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Analysis of the feedback received from the Public Consultation on Older Peoples Mental Health Services covering Southampton and South West Hampshire

1. Introduction

1.1 This report analyses the feedback received as a result of the public consultation on the proposed closures of Linden Ward, a 17 bedded Functional ward (for people with severe depression, psychosis, schizophrenia or bi-polar disorder) and Willow Ward, an 18 bedded Organic ward (for people with a dementia) both based in the Tom Rudd Unit on the Moorgreen Hospital site, West End, Southampton.

1.2 The purpose of this report is to collate the various formats of feedback received, analyse this feedback and summarise key themes.

2. Background

2.1 Following a period of extensive engagement which included conversations with Hampshire Health Overview and Scrutiny Committee, Southampton Health Overview and Scrutiny Panel (formerly Scrutiny B panel), written and verbal briefings to GPs, Local councillors, Local Authorities, LINks (Local Involvement Networks) and Voluntary Organisations, together with service users, carers and our staff, the public consultation ran for six weeks from 9 May 2011 until 17 June 2011.

2.2 As a direct result of feedback received during engagement which made it clear people wished for events to be held within the areas most likely to be affected, five public events were held as follows:

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

2.3 The consultation was also publicised via local media e.g. Daily Echo, GPs, local councillors, local authorities, the Trust website, to all local NHS organisations, MPs, circulation of email and flyers to voluntary and third sector organisations, Local Involvement Networks (LINks) etc.

2.4 Attendance (excluding Trust employees) at each public event was:

- West End 21
- Romsey 5
- Southampton 6
- Dibden Purlieu 3
- Hamble-le-Rice 9 Total: 44

2.5 Responders to the consultation had a variety of formats in which to provide feedback. These were:

- During Q&A sessions at the public events
- During a bespoke Q&A session with the Eastleigh and Southern Parishes Older People's Forum, West End
- During a bespoke Q&A session at the Tom Rudd Unit for Eastleigh Borough Council (EBC) members
- Completion of the feedback form at a consultation event
- Completion of a downloaded feedback form via the Trust website
- Writing to the Engagement Office using the freepost address
- By e-mail to the Engagement Office e-mail address
- By telephoning the Engagement Office

3. Analysis of feedback

3.1 Feedback was received as follows:

- Seven Q&A session write ups
- Seven feedback forms
- Four replies via e-mails and letter

3.2 The formal public consultation was preceded by a significant amount of engagement work which had sought views on the provision of services for older people with a mental health diagnosis. Feedback received from this engagement work was included within the consultation document and had shaped the proposals that were put forward.

Q&A sessions

3.3 The summary of the Q&A sessions and five detailed write ups are contained in the attached Appendices (1 – 10).

3.3.1 The above mentioned write ups have been summarised and categorised within the summary document, reflecting feedback which was received from carers, service users, general public and organisational representation e.g RCN, EBC, Solent Mind, Carers Together.

3.3.2 Carers expressed:

- Early diagnosis was key
- A need for improved follow up
- A need for improved support
- The need for the service to find uncomplicated ways of engaging with other professional and voluntary sector agencies
- A need for more 'joined up' thinking to include social services

3.3.3 Service Users expressed:

- A need for early diagnosis
- Better information and sign-posting to other forms of support
- GPs need to be more person centered and use sign-posting to other forms of support
- A need for regular follow up
- Staff need to listen more and explain more
- A need for information to be shared with them and relevant others
- A wish to be more involved with discussion around their options

3.3.4 General Members of the Public expressed:

- Concern for those living alone
- GPs need to learn to be less afraid of people with mental health problems and like them more
- GPs need to ask more questions re lifestyle and wellbeing as well as questions about physical health
- A need to increase involvement of services users in their options
- A need for early diagnosis and increased follow up
- A need for people to remain independent for as long as possible with support to family and friends to achieve that
- GPs to support carers groups in the community
- Nurses to recognise mental health problems sooner
- A need for increased awareness in the community of what support can be offered

3.3.5 Organisational representatives (e.g. Third sector, voluntary sector) expressed:

- Administration needs improving (if more care in the community is to be successful)
- People need to know the ways they can express concerns when anxieties arise
- Concern for those who would need transport from rural areas
- A need to share information between professionals
- How will the changes be monitored and evaluated
- Concern for staff if redundancy is likely
- Concern at the potential loss of experience and expertise
- Was there an intention to increase staff working in the community
- What additional training for staff will there be
- Will psychiatric liaison in Acute hospitals increase

Feedback

3.4 Four questions were included within the feedback forms. The summary from returned feedback forms is outlined in Appendix 9:

Pam Sorensen – Head of Consumer Experience and Engagement
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June 2011

Appendix 6.1

Analysis of the feedback received from the Public Consultation on older peoples mental health services within Southampton and South Hampshire

Summary and Analysis from Q&A sessions (5 Public Consultation Events, 1 Eastleigh & Southern Parishes Older Peoples Forum, 1 EBC meeting)

Questions posed to presenters	Initial Trust response at Public Event
Public Events	
- Could we have further clarification of the use of the Tom Rudd Unit?	- There are currently two in-patient wards, a base for the multi-disciplinary community mental health team, an out-patient facility which holds various different clinics, the base for the Memory Services and the Research Centre. The proposal is to close the two in-patient wards and use the Western Community Hospital as an alternative.
- What is the current use of Western Community Hospital?	- Western Community Hospital currently has Adult Services with 'older people'/ Physical health beds e.g. Stroke . OPMH has three wards there with a high majority of these beds are not used. Our proposal is to bring the in-patient service together so that they are used most efficiently.
- Who employs the staff that work at the Western Community Hospital?	- Our staff are employed to work at the Western Community Hospital.
- Could we have more clarification of the commitment to provide travel?	- It has not yet been confirmed and ideas are welcome. We organised a similar service in Andover when services changed there. We are open to solutions and have got a commitment to our patients to make it easier for them. We have opened discussion with Eastleigh Borough Council and wish to work with them in an effort to minimise cost and inconvenience.
- How much of the savings from closing the wards will actually be re-invested?	- Our service has a requirement to make 20% savings similar to all government departments. Our main focus is on efficiency and quality and with this in mind we need to develop priorities. Some of the money has already been spent by introducing new services. I can confirm a lot will go to towards reaching our target savings.
- How does Early Diagnosis fit in the financial situation?	- Early diagnosis has been recognised in the Dementia Strategy and it is recognised it is not being diagnosed early enough. Inevitably this could have an impact on the drug budget, with expensive drugs being prescribed earlier, but it has to be understood that it is not all about medicating patients. There are other therapies, help and support.
- When will we see results?	- To develop an ideal gold standard service is beyond reality. Unfortunately, prioritisation is required. We use the information gained through engagement to see where to focus our energy. We are trying to get the best value for money out of limited resources.
- Home treatment is good but will the support be there for those that need it?	- All of our services are free. We need to be aware that we cannot change the government demands and savings.

- How do we know that the community services provided will meet the needs required?	- Currently evaluation of the Andover Redesign of Services shows a good response e.g the number of emergency admissions from nursing homes is practically zero following the introduction of dedicated liaison from the team.
- The argument is well made, however, where does the money come from? And will the money saved follow patients into the community?	- An important challenge is how the Trust and its partners steer their way through these difficult financial times - there is no easy solution. Concern about the future of our growing aged population has driven the Trust to think hard about what resources are available and how they can be used efficiently. One of the ways is the use of early diagnosis to keep people as well as possible for as long as possible and to stop people losing their independence and being admitted to hospital.
- If someone gets referred to Linden ward because they are ill, in 3 to 4 weeks they will be back in the community. Where will they go if the ward is closed?	- Although the two wards at the Tom Rudd Unit will close, if someone needs to go into hospital they will go to the Western Community Hospital which has three specialist mental health wards and is situated on the west side of the city.
- Will there still be sufficient bed capacity?	- Anybody who needed an acute psychiatric admission would get one. The Trust knows that it has ample capacity.
- What publicity was there for these meetings?	- A large mail out was undertaken and five public events arranged. It was specifically focussed on this area. Flyers inviting people to these events were sent to all main stakeholders, local councillors and local voluntary organisations. Information was also in the local press.
- Is the name change to help 'pull the wool' over the public's eyes?	- No. It is important to focus on what was trying to be achieved. The services offered to service users by Southern Health FT have come on leaps and bounds but there is still more that the Trust wants to do. It is important not to be distracted by the name change.
- Are Community Health Teams going to be divided up?	- It is not the intention that the CMHT for OPMH will merge with physical health teams – they are both specialist services responding to different needs.
- Which southern parishes had been engaged with?	- Meetings have taken place with Eastleigh Borough Council, at which there was representation from southern parishes.
- Are there good links with the councils? Are you knitted together well enough?	- NHS Southampton City has given £3.2 million to the local authority for the provision of re-ablement services. Some of that money would be to support people to have 6 weeks of free care to support them at home for older people with dementia and mental health problems. It was agreed that working together is very important. One of the things Southern Health is doing is looking at the services they have been providing for a long time and checking if they are really getting value from them.
Eastleigh & Southern Parishes Older Peoples Forum	
- Can we have a chart that shows where the different NHS organisations sit because it is confusing for older people?	- It was agreed an organisational structure chart for the NHS would be sent to the Forum but it was highlighted this was subject to change following the recent 'White paper' proposals.
- Transport is an issue. How will you support those who need to travel to The Western?	- Transport was a concern being raised during engagement and consultation. Early discussion has taken place with Eastleigh Borough Council with a view to working with their transport services and supporting some funding. There is a real commitment to supporting those for who travel would cause difficulty.

- How will you work with services provided by the councils? - How will people on their own access the Memory Matters service? - By closing the wards aren't you forcing people into having to pay for Care Homes?	- It was agreed that in the difficult financial climate we are all facing it was even more important that we worked more collaboratively with colleagues, not just in councils but with third sector and voluntary organisations. There are already good examples of this in the Trust and there is a commitment to build on that. - It is recognised that we need to look more closely at how people access different NHS services and work more closely with GP and other primary care colleagues so that potential problems can be highlighted sooner. This was especially important for people who lived alone. - The wards at the TRU are intended for those who need assessment and are not intended as long stay wards. Closing the wards will not mean that we are forcing people into care homes which they may need to pay for. In addition, we are confident that for those who need admission for assessment, there are enough beds at The Western or at Melbury Lodge.
Eastleigh Borough Council (EBC)	
- Do the wards at TRU meet the single sex accommodation criteria? **-** Is there enough capacity at the Western? **-** Do Southern Health provide respite care and could they from this site? **-** Travel for carers is important. Will you provide it? **-** Are you underestimating requirements in relation to increased longevity? - If dementia is diagnosed earlier, won't that increase demand on beds? - How will you manage the relationship with HCC and adult social care when they are facing cuts and how much has been built into the planning if social services raise the threshold for access to support? - Will any staff be made redundant? - Will you ensure there is feedback post consultation?	- Yes but the facilities are not as good as those at the Western where there are single rooms. - Yes. We are confident there is enough capacity at the Western and at Melbury Lodge. - Southern Health does not provide respite care. Across Hampshire we have a small number of service users who have been in our beds for a long time and a decision was taken not to relocate them but staying in hospital is not ideal for service users. - We recognise from the feedback we have already received that transport will be an issue for some people who may have to travel further should relatives need admission. We are working with EBC to see how we can work with them to support those who may need transport. We are committed to this. - No. Whilst we know people are living longer we also know there is more we can do to prevent people having to be admitted. Increased services in the community, closer working with primary care colleagues and access to services such as memory matters will mean fewer admissions. - No. Increased early diagnosis will allow people to access services that will prevent deterioration. We will provide Memory Clinics in more locations and increase awareness of other services such as iTalk (talking therapies) which will help people at an early stage. - We recognise the difficult financial climate we are all working in and that it is even more important that we work more collaboratively with colleagues, including third sector and voluntary organisations. There are already good examples of this in the Trust and there is a commitment to build on that. - We hope that no clinical staff will be made redundant. Some people are taking the opportunity to move on but we feel there are enough jobs for those who want them. We have held posts open in other units for this purpose. - Yes. We will produce a report that will be available on our website and would be pleased to send copies to those whose details we have been given.

Appendix 6.2

Public Consultation Event 13 May 2011 12.30 pm – 2.30pm
West End Parish Hall, West End

Questions and Answers

Could we have further clarification of the use of the Tom Rudd Unit?

There are currently two in-patient wards, a base for the multi-disciplinary community mental health team, an out-patient facility which holds various different clinics, the base for the Memory Services and the Research Centre. The proposal is to close the two in-patient wards and use the Western Community Hospital as an alternative.

Our aim is to provide the best care for the people who need it, looking at the best practice for the needs of the population in that area. The current need for beds in that area is lower than the number we are providing. The reduction in the need has been as a result of developing high quality services in the community.

What is the current use of Western Community Hospital?

Western Community Hospital currently has Adult Services with 'older people'/ Physical health beds e.g. Stroke. OPMH has three wards, again a high majority of these beds are not used. Our proposal is to bring the in-patient service together so that they are used most efficiently.

Who employs the staff that work at the Western Community Hospital?

Our staff are employed to work at the Western Community Hospital.

I would like to highlight my concern that the contact with families maybe difficult due to travelling further

This has been recognised and a piece of work has been completed around mileage. It has shown that for some people it will be better and for some people it will be worse. Discussion will be held with local travel companies to see if we can organise a suitable arrangement. However we have started to provide services in the community e.g. local GP surgeries to meet needs closer to home.

Could we have more clarification of the commitment to provide travel

It has not yet been confirmed and ideas are welcome. We organised a similar service in Andover when services changed there. We are open to solutions and have got a commitment to our patients to make it easier for them.

It is very easy to be blasé. Admire the promotion of independency and helping people live in their own homes.

Respite provisions and day care centres, reduction in these adds more pressure on the carers.

Respite has been an ongoing problem. We are working with our partners to provide efficient respite care. However we do need to recognise that in the current climate this is almost impossible, what we would expect is that once savings have been made and services have been developed, we will then be able to focus more energy on these.

Carer support is vital to the recovery of a patient

There are accessible services which do work with both Carers and patients. There is an obvious need and we plan to have further discussions with Adult Services provided by Local Authorities.

How much of the savings from closing the wards will actually be re-invested?

Our service has a requirement to make 20% savings which is similar across all government departments. Our main focus is on efficiency and quality and with this in mind we need to develop priorities. Our total beds as a service are 232, every week it is shown that between 60-80 beds are empty which is a lot of wastage for the service.

It has to be understood that some of the money has already been spent by introducing new services. I can confirm a lot will go to towards reaching our target savings.

The number of empty beds has been the result of introducing other services and additional developments in community. Most of the savings have been from closure of wards across the NHS.

It has to be said that also we have been able to grow in numbers in terms of our medical staff. We will be appointing a New Consultant of Psychiatry which will impact on the services we are able to provide and response times.

How does Early Diagnosis fit in the financial situation

Early diagnosis has been recognised in the Dementia Strategy and is a challenge nationally. Dementia is not being diagnosed early enough. Inevitably this could have an impact on the drug budget, with expensive drugs being prescribed earlier, but it has to be understood that it is not all about medicating patients. There are other therapies, help and support. It is hoped that if we start treatment earlier the impact of the illness at the later stages will not be as severe.

We are aiming to do more partnership working with GP's to pick this up.

It has been highlighted that there are training issues at Southampton General Hospital in terms of 'general' staff recognising mental health problems. This issue has been ongoing for some years now.

We as an organisation fully agree and understand. We have implemented a liaison service, however the service can only see patients who have been referred to them.

Together with the commissioners we are in the process of putting together a training package for 'general' staff at Southampton General Hospital

When will we see results

We are waiting for confirmation and commitment of figures from our commissioners.

To develop an ideal gold standard service is beyond reality. Unfortunately, prioritisation is required. We use the information gained through engagement to see where to focus our energy. We are trying to get the best value for money out of limited resources.

I would like to note that there are things you can't buy.

We are pleased to hear Learning Disability may be using the site instead.

Home treatment is good but will the support be there for those that need it. I have experienced that there is only support if you pay for it privately.

All of our services are free. We need to be aware that we cannot change the government demands and savings.

Concerns about ill people being treated at home and not going to Hospital. Care at home does provide some uncertainties

If we go ahead with our proposals there will be enough beds to meet the needs of the population. No one who is assessed as requiring a period in hospital will be left at home.

Dr McCormack gave an example of a patient where hospital didn't seem appropriate even though the patient was very ill. The benefit of treating the patient at home gave them choice and some independence to do things that they enjoy doing in the comfort of their own home. However the negative is that the patients' carer is managing them 24/7. Hospital care would have been more beneficial for the carer, but not necessarily the patient.
The need for a balance between best of care with what we have was reiterated.

How do we know that the community services provided will meet the needs required?

Currently evaluation of the Andover Redesign of Services shows a good response e.g the number of emergency admissions from nursing homes is practically zero following the introduction of dedicated liaison from the team.

Andover MIND working in partnership is a positive partnership

We have a good wealth of evidence that this will work

The NHS has grown into a service that has moved from telling people what they need, to trying to work with and listen to people about what they want, however we are constantly striving to improve.

Need to think about and address the impact on carers. Carers are the experts.

Completely agree

Memory matters and memory clinics are very good. Services in the community, which services will these be?

Currently working with Adult Services to develop further partnership working with the carer assessments making them accessible across both services.

We are trying to develop interaction that can be recorded with both patients and carers.

Develop an effective comments and feedback method from patients and carers.

Hoping to develop carer involvement in care planning.

Hoping to have a better support system for carers so that they don't find out about support available to them by accident. There is a review of information (leaflets) taking place to ensure they are easy to read and straight forward.

Dementia advisor post was appointed in the Andover Redesign, hoping to develop a similar post throughout the other services.

I would like to confirm that adult services are happy to work in partnership with us but they are also in the same position as us in terms of having to make savings.

We are considering the 'single access point' between Adult Services and OPMH

There has been a project in Hampshire established for co-working and integration across services, which is proving to be positive.

Concerns are with Care Agency staff and their drug administration skills

Again this would be dealt with through our joint working with adult services.

A few years ago an Alzheimer's Survey was carried out amongst GPs. It showed that 30% of GPs didn't know how to refer a patient with dementia.

This is a strong issue and we are looking at educating GP workers (nurses, GPs, etc) to improve early diagnosis.

Appendix 6.3

Public Consultation Event 17 May 12.30pm – 2.30 pm
Crossfield Hall, Romsey

Questions and Answers

Which southern parishes had been engaged with?
Meetings have taken place with Eastleigh Borough Council, at which there was representation from southern parishes.

Is it the whole of the Tom Rudd unit that is being closed?
It is proposed that the two inpatient wards based at the Tom Rudd unit are closed and transferred to the Western Hospital in Southampton.

What will these two wards be used for?
The Learning Disabilities directorate are exploring the opportunity of using the wards as a unit for people with Learning Disabilities.

Tom Rudd is a stand alone unit with two inpatient wards, it also is the base of the memory clinic, memory research centre and community mental health teams. All these services will remain at Tom Rudd.

Concern was expressed about the rest of the Moorgreen Hospital site and that most people would expect to have health services provided from this site.

Dr McCormack informed that the main Moorgreen Hospital was not fit for purpose as an inpatient facility.

It would be better for outpatient services to be provided locally at Moorgreen, at present patients have to travel great distances to get outpatient treatment such as physiotherapy.

It was agreed that having treatment locally was always the best option, however due to financial constraints it was not always possible for this to be provided.

Admitting a patient with dementia to hospital can result in the deterioration of their condition and they can lose their skills to live independently very quickly. It is therefore always better, as far as possible, to keep people out of hospital in an environment they know well.

From the public's point of view do they think we are going to consultation and has the decision already been made?

Amanda Horsman stressed that the closure of the two wards at the Tom Rudd unit is a proposal within the consultation and a decision has not been made.

Diane Wilson from NHS Hampshire informed that there are very clear national drivers that bed based services do not improve long term health prospects for the vast majority of people.

What are the public going to get when the wards are closed? Will these sites eventually be used for housing etc and not for health services?

There is a proposal that the wards will be used for the assessment and treatment of people with learning disabilities who are currently receiving treatment out of area but are Hampshire residents.

Amanda Horsman agreed that these are really difficult times financially, not only for the NHS but also for its partner agencies. The expectation is to provide good quality services for less money.

There is talk about trying to get elected council members on to the various partner agency groups, which would be a good thing.

Dr McCormack informed the group that recently the Audit Commission looked at Older People's Mental Health (OPMH) services in Hampshire and Southern Health has more beds per population than most other OPMH services around the country. In comparison, Southern Health is also fortunate that it has well resourced community mental health teams. The Trust needs to see how it can best use the money it receives and there is a view that some could be taken out of underutilised inpatient beds.

From the clinicians point of view it is better if people live at home and it is better for people to stay in their own homes, but often the carers are elderly themselves and in reality social services are also being cut and will not be able to support the carers adequately.

Dr McCormack admitted that this is a dilemma. The population is living longer and that the likely number of people with dementia will grow significantly. As a community we need to work out how people can live their lives well with dementia. There is no way, neither is there a need, that beds can be provided for all dementia sufferers.

What happens if the carers become ill?

We recognise the essential role that carers make to the ongoing support of their relative. That is why, within the proposals we are enhancing support for carers and working with our partner agencies to provide as comprehensive support as possible for carers.

How early can you detect Alzheimer's?

Dr McCormack informed that at present in the population there are a group of people who have memory problems who health providers do not know about and this has been called the 'diagnosis gap'. Southern Health is working with the PCT's to look at how GPs and community nurses can be trained to pick up on people who have a memory problem so they can be further assessed and treated appropriately.

Is there anything significant we can do about it?

There are treatments available that will help to prevent/delay more serious symptoms. There is also significant risk of other mental health problems such as depression or anxiety and these also need to be treated. Looking after your heart and circulation may contribute as you thrive better if you look after your physical health.

Southampton is running a group for people with mild cognitive impairment, who do not have established dementia, to help them understand why their brain changes. This is one of a number of services that Southern Health provides.

Providing all these services at home is a good thing, but would it be possible to reduce the number of different people who provide these services as this can be distressing and confusing for the patient?

Dr McCormack accepted that it was better for the patient to build up a relationship with their support workers and that they can become distressed when support workers are ill or on holiday. Working more closely with partner agencies is one of the priorities of the development of community services.

Appendix 6.4

Public Consultation Event 18 May 5.30pm – 7.30pm
Central Hall, Southampton

Questions and Answers

Are there good links with the councils? Are you knitted together well enough?

Adrian Littlemore (NHS Southampton City) responded that their trust has given £3.2 million to the local authority for the provision of re-ablement services. Some of that money would be to support people to have 6 weeks of free care to support them at home for older people with dementia and mental health problems. They are working with Jane Brentor who is the services manager for Southampton City Council.

It was agreed that working together is very important when times are hard. One of the things Southern Health is doing is looking at the services they have been providing for a long time and checking if they are really getting value from them.

Dr McCormack said at the moment the trust is financing hospitals beds that are not being used and that it was the intention to offer a better level of community service and not waste more money.

How much of the resources are you going to put into preventative work around education and helping diagnose people and providing help with understanding the implications of dementia and mental health problems?

Amanda Horsman informed that one of the areas that Southern Health is particularly interested in are liaison services in acute hospitals. There are a number of people in acute hospitals whose mental health needs are not being diagnosed.
Southern Health has link workers in place who are able to pick up on the mental health problems of patients in acute hospitals.

Paul Hopper, consultant psychiatrist, said that one of the things we are guilty of is assuming people understand what older people's mental health services do and wait for people to contact us. Part of our role is going to be liaising with GPs and people in primary care generally to provide information and guidance.

A representative from Southampton Voluntary Services said that certain communities with mental health problems and dementia are 20 years behind counterpart communities and a lot of work needs to be done to help these communities to come to terms with all of the symptoms of the patient. She explained her own personal situation with her father who has Alzheimer's and that being part of a minority ethnic group some of the diagnostic tests used were not appropriate.

Dr McCormack responded with information regarding a national campaign called Time to Change, run by Rethink, which aimed to raise awareness of mental health problems. Southern Health is hoping to do a variation on the Rethink campaign to raise understanding and awareness of memory problems and mental health problems in older people, and break down some of the suspicion that surrounds it. Southern Health is hoping to begin this work in the coming months.

A representative of Age Concern informed the group they are planning to have a conference on dementia in September. In addition to that Age Concern are thinking about how they might get all the organisations together to understand what they all do and play to peoples' strengths so services are not duplicated. He said that there is a lot of benefit gained from people working together.

He said that Age Concern Southampton was not part of Age UK but was a separate smaller charity.

He explained that Age Concern has groups of volunteers that visit people in their own homes but sometimes they feel a little bit out of their depth and wanted to think about how these volunteers can work with the professionals. Volunteers need appropriate training in order to be able to signpost people to the right services. He informed that Age Concern were not equipped to provide proper support services for people with dementia or mental health problems and would like advice on training volunteers.

Amanda Horsman said that Southern Health provide the clinical part of the care but that this is only a small part of the support required for patients to lead every day lives in their own homes. There are resource implications in terms of what the voluntary sector can do especially with the changes in contracting and procurements and GP commissioning. It is just as important to keep these low level types of care resourced.

A meeting with Southern Health and representatives from Age Concern Southampton to discuss joined up working is being organised.

Dr McCormack gave an example of joined up working which is taking place in Andover, where they have in place a dementia advisor who is funded by Andover MIND.

The representative from Age Concern said that early diagnosis is very important and listening to what the person with dementia wants. He said that he had learned that people with dementia sometimes live in a different time zone and that you need a fundamental understanding of what it is like in order to help sufferers appropriately.

The representative from Southampton LINK said that GP's do have access to alternative tests that are appropriate for ethnic minorities.

The representative from Southampton Voluntary Services asked about the role of the GP in making people aware that there are certain conditions that can lead to the onset of dementia or Alzheimer's disease and being able to predict whether someone will get dementia. Is there anything that can be done with the data that has been collected?

Dr McCormack said that it would be great if we could get everyone to believe the messages given out about healthy living and the serious conditions that could be prevented by living a more healthy life. There are certain conditions that make people at a greater risk of developing dementia and looking after our hearts and circulation is one of the things you can do. Also raising awareness and engaging with people if they are concerned about themselves but not frightening people.

A member of the public asked if it would it be a good idea to call people in to have regular memory tests/check ups every year?

Dr McCormack said that GPs are referring more people and there will be a greater number of people with mental health needs in the future. It would not be practicable to see all people presenting with memory problems and it can be initially difficult to diagnose whether it was part of normal ageing process or something more serious. The process at the moment is that the GP will refer a patient that they are concerned about and if the assessment shows this is not a serious condition the patient would be referred back to the GP. If anyone is worried about memory or mental health problems they should go to their GP.

Dr McCormack said that a group for people with minimal cognitive impairment had been running locally to help them understand how you can live well with memory problems.

Dr Paul Hopper said for people with smaller areas of memory difficulty there are exercises to help improve function and there are other treatments that Southern Health provides.

The representative from Southampton Voluntary Services said that education is very important and raising awareness of prevention and managing the early stages of dementia.

Dr McCormack said that Southampton was fortunate that it had a memory research centre, part of which is a national research programme for brain tests. The research centre at Southampton is very active in looking at dementia and trying to understand what causes it and what is making it worse.

The representative from Southampton Voluntary Services expressed her concern about staff in acute hospitals being trained in being able to recognise whether a patient has dementia.

Sandra Craddock, Modern Matron from Southern Health, responded that Southern Health is looking into how colleagues in acute hospitals can be trained to recognise the signs and symptoms of dementia and provide basic care for patients. Dr McCormack said that very often symptoms are not recognised until a longer conversation is had with the patient so it can be difficult to tell whether someone has dementia at first. The provision of some training for staff in acute hospitals is one of the things being worked on in conjunction with Southern Health's commissioners.

The representative from Southampton LiNks asked about treating people in the community and the use of the Mental Health Act Community Treatment Order and Guardianship.

Dr McCormack responded that the use of community treatment orders, where patients are treated in the community under stringent conditions, and guardianship is very limited. Managing the risk for people with dementia is something discussed with the family and patient in order to decide whether the risk to that person outweighs the benefits of staying at home. When the risk outweighs the benefits then 24hour supported living could be an option.

Appendix 6.5

Public Consultation Event 23 May 5.30pm – 7.30 pm
St Andrews Centre, Dibden Purlieu

Questions and Answers

A representative from Your Voice Advocacy said that whilst she was on board with the principle of what Southern Health was trying to achieve, by providing more community services, there were some issues that she would like to pick up.

Feedback she had received back from people who have stayed at the Western Hospital is that it is very noisy and echoed when people moved about etc. This can be very disturbing.

Michelle Edwards thanked her for that information and said that a solution to reduce the amount of noise would be looked into.

The representative from Your Voice Advocacy highlighted the difficulty in obtaining Continuing Health Care (CHC) funding. She said that the checklist is mostly around physical assessment and there is not much included about the difficulties of dementia. She asked if this could be made easier.

Adrian Littlemore, commissioner for OPMH services for NHS Southampton City informed that CHC guidance is national guidance and has national formats that NHS Southampton City cannot vary. Mental health problems are taken into account but physical health assessment is more significant.

The representative from Your Voice Advocacy asked if there were enough quality nursing homes available in Southampton.

Adrian Littlemore responded that as a city Southampton has contracted with BUPA to set up a nursing home, and as it is new there have been some 'teething' problems. He said that he believed that working in partnership with BUPA the quality of care could be improved. There is also money being invested in re-ablement funding. This works through social care services after hospital admission. There will be rehabilitation staff to assess the right kind of package of care for people and handover to long term care.

Dr McCormack said that she agreed that Continuing Healthcare was a bit of a minefield. She said that Southern Health would continue to work together as professionals within the set of rules to ensure that decisions are made in a timely manner.

Diane Wilson agreed that it was a very bureaucratic process and the test is a primary need for health care but there is no guidance about what that is. NHS Hampshire no longer make decisions about the long term care of patients while they were still in hospital but have re-ablement beds where they can be assessed more effectively.

A member of the public said that, whilst he had a lot of respect for the degree of professionalism in mental health services he felt that there was a level below that. He gave an example of an elderly lady who could not make her GP understand the problems she was having. He felt that this problem needed to be solved more effectively and that GP's do admit that they are not as well informed as they could be on mental health matters. He also expressed concern about the introduction of PBC's if GP's were not better informed about the mental health system.

The same member of the public went on to say that he had experience of somebody with hearing problems who received different types of hearing aids from different hospital authorities, one was not appropriate but the other one was just what was needed. He expressed concern that different levels of care would be received from different hospital authorities.

Dr McCormack said that these were important points. She explained that if you look across the country there is a difference between the number of people that are known to have dementia and the estimated number of people who have dementia. This continues to be a problem and is called the 'diagnosis gap'. The average GP sees a very small number of people who have dementia and mental health problems in older people may not be uppermost in their minds. The difficulty is that sometimes there are other illnesses such as depression and anxiety that may not present themselves in the same way in an older person as it does in a young adult. Alerting staff in primary care to the possibility of mental health problems in older people is something Southern Health are trying to work towards.

Dr McCormack gave an example of how it may be possible to help recognise mental health difficulties in older adults by explaining a scheme that has been introduced in Oxford which was trying to identify alcohol problems in older adults. This is done by asking questions when people come in for their flu jab and this can help pick up problems.

The member of the public said that talking about mental health problems can help to reduce stigma and increase understanding.

Dr McCormack told the audience about the government's Time to Change (TTC) campaign which aims to reduce stigma around mental health and said that Southern Health have a TTC campaign manager. This campaign, however, does tend to focus on working age adults and she said that Southern Health were looking at undertaking a similar campaign highlighting mental health problems in older adults.

The Southern Health governor said that people do not want to go to their GP and admit that they have a mental health problem.

Dr McCormack informed the group that a project has recently started in Southampton. A group has been set up in conjunction with commissioners, for people with minimal cognitive impairment. This is a professional term for people with minor memory problems and aims to help people understand what is causing their memory problems and what they can do to keep their minds active and keep themselves physically well.

The member of the public said that there may be more stigma about mental health problems for people from deprived backgrounds and therefore the mental health services are not as good.

Dr McCormack responded that there will be people who do not have contact with the health services because of their deprived situation and they tend to use health services less than people who are more articulate. These people are sometimes termed as 'hard to reach' and as a trust we need to help them feel that they can ask for help.

The representative from Your Voice Advocacy asked if the Community Health Teams were going to be divided up?

Dr Mc Cormack responded that Dr Paul Hopper, Clinical Director for Southampton OPMH, is looking at the way we organise services around Southampton because they are working to have one inpatient unit and manage the medical staff differently. The Trust will ensure that the community teams are working in conjunction with physical health teams.

Adrian Littlemore said that NHS Southampton have a virtual wards service which is a hospital like service based around GP practices.

Jane Elderfield said that it is not the intention that the CMHT for OPMH will merge with physical health teams – they are both specialist services responding to different needs.

The governor representative said that she was in agreement with the way forward that the Trust was taking and was pleased that progress towards the goal of better community services was being made. She went on to describe a situation that occurred last week at a group where she was giving a talk about Time to Change and the stigma that surrounds mental health problems. One lady told her how she had kept the fact that her husband had dementia hidden and how it would have helped to be able to talk about it.

The governor representative said she endorsed everything that had been said at the meeting.

The member of the public said that there had been a heated discussion at a PBC meeting about the adult commissioning and older peoples commissioning side of health care. He did not think that the care that younger people received should be different from the care that older people received but that older people had very different needs to those of the younger population.

Dr McCormack responded saying that this was a timely statement and that there has been quite a lot of information lately about services being ageless and that do not discriminate on age. There is a piece of work being done with colleagues in Adult Mental Health to look at what is a 'best fit'. For example, AMH colleagues have far more experience of conditions like schizophrenia, so should the patient come over to OPMH services just because they have reached their 65th birthday? Dr McCormack posed the question; what is the best way of providing really good health services that do not discriminate on the basis of age and use resources really efficiently?

Jane Elderfield said this project had not started yet and it was not straight forward. It will be looking at the care pathways.

Appendix 6.6

Public Consultation Event 26 May 5.30pm – 7.30 pm
Hamble Village Memorial Hall, Hamble-le-Rice

Questions and Answers

I understand that people are getting help in their own homes but the price is going up. A friend of mine who has someone come in twice a day has just received a letter informing her that the price will be going up.

Dr McCormack responded that all of the services provided by Southern Health FT are free and community staff do go into peoples' homes to provide treatment and support. For the provision of help with daily activities, such as washing, dressing etc, Adult Services have to work within a very constrained budget. There is general concern by everybody that people will have to pay more but it would be the same if that person went into nursing care.

Adrian Littlemore said that there is a national review of long term care and how it should be structured and what support should be provided by the State.

A representative from Eastleigh Southern Parishes Older People's Forum (ESPOPF) said that they had received a presentation and a workshop about this consultation. The argument is well made, however, where does the money come from? And will the money saved follow patients into the community? She made the following points:

1. **This is yet another new organisation**
2. **The effect of demography shows using services are a real issue**
3. **It is interesting that what Southern Health FT is proposing reflects a general trend in the whole of the NHS**
4. **Do we pay for community services?**
5. **Research has been done by ESPOPF called Pills and Perils which showed that people could not push the pills out of the packet - this needs to be seriously looked at.**
6. **Another research project was called 'In the Dark' which was research into how older people get information and how it is presented. This should not be by another leaflet.**
7. **Respite care - carers need respite care and need respite that is safe. What are the plans for respite care for people with learning disabilities and dementia?**

Dr McCormack responded that the National Health Service (NHS) has been providing respite care less and less over the last few years. Twenty years ago there were big hospital wards for respite, but what has been realised is that not all people who needed respite care actually needed hospital care. There has been a consistent move, in conjunction with Adult Services, towards providing respite care in nursing and residential homes. The concern now is - what care is available, and at what price? Dr McCormack agreed that it was very important that carers/patients who needed respite care were able to access it.

An important challenge in the next three to four years is how the Trust and its partners steer their way through these difficult financial times and there is no easy

solution. When the national dementia strategy was published the suggestion was that there would be money available for the implementation of this strategy. No one has given the NHS any extra money. Concern about the future of our growing aged population has driven the Trust to think hard about what resources are available and how they can be used efficiently. One of the ways is the use of early diagnosis to keep people as well as possible for as long as possible and to stop people losing their independence and being admitted to hospital.

Comment - the support available is like "pie in the sky" and it is just not available. What happens to people who cannot pay for the support? He quoted an example of carers who attend to a neighbour of his. They come four times a day for 10 mins each time and must spend a lot of time travelling around. He said he thought that the Trust was showing a rosy picture of things and that Southern Health FT should realise things will be a lot worse than suggested.

Dr McCormack said that the realisation is very hard for staff at Southern Health FT too. There are things that the Trust would want to do if it had the resources available. Dr McCormack described the work that had been taking place developing OPMH services in the Andover area. She explained about the role of the dementia advisor who is funded independently by Andover MIND. The advisor works with all the Trusts partners to help identify people in the community who are having memory problems. She is proactive in finding out what help is available and what benefits might be available for them.

Dr McCormack acknowledged that the Trust would not be able to do everything it wanted to in an ideal world; however she acknowledged that some things could be done better.

Comment - with the increasingly aged population the resources are not being up graded.

Dr McCormack responded that Southern Health FT is looking at the prediction of the demographic data of the population in Hampshire and trying to see what the Trust's services would look like. The New Forest has very little predicted growth in the population but in the north of Hampshire there is a high growth predicted. The Trust needs to build a service now that will provide what is needed in 5 to 10 years time.

A member of ESPOPF and the Alzheimers Society said that for people like her the future was a very frightening prospect with a difficult illness that is so progressive.

Dr McCormack agreed and said that not very long ago if people went to the doctor complaining about their memories it was a common response that loss of memory came with getting old. There is still quite a lot of fear and stigma around memory problems and this is why people do not come forward. There are positive things that people can do to combat symptoms of dementia and keeping a healthy heart and circulation is important. The Trust runs a group for people with minimal memory impairment where patients are encouraged to use the healthy part of their brain to get around the memory problems they have.

Amanda Horsman said that the outpatients and memory clinic areas of the Tom Rudd Unit have been refurbished and there is designated patient parking. It would be a nonsense to move these services away from this site. As well as seeing people on site Southern Health FT staff are working for a high proportion of their time with people in their own homes.

Comment - when land is sold off it is gone for good.

Dr McCormack confirmed that Southern Health FT will continue to run outpatient services from the base at the Tom Rudd Unit and it is just the two inpatient wards that the Trust is proposing to close. If the plans go ahead for use of the wards for assessment of people with Learning Disabilities there is even greater reassurance that the Trust will keep clinical services at the Moorgreen Hospital site, in addition to the OPMH services which will remain there.

Comment by representative of ESPOPF - the dementia advisor would be a preferred way of communicating information to older people. The 'In the Dark' research showed that the best way of getting information to older people was by face to face communication.

Gilda Newsham, Governor from Southern Health FT, said she had been working with the Alzheimer's Society for 13 years and that it has been a pleasure to work in liaison with the health services and other groups. The Alzheimer's Society she is associated with provides a befriending service which can help people suffering with dementia stay in their own homes. She added that because the volunteers are not part of Adult Services they are accepted more and are good listeners. The Alzheimer's Society runs courses for new volunteers on how to listen. She said that what people want is a responsive service. It is important to work in partnership with residential and nursing homes as respite can be found locally in one of these homes and is something for the future.

Amanda Horsman described the service in Andover which has a psychiatric nurse who provides advice and support in nursing homes. The excellent work this nurse does has resulted in a reduction in the number of people having crises and therefore patients not being admitted into hospital. She said that this role needs to be implemented in this area as well.

Question - Is it possible to improve the status of nursing and residential homes as the places that are available vary so much. There should be guidance and training for management and their responses should be audited. There should not be patients in homes that are not appropriate.

Dr McCormack informed the audience that the Trust is just starting a piece of work at Oaklands Nursing Home, which caters for the mental and physical health needs of patients. The work is about the use of medication and the impact it might have on the quality of life of individuals, this would include how medication is reviewed, what else goes on during the day and the type of training care staff have.

Question - is there any training for carers in homes? Are they qualified?

Diane Wilson responded that nursing homes are regulated by the Care Quality Commission. Hampshire County Council provide training right across nursing, residential and rest homes, but turnover of staff is quite high. There is a massive programme of work right going on across Hampshire.

A member of the audience said that an example of the nursing home is BUPA. It pays a lower rate than other nursing homes and then staff move on once they are trained.

Diane Wilson admitted that there is an issue about how they can keep trained staff.

Comment - these individuals are hard to find and the problem is growing. They asked if the carers that are employed had to do training/qualifications.

Dr McCormack responded that these staff are required to keep their registration up-to-date and would be trained in patient care.

Question - how much do carers in nursing/residential homes learn about mental health problems?

Dr McCormack acknowledged that there are concerns about how staff in acute hospitals recognise that patients have mental health problems and that mental health problems, in general, can remain hidden. When people are depressed they may not tell anyone and it is not necessarily obvious that they have a mental health problem. Care staff in residential homes and acute hospitals also face this challenge. Southern Health FT would like to increase the awareness of mental health need, including both memory problems but equally importantly, of anxiety and depression amongst staff working in acute hospitals which would improve the chances of knowing how to help that individual.

Gilda Newsham said that there is training available for staff at residential and nursing homes in the New Forest through the Alzheimer's Society. She agreed that there needs to be consistent training throughout the area. Although care provision has improved a lot in residential and nursing homes there is a long way to go and it needs to be more consistent. The challenges in Southampton are that there is a high concentration of nursing and residential homes and it would be a big task to make a major impact.

Comment - there are a lot of things available to go to through the Alzheimer's Society for people who live at home that are not available in a care home.

Gilda Newsham responded that there are things available in some care homes but she agreed that not all of them provide the services they could.

Question - Is there an increasing role for the private sector in terms of providing services?

Diane Wilson responded that, whether it is a private health provider or the NHS the funding still comes from the same place. All commissioners are encouraged to look at a range of providers. NHS Southampton City and NHS Hampshire are choosing to purchase (commission) services from Southern Health FT.

Question - If someone gets referred to Linden ward because they are ill, in 3 to 4 weeks they will be back in the community. Where will they go if the ward is closed?

Dr McCormack said that although the two wards at the Moorgreen Hospital will close, if someone needs to go into hospital they will go to the Western Community Hospital

which has three specialist mental health wards and is situated on the west side of the city.

Question – Will there be still be sufficient bed capacity?

Dr McCormack responded that the Trust has looked really carefully at the proposals and anybody who needed an acute psychiatric admission would get one. The Trust knows that it has ample capacity.

Amanda Horsman said that Southern Health FT is talking with Eastleigh Borough Council about what to put in place regarding transport difficulties to the Western Community Hospital.

Dr McCormack said that the Trust had looked very carefully at the services it provides compared to other providers around the country. OPMH has a high number of inpatient beds and has more than most other providers, it therefore makes sense to take some of the finance out of these beds.

Comment - One of the audience said that when her sister was in hospital and was admitted to the wrong ward MENCAP intervened and helped find a more appropriate place for her to be this was an example of how important it was that the voluntary sector work with the NHS.

Question - what would you like us to write on the feedback forms?

Dr McCormack said it was important everyone writes down what they think. She added that professionals have to careful that they do not assume they know what patients/public want. What works depends on the area, and what works in one community may not necessarily be appropriate in another one.

Comment - A member of ESPOPF said she was encouraged by the hard work and the thinking that was going into the proposals and the fact that the Trust was listening.

Question - What publicity was there for these meetings?

A large mail out was undertaken and five public events arranged. It was specifically focussed on this area. Flyers inviting people to these events were sent to all main stakeholders, local councillors and local voluntary organisations.

Question - Is the name change to help 'pull the wool' over the public's eyes?

Dr McCormack said no it wasn't to try and confuse people and that the NHS is constantly changing. She said it was important not to worry about the changes but focus on what was trying to be achieved. The services offered to service users by Southern Health FT have come on leaps and bounds but there is still more that the Trust wants to do. It is important not to be distracted by the name change.

Comment - Pam Sorensen came to do a workshop at the Eastleigh and Southern Parishes Older People's Forum and I asked for a structure chart showing the different parts of the NHS and where different trusts sit. It is important that we know who to contact if there is an issue to address.

Amanda Horsman said she would follow this up.

Appendix 6.7

Eastleigh Southern Parishes Older Peoples Forum
17 May 2011

Questions and Answers

- Can we have a chart that shows where the different NHS organisations sit because it is confusing for older people?	- It was agreed an organisational structure chart for the NHS would be sent to the Forum but it was highlighted this was subject to change following the recent 'White paper' proposals.
- Transport is an issue. How will you support those who need to travel to The Western?	- Transport was a concern being raised during engagement and consultation. Early discussion has taken place with Eastleigh Borough Council with a view to working with their transport services and supporting some funding. There is a real commitment to supporting those for who travel would cause difficulty.
- How will you work with services provided by the councils?	- It was agreed that in the difficult financial climate we are all facing it was even more important that we worked more collaboratively with colleagues, not just in councils but with third sector and voluntary organisations. There are already good examples of this in the Trust and there is a commitment to build on that.
- How will people on their own access the Memory Matters service?	- It is recognised that we need to look more closely at how people access different NHS services and work more closely with GP and other primary care colleagues so that potential problems can be highlighted sooner. This was especially important for people who lived alone.
- By closing the wards aren't you forcing people into having to pay for Care Homes?	- The wards at the TRU are intended for those who need assessment and are not intended as long stay wards. Closing the wards will not mean that we are forcing people into care homes which they may need to pay for. In addition, we are confident that for those who need admission for assessment, there are enough beds at The Western or at Melbury Lodge.

Appendix 6.8

Eastleigh Borough Council Members 7 June 2011 7.00pm – 9.00pm
Tom Rudd Educational Room, Tom Rudd Unit, Moorgreen

Questions and Answers

- Do the wards at TRU meet the single sex accommodation criteria?	- Yes but the facilities are not as good as those at the Western where there are single rooms.
- Is there enough capacity at the Western?	- Yes. We are confident there is enough capacity at the Western and at Melbury Lodge.
- Do Southern Health provide respite care and could they from this site?	- Southern Health does not provide respite care. Across Hampshire we have a small number of service users who have been in our beds for a long time and a decision was taken not to relocate them but staying in hospital is not ideal for service users.
- Travel for carers is important. Will you provide it?	- We recognise from the feedback we have already received that transport will be an issue for some people who may have to travel further should relatives need admission. We are working with EBC to see how we can work with them to support those who may need transport. We are committed to this.
- Are you underestimating requirements in relation to increased longevity?	- No. Whilst we know people are living longer we also know there is more we can do to prevent people having to be admitted. Increased services in the community, closer working with primary care colleagues and access to services such as memory matters will mean fewer admissions.
- If dementia is diagnosed earlier, won't that increase demand on beds?	- No. Increased early diagnosis will allow people to access services that will prevent deterioration. We will provide Memory Clinics in more locations and increase awareness of other services such as iTalk (talking therapies) which will help people at an early stage.
- How will you manage the relationship with HCC and adult social care when they are facing cuts and how much has been built into the planning if social services raise the threshold for access to support?	- We recognise the difficult financial climate we are all working in and that it is even more important that we work more collaboratively with colleagues, including third sector and voluntary organisations. There are already good examples of this in the Trust and there is a commitment to build on that.
- Will any staff be made redundant?	- We hope that no clinical staff will be made redundant. Some people are taking the opportunity to move on but we feel there are enough jobs for those who want them. We have held posts open in other units for this purpose.
- Will you ensure there is feedback post consultation?	- Yes. We will produce a report that will be available on our website and would be pleased to send copies to those whose details we have been given.

Appendix 6.9

Response received to questions posed within the consultation document:

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

- Earlier diagnosis allows the carer/family to come to a gradual acceptance of the condition and time to resource organisations that provide advice/support whilst dementia is at an early stage. Some people are adverse to providing care. In such circumstances other forms of care in the community need to be accessed. Adequate sign-posting, information and awareness of outside funding (PPF or direct payment) are vital if care is to remain in the community and residential care settings avoided.
- Early diagnosis and improved follow up
- To maintain independence for as long as possible and to be looked after by friends and family for as long as possible.
- Having a mother with dementia, I know that early diagnosis and treatment are crucial. Support and care in home is important but so is recognising when home is not the safest or best option. There is too much pressure on relatives to provide the support and care. Cost also a factor.
- These conditions are life changing. Whether critical long-term or progressive, the services suggested are essential. Care at home may need to be intensive but I fear for those living alone. Quality of administrators at the top needs improving, management standards agreed and enforced, staff training improved and outcomes audited. A report back facility for staff, patients and families when anxieties rise. More transparency is essential, not 'confidential' secrecy and 'hush up'.

No – Please give your reasons

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

- In order to make Southern Health work as the needs of people increase and live longer, there is a need for GPs to become more 'person centred' in their dealings with older people and to sign post to the third and voluntary sector where appropriate. This is a time to utilize what we have, collaborate services and meet individual need.
- Keep all necessary groups informed of patient needs "share" information to get the best information for them.
- Carers groups set up in the community, supported by GP surgeries, social services. Improve training needs for GPs and practice nurses to recognise the mental health problems sooner and to know what support can be offered.
- More "joined up thinking". I am seeing the work load of the community psychiatric nurse at first hand. Before my mother's diagnosis, my father also had dementia and getting any help from social services (including emergency cover or respite) was difficult. Developing partnerships is fine. Action is what is needed.
- GPs need to learn to like people with mental health problems and be less afraid. Their introductory regime with all new patients should not only include testing and recording their physical stats, but friendly enquiries about sleeping, ex-service history and life style etc.

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

- Listen more and explain each condition. Concerned at what to expect from the prognosis. Stop wrong synopsises – explain medication and possible side effects. Follow up – follow up – and follow up again – older people need to feel they are cared about or they become extremely isolated and afraid.
- Get them to be involved opening their options.
- Increase the awareness in the local community of what can be offered.
- More visits by CPNs and/or support staff. Also to provide more day centre facilities at a reasonable cost to the user. More cohesion between mental health, Adult services, GP. (Budgets a problem!!). When a sudden problem occurs there needs to be some where family/carers can go for help (practical help not just kind words).
- Collaboration with the very well-informed voluntary sector could bring vast benefits. Social and self advocacy for the learning disabled; social and interest groups for early demented and depressed e.g. singing, craft, dancing and outings. Also opportunities for those with long-term mental health problems to be with others they feel comfortable with. People need people. I've seen all these work. They benefit subjects and carers and enliven them.

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

Yes – Please give your reasons

- I support more mental health care in the community. Institutilisation is not the answer, teaching and supporting peoples mental/physical health in the community empowers the person to live independently – but knowing support is there if one needs it. It also promotes public awareness and acceptance of mental health, eliminating ignorance and fear.
- More efficient and effective use of beds providing the services left are efficiently and effectively supported.
- I know Tannersbrook and would be satisfied to see community mental health residential beds transfer to the Western. Problems of getting elderly and frail carers and loved ones from across rural Hampshire to the Western Hospital Southampton must be taken on board in strictly financial terms.

No – Please give your reasons

- This does need to be monitored regularly or people may slip through the loop – again follow up is needed as needs increase and people live longer
- Linden Ward gave me breathing space and someone to turn to in a non judgmental way 24/7. Location handy for patients and visitors this side of Southampton.
- No. Not everyone can be treated in the community. A lot of older people live on their own and there comes a time when they cannot stay in their homes (sometimes only temporarily). I suspect even more pressure will be applied to family and carers. From my experience this leads to stress and illness within the family/carer. I feel very strongly that to close these wards is a retrograde step. More about money than what is needed.

Appendix 6.10

Analysis of the feedback received from the Public Consultation on older peoples mental health services within Southampton and South Hampshire

Summary of 'other' consultation correspondence received

Date received	Correspondence from and type	Comments
22 May	Carer - Email	In my opinion a lot of what is proposed is all about saving money. I accept there is always a case for efficiency and effectiveness savings but I am not convinced that this is what your proposals are demonstrating. I am in favour of trying to keep dementia sufferers in their own homes for as long as possible but the lack of help and support puts too much pressure on carers and families. I am against the closure of Linden & Willow Wards. I believe that there is a demand for these beds but that the demand is being kept in medical hospitals.
13 June	Royal College of Nursing - Letter	RCN Conclusions: There are a considerable number of staff at risk of redundancy if the proposal is taken forward. We are concerned at the potential permanent loss to the service and the Trust, of Nurses and Health Care Support Workers who have a considerable amount of experience and expertise. It is unclear how an increase and improvement in Community Mental Health services is to be achieved? Have the Trust got confidence that the other agencies refereed to in the document have sufficient resources to enable the provision of the services required by the potential increase for their services? How will the proposals, if implemented, be monitored and evaluated?
16 June	EBC - emailed report	The Council is particularly concerned for those patients and carers/family members who will have to travel greater distances as a result of the ward closures, not just for those who have the means (e.g. their own car) to make those journeys, but especially for those who rely on public transport. The Council is unhappy that the Trust has not been able to provide accurate mileage data,

		even though this was requested before and during the consultation. Revised and corrected data still needs to be provided. The figures so far provided indicate that the numbers of people affected negatively by the changes (i.e. those who would need to travel a greater distance to Western Community Hospital) are very small. Given the low numbers it should not be prohibitively expensive for the Trust to provide enhanced (i.e. subsidised) transport for patients and carers/family as discussed with representatives of the Trust. The Council agrees that providing services for patients and carers in their own homes and in community-settings is generally preferable to providing services in remote settings, as long as pathways of care for those in need of specialist, acute and inpatient care are not thereby made more difficult. Patients should be able to access the right level and setting of care at all times. This includes discharge from, as well as admission to, inpatient care; discharge from hospital must continue to be properly planned and implemented across providers and in partnership with patients and carers The Trust should invest the savings from the ward closures in those community settings, and demonstrate the shift in investment transparently. This is an area which the liaison group should be set up to monitor. The group should include representatives of Eastleigh Borough Council, GPs in Eastleigh borough, patients/services users/carers groups. More detail needs to be provided about the proposed alternative use of the ward space in the Tom Rudd unit. The Council supports many of the aspirations of the Trust in providing improvements to community-based services. However it is difficult to evaluate their effectiveness and impact without further detail, for example: (a) Where will extra clinics / Memory Clinics be provided? (They need to be accessible for people in Eastleigh's southern

		parishes) (b) Where improvements are based on raising awareness and closer working or support to other parts of the healthcare network (GPs, nursing and residential homes, the voluntary sector, adults services providers), what does that mean in practice? While closer integration between mental and physical health provision is to be much welcomed, it is expected that the institutional integration of the two Trusts since April 2011 could be a lengthy process leading to potential delays in benefits for patients. The Council has some concern for the 58 staff affected by the proposals, as many of them are local Eastleigh Borough residents. For those who are redeployed to other sites there will extra travel required. The Council takes mental health of its residents very seriously and already provides a range of services: Supporting the development and implementation of the Increasing Access to Psychological Therapies (IAPT)/i-talk service, including identifying premises, linking to BME (Black and Minority Ethnic) groups in the borough, such as the Asian Welfare and Cultural Association and Eastleigh Gurkha Nepalese Association Implementation of a mental health strategy Hosting an Equality and Inclusion Community Development Officer**,** which has led to the set up of the: Eastleigh BME Mental health and Wellbeing Network Providing a range of services which improve social, environmental and economic determinants of mental health: Countryside, Streetscene, Planning, Benefits, Economic Development, Community, Local

		Areas, Sports and Active Lifestyles, Community Safety. The Trust needs to work closely with Adults Social Care to ensure that there is access to good quality and responsive respite care.