treatment for people concerned about their memory.

- **Memory Matters**  
An eight week course that can be attended by service users and carers to help them understand and cope with their illness.
- **National Service Framework (NSF)**  
A set of quality standards and best practice guidelines for services developed by experts and issued by the Department of Health.
- **Primary Care Trust (PCT)**  
Organisation responsible for identifying the health needs of local people and for commissioning (which means arranging and purchasing) these services on their behalf.
- **Service user**  
This is someone who uses health services. Some people use the terms patient or client instead.
- **Stigma**  
Society's negative attitude to people, often caused by lack of understanding. Stigma is a major problem for people who experience mental ill health.
- **Well-being**  
About living a meaningful and satisfying life which is defined by a person having control and input over their life.

# Feedback Form

## We want to hear your views

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

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

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

**Yes – Please give your reasons**

**No – Please give your reasons**

**Do you have any views on services we should develop in partnership with other agencies e.g. GP's, Social Services, Third and voluntary sector groups?**

**Do you have any thoughts or ideas on other things we can do to improve our older people's mental health services for local people?**

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

**Yes – Please give your reasons**

**No – Please give your reasons**

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

## About you

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

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

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

### Are you:

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

### Your age:

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

### What is your gender?

- Female
- Male

### What is your ethnic background?

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

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

**Please choose the option which describes your sexual orientation:**

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

**Would you describe yourself as having any of the following?**

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

**What is your religion?**

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

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

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

**Please return this form to:**

Freepost RSGC-BGJX-SRRB, Engagement Office, Sterne 8, Tatchbury Mount, Calmore, SO40 2RZ,

**You can also e-mail your comments to:**

engagement.office@hantspt-sw.nhs.uk

**or telephone:**

023 8087 4118