

# Health Overview and Scrutiny Panel

Thursday, 29th June, 2023  
at 6.00 pm

## PLEASE NOTE TIME OF MEETING

Room

### Members

Councillor W Payne (Chair)  
Councillor Allen  
Councillor Finn  
Councillor Houghton  
Councillor Kenny  
Councillor Noon  
Councillor Wood

### Contacts

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# **PUBLIC INFORMATION**

## **ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)**

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

**MOBILE TELEPHONES:** - Please switch your mobile telephones to silent whilst in the meeting.

**USE OF SOCIAL MEDIA:** - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.

Details of the Council's Guidance on the recording of meetings is available on the Council's website.

## **PUBLIC REPRESENTATIONS**

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

**SMOKING POLICY** – the Council operates a no-smoking policy in all civic buildings.

**Southampton: Corporate Plan 2022-2030** sets out the four key goals:

- **Strong Foundations for Life.**- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- **A proud and resilient city** - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- **A prosperous city** - Southampton will focus on growing our local economy and bringing investment into our city.
- **A successful, sustainable organisation** - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

## **CONDUCT OF MEETING**

### **BUSINESS TO BE DISCUSSED**

Only those items listed on the attached agenda may be considered at this meeting.

### **RULES OF PROCEDURE**

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

## **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

## **DISCLOSURE OF INTERESTS**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

### **DISCLOSABLE PECUNIARY INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship  
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
  - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
  - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### **OTHER INTERESTS**

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes

- Any body whose principal purpose includes the influence of public opinion or policy

### **PRINCIPLES OF DECISION MAKING**

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

### **DATES OF MEETINGS: MUNICIPAL YEAR**

<b>2023</b>	<b>2024</b>
29 June	8 February
17 August	4 April
19 October	
7 December	

## AGENDA

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **2 ELECTION OF VICE-CHAIR**

To elect the Vice Chair for the Municipal Year 2023/24

### **3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **4 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **5 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **6 STATEMENT FROM THE CHAIR**

### **7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)** (Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 6 April 2023 and to deal with any matters arising, attached.

### **8 FINANCIAL UPDATE** (Pages 3 - 12)

Report of the Hampshire and Isle of Wight Integrated Care Board providing the Panel with an update on its work to improve the system's financial position.

### **9 PROPOSALS TO REDESIGN INPATIENT OLDER PEOPLE MENTAL HEALTH SERVICES** (Pages 13 - 46)

Report of the Scrutiny Manager recommending that the Panel utilises the attached appendices, and the discussion with invited attendees, to determine whether the

proposals to redesign inpatient Older Persons Mental Health (OPMH) services represent a significant development or substantial variation in NHS services and, if so, whether the proposals require further scrutiny.

**10 MONITORING SCRUTINY RECOMMENDATIONS** (Pages 47 - 54)

Report of the Scrutiny Manager enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 21 June 2023

Director – Legal, Governance and HR

# Public Document Pack Agenda Item 7

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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 6 APRIL 2023

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Present: Councillors White, Houghton, Noon, W Payne, Shields and Windle

Apologies: Councillor Guest

32. **ELECTION OF CHAIR**

**RESOLVED** that Councillor Payne be elected as the Chair for the remainder of the Municipal Year 2022 – 2023

33. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The apologies of Councillor Guest were noted.

The Panel noted the resignation of Councillor Professor Margetts, and the appointment of Councillor Windle in place thereof in accordance with the provisions of Council Procedure Rule 4.3.

34. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

**RESOLVED:** that the minutes for the Panel meeting on 9 February 2023 be approved and signed as a correct record.

35. **PROJECT FUSION UPDATE**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel considered the appended information relating to Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and Isle of Wight.

Ron Shields, Chief Executive, Southern Health NHS Foundation Trust; Isobel Wroe, Transformation Director, Integrated Care Board; and Councillor Fielker, Cabinet Member for Health, Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

**RESOLVED** That Project Fusion would return to the HOSP agenda in 2023/24 to consider the final business case. The report to the Panel would include performance targets and baseline data for Southampton and governance arrangements.

36. **SOUTHAMPTON CITY COUNCIL'S POLICY APPROACH TO FOOD**

The Panel considered the report of the Cabinet Member for Health, Adults and Leisure which provided the Panel with an overview of the Council's policy approach to food.

Dr Debbie Chase, Director of Public Health; Clare Edgar, Executive Director Wellbeing and Housing; Councillor Margetts and Councillor Fielker, Cabinet Member for Health,

Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

**RESOLVED**

- 1) That information relating to eligibility and the take up of free school meals in Southampton would be provided to the Panel.
- 2) That, following the reference to the potential for licensing policy to reduce obesity, food would be used as a test case for the Council's recently adopted Health in All Policies approach.
- 3) That an exercise would be undertaken, akin to the Pharmaceutical Needs Assessment, to identify the distance a resident was required to travel to access a retail establishment that sold 'healthy' food.
- 4) That the Cabinet Member would seek to ensure that resources will be in place by September 2023 to drive the sustainable food environment agenda forward in Southampton.

37. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.



<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	FINANCIAL UPDATE
<b>DATE OF DECISION:</b>	29 JUNE 2023
<b>REPORT OF:</b>	HAMPSHIRE & ISLE OF WIGHT INTEGRATED CARE BOARD

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director</b>	<b>Title</b>	Southampton Place Director
	<b>Name</b>	James House

<b>STATEMENT OF CONFIDENTIALITY</b>	
N/A	
<b>BRIEF SUMMARY</b>	
<p>This report provides a short update on the Hampshire and Isle of Wight Integrated Care Board (ICB) and its work to improve the system's financial position.</p> <p>At the request of the Panel's Chair, we will also be providing a verbal update in the meeting in relation to Community Solutions.</p>	
<b>RECOMMENDATIONS:</b>	
	(i) That the Panel notes the report.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To update the Panel on the financial position of the Integrated Care System.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	N/A
<b>DETAIL (Including consultation carried out)</b>	
3.	When our ICB was established in July last year it became the statutory organisation responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and transformation programmes to ensure the right services are delivered to people in our communities.
4.	The ICB sits within our Integrated Care System, in which partners continue to work closely together to better join up health and care services to improve the health and wellbeing of people in the communities we serve.
5.	Health and care partners across Hampshire and Isle of Wight have a long history of working together and with our population. We are determined to ensure this continues and is strengthened further to enable people in our communities to live healthier, longer lives.
6.	While we can be proud of what we have achieved to date, there is more to do. We face some significant challenges including complicated service pathways and unacceptable variation of services in some areas and we are not in financial balance. We are working hard, with local health and care partners, to address these challenges.

7.	<p>A major priority for our organisation over the next 18 months is addressing our system-wide deficit, bringing our system back into balance and ensuring that collectively we live within our means. There are many aspects to the explanation for our deficit, including:</p> <ul style="list-style-type: none"> <li>• A larger than average number of older people with multiple health conditions and complex health needs</li> <li>• Increasing workforce pressures</li> <li>• The costly duplication of some of our services</li> <li>• Significant fragmented service provision.</li> </ul>
8.	<p>The Integrated Care Board is taking a lead in cutting the system-wide deficit by making its own efficiency savings in each of the next two years. Our people are working differently, including working even closer with our partners across the local system.</p>
9.	<p>The drive for efficient, high-quality services means:</p> <ul style="list-style-type: none"> <li>• We are continuing to reduce inequalities to improve outcomes and enable people to live longer, healthier lives.</li> <li>• We are continuing to work in partnership to reduce the demand for urgent care by increasing our focus on avoiding unnecessary hospital admissions.</li> <li>• We need to get people into hospital quickly when they really need hospital treatment.</li> <li>• And we need to get them home again as soon as they are ready to go home.</li> </ul> <p>Further information and context can be found in the attached document.</p>
10.	<p>In Southampton, I am applying a set of principles to any decision we make. This is that any decision must first be considered in its clinical context. The quality impact on the city's residents must then be established, in addition to considering wider health inequalities and equity of access to services. We then explore other options for service provision and risk, before making a decision around any possible financial saving which can be made.</p>
11.	<p>Our overall budget for the city comes to circa £500 million, which means in Southampton we spend over £1m a day for the NHS in Southampton.</p>
12.	<p>Key areas of focus to bring us into financial balance includes prescribing, All Age Continuing Healthcare and our corporate budget.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
13.	N/A
<b><u>Property/Other</u></b>	
14.	N/A
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
15.	N/A
<b><u>Other Legal Implications:</u></b>	

16.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
17.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
18.	N/A

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Chief Executive Officer's report to ICB Board

**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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**Data Protection Impact Assessment**

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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**Other Background Documents**

**Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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## Integrated Care Board

### Board Meeting in Public – 7 June 2023

<b>Title of paper</b>	Chief Executive’s Report		
<b>Agenda item</b>	6	<b>Date of meeting</b>	7 June 2023
<b>Lead</b>	Maggie Maclsaac, Chief Executive	<b>Clinical Sponsor</b>	N/A
<b>Author</b>	Maggie Maclsaac, Chief Executive		
<b>Purpose</b>	To receive a report from the Integrated Care Board’s Chief Executive		

<b>Executive Summary</b>	
This paper represents the latest report from the Hampshire and Isle of Wight Integrated Care Board’s Chief Executive and includes an overview of key national and Hampshire and Isle of Wight developments.	
<b>Recommendations</b>	<b>The Hampshire and Isle of Wight Integrated Care Board is asked to receive and note the report from the ICB Chief Executive.</b>
<b>Please provide details of the risks associated with the subject of this paper (x-reference to the Board Assurance Framework)</b>	Not applicable

<b>Regulatory and legal implications (e.g. NHS England/Improvement ratings, Care Quality Commission essential standards, competition law etc)</b>
No direct implications
<b>Financial implications / impact (e.g. cost improvement programmes, revenue/capital, year-end forecast)</b>
No direct implications
<b>Specific communications and stakeholder/staff engagement implications</b>
No direct implications
<b>Patient / staff implications (e.g. linked to NHS Constitution, equality and diversity)</b>
No direct implications
<b>Equality and quality impact assessment</b>
No direct implications
<b>Data protection impact assessment</b>
No direct implications

<b>Previous considerations by the Board</b>
A report from the ICB Chief Executive is presented at every Board meeting.
<b>Background papers / supporting information</b>
Not applicable

## Hampshire and Isle of Wight Integrated Care Board

### Chief Executive's Report

#### 1. Patient Choice programme

Plans to give patients more choice and greater control over their own care were [recently announced](#) by Steve Barclay MP, Secretary of State for Health and Social Care on 25 May 2023.

Across the Hampshire and Isle of Wight Integrated Care System footprint, our partnership working is being strengthened to improve patient choice, in-line with the ambitions and actions set out in the [Elective Recovery Plan](#) and in the recent [letter from NHS England](#) on next steps.

#### 2. Primary care access

Access to primary care continues to improve across Hampshire and Isle of Wight, with latest figures published by NHS Digital showing that 990,958 appointments were held locally in March alone. This is an increase of more than 125,000 appointments compared to February 2023. Almost two thirds of appointments held in March were face-to-face, with 42.5 per cent of those being same day appointments. Last month the Government published a recovery plan for primary care and we are taking this important work forward.

#### 3. Hewitt Review on accountability of Integrated Care Systems

In December 2022 the Secretary of State for Health and Social Care, Steve Barclay MP, appointed Rt Hon Patricia Hewitt to consider the oversight and governance of Integrated Care Systems (ICSs). This [review](#) was published in April 2023 and made a number of recommendations. We welcome the review and await the response to the recommendations and next steps.

#### 4. Update on Hampshire Together

On 25 May 2023 the Government [announced](#) the next stage of its plans and funding for the New Hospitals Programme (NHP). We welcome the continued commitment to a new hospital for our region and await further details.

We continue to work in partnership with colleagues, partners, stakeholders, patients and the public in north and mid Hampshire to plan for a new hospital and there will be many more opportunities for everyone involved to contribute.

#### 5. Update on Hampshire and Isle of Wight Integrated Care Board progress and priorities

As we approach a year since Hampshire and Isle of Wight Integrated Care Board (ICB) came into existence, it is timely to share an update with the board on our progress and priorities for the coming period.

When our ICB was established in July last year it became the statutory organisation responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and

transformation programmes to ensure the right services are delivered to people in our communities.

The ICB sits within our Integrated Care System, in which partners continue to work closely to better join up health and care services to improve the health and wellbeing of people in the communities we serve.

Health and care partners across Hampshire and Isle of Wight have a long history of working together and with our population. We remain united in our vision to enable people in our communities to live healthier, longer lives.

## **5.2 Prevention, innovation and tackling health inequalities**

Since our Integrated Care Board came into being we have begun the journey of significant transformational change, working closely with partners across Hampshire and Isle of Wight to ensure greater efficiency and long-term sustainability of services.

We have developed programmes that will have immediate, direct and positive impacts for patients. For example, we have launched a pilot programme designed to tackle high blood pressure by providing free home monitoring machines that enable patients at risk to monitor their own blood pressure. This has the potential to save the NHS many millions of pounds by diagnosing high blood pressure early and treating it before it becomes a costly problem that blights peoples' lives.

Thousands of face-to-face, same day assessments have been held for patients with suspected acute respiratory infections thanks to 11 Acute Respiratory Infection (ARI) hubs in our communities. Patients are triaged by the GP practice or 111, and those with the most severe symptoms are escalated to hospital. Where appropriate patients can remain at home with support to monitor their own condition. Thanks to the hubs, more patients are receiving the care they need in a timely way, in turn helping to ensure services are more resilient and easing pressure on Emergency Departments.

Meanwhile more than 1,700 patients in our communities have received hospital-level care in their own home thanks to virtual wards across Hampshire and Isle of Wight. These patients have received care in "virtual beds" for health concerns ranging from falls to respiratory conditions. Virtual wards enable healthcare professionals to provide support and treatment to eligible people in the community, who would otherwise be in a hospital bed. It means these patients receive the care they need in their own home, or can continue their treatment at home following a stay in hospital where appropriate. We are proud to have the highest virtual ward capacity compared to all other Integrated Care Systems across south east England. This successful scheme continues to roll out across our communities.

Continuing in the spirit of collaborative working, teams from several partner organisations are working together to extend our innovative falls and frailty service designed to help patients avoid admission to hospital by going to their home and treating them there. Working from a specially designed vehicle that carries all the equipment the skilled staff need, they visit an average of five patients a day and ensure that on average four of them avoid an unnecessary trip to hospital.

## **5.3 Strategy, transformation and recovery**

While we can be proud of what we have achieved to date, there is more to do. We face some significant challenges including complicated service pathways and unacceptable variation of services in some areas and we are not in financial balance.



We are working hard, with local health and care partners, to address these challenges. We are, for example, creating a single community and mental health provider for Hampshire and the Isle of Wight to tackle the current fragmentation of these services. This will be an initiative of major benefit to patients particularly in the increasingly important area of mental health.

A major priority for our organisation over the next 18 months is addressing our system-wide deficit, bringing our system back into balance and ensuring that collectively we live within our means. There are many aspects to the explanation for our deficit, including:

- A larger than average number of older people with multiple health conditions and complex health needs
- Increasing workforce pressures
- The costly duplication of some of our services
- Significant fragmented service provision

There is one major factor that accounts for a large slice of our deficit and that is the provision of comprehensive health services to a large, geographically isolated population on the Isle of Wight, which comes at a premium. While providing services to an island population which varies dramatically between the summer and winter months is particularly demanding and costly, it is essential that we continue to provide comprehensive health and care services to residents on the Isle of Wight. How do we do this? The solution requires nothing less than the complete transformation of health and care services, across Hampshire and the Isle of Wight, to ensure efficiency, high quality and long-term sustainability.

The Integrated Care Board is taking a lead in cutting the system-wide deficit by making its own efficiency savings in each of the next two years. Our people are working differently, including working in even more close partnership with our partners across the local system.

By April 2024 we will cut our own running costs by 20% and by the following April we will reduce our costs by a further 10% meaning that three years in from its launch the ICB will be a leaner, more efficient organisation with costs 30% lower than they are now. In the coming weeks, more than 60 people will leave our organisation, having decided to take advantage of our mutually agreed resignation scheme.

The drive for efficient, high-quality services means:

- We are continuing to reduce inequalities to improve outcomes and enable people to live longer, healthier lives
- We are continuing to work in partnership to reduce the demand for urgent care by increasing our focus on avoiding unnecessary hospital admissions
- We need to get people into hospital quickly when they really need hospital treatment
- And we need to get them home again as soon as they are ready to go home

#### **5.4 Help on the journey**

Our partnerships are already well established and we are working with our people and our communities on this journey of transformation, working collaboratively across Hampshire and Isle of Wight.



Colleagues in NHS England at regional and national level are thoroughly supportive and we have recently sought assistance from the national Recovery Support Programme. This offers an experienced system improvement director who can draw on an expert multidisciplinary team to give focused support to NHS organisations facing complex challenges. It helps to embed improvement by addressing the underlying drivers of the problems in those parts of the system that hold the key to improvement. It also provides knowledge and skills transfer that ensures long-term sustainable capability within the system.

## **5.5 Conclusion**

Change will not happen overnight. But transformation is already underway and is making a real difference to the lives of people in Hampshire and the Isle of Wight. We are absolutely committed to delivering on our transformational change agenda to ensure greater efficiency and long-term sustainability of services. Our Integrated Care System is developing a detailed plan and we aim to deliver run-rate breakeven by month 18.

A huge thank you to all of our teams who do their very best for our local populations, every single day. We are incredibly grateful for their continued hard work as we work to transform services for the benefit of our communities.

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	PROPOSALS TO REDESIGN INPATIENT OLDER PERSONS MENTAL HEALTH SERVICES		
<b>DATE OF DECISION:</b>	29 JUNE 2023		
<b>REPORT OF:</b>	SCRUTINY MANAGER		
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Corporate Resources</b>	
	<b>Name:</b>	<b>Mel Creighton</b>	<b>Tel: 023 8083 3528</b>
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel: 023 8083 3886</b>
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>Attached as Appendix 1 is a briefing paper outlining proposals to redesign inpatient Older Persons Mental Health (OPMH) services delivered by Southern Health NHS Foundation Trust. The proposals include repurposing Beaulieu Ward at Western Community Hospital in Southampton and delivering organic dementia inpatient care services for the Hampshire and Southampton population from Poppy Ward at Gosport War Memorial Hospital and Elmwood Ward at Parklands Hospital, Basingstoke.</p> <p>The Panel is required to determine whether the proposals constitute a significant development or substantial variation in service and if so whether it requires further scrutiny.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel utilises the attached appendices, and the discussion with invited attendees, to determine whether the proposals to redesign inpatient Older Persons Mental Health (OPMH) services represent a significant development or substantial variation in NHS services and, if so, whether the proposals require further scrutiny.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To enable the Panel to determine whether the OPMH proposals represent a substantial variation in NHS services.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
3.	Attached as Appendix 1 is a proposal from Southern Health NHS Foundation Trust in relation to Older Persons Mental Health services. The proposals seek to upgrade and repurpose Beaulieu Ward at Western Community		

	Hospital in Southampton to meet the needs of older people with a functional illness, whilst ending admissions for older people with organic dementia.
4.	If the proposals are approved, Southampton residents requiring inpatient care from a specialist dementia ward would have to be accommodated at either Gosport War Memorial Hospital or Parklands Hospital in Basingstoke.
5.	NHS bodies are required to consult relevant Health Scrutiny Committees on any proposals for substantial variations or developments of health services. It is the role of the Panel to determine if the proposal represents a substantial variation or development.
6.	A substantial variation or development of health services is not defined in regulations. Proposals may range from changes that effect a small group of people within a small geographical area, to major reconfigurations of specialist services involving large numbers of patients across a wide area. The key feature is that there is a major change to services experienced by patients and future patients.
7.	Attached as Appendix 2 is the framework for assessing substantial change in NHS provision agreed by Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees. Under the guiding principles, the approach adopted recommends that: <i>‘Generally, in coming to a view, the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.’</i> (Paragraph 26)
8.	Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has: <ul style="list-style-type: none"> <li>• Engaged and involved stakeholders in relation to changes; and,</li> <li>• Evidenced that the changes proposed are in the interest of the population served.</li> </ul>
9.	Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee will be shaped by the following considerations: <ul style="list-style-type: none"> <li>• Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service?</li> <li>• The extent to which commissioners have informed and support the change.</li> <li>• The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.</li> <li>• How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.</li> </ul>

10.	To enable the Panel to reach an informed decision, representatives from Southern Health NHS Foundation Trust and the Hampshire and Isle of Wight Integrated Care Board will be attendance at the meeting. A request has also been made for feedback from Healthwatch Southampton. If this is forthcoming it will be presented at the meeting.
11.	Southern Health NHS Foundation Trust have also drafted a service development summary, attached as Appendix 3, to provide wider context to the OPMH proposals. The briefing includes reference to the Care Quality Commission (CQC) report published in April 2023 following inspections of the Trust's mental health inpatient units. A copy of the inspection report can be accessed here: <a href="https://www.cqc.org.uk/publications-reports/inspections-reports/2023/southern-health-nhs-foundation-trust-acute-wards-for-adults-of-working-age-and-psychiatric-intensive-care-units">Southern Health NHS Foundation Trust - Acute wards for adults of working age and psychiatric intensive care units (cqc.org.uk)</a>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
12.	Identified in the briefing paper attached as Appendix 1.
<b><u>Property/Other</u></b>	
13.	Identified in the briefing paper attached as Appendix 1.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
14.	The powers relating to health scrutiny and substantial variations can be found in Part 12, s244 of the 2006 Act, and more explicitly in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
<b><u>Other Legal Implications:</u></b>	
15.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
16.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
17.	None
<b>KEY DECISION</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Briefing Paper - Proposals to redesign inpatient Older Persons Mental Health (OPMH) services
2.	Framework for Assessing Substantial Change in NHS provision
3.	Briefing Paper – Southern Health NHS Foundation Trust service developments

<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	Yes
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
<b>Other Background Documents</b> <b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

## Proposals to redesign inpatient Older Persons Mental Health (OPMH) services

### 1. Purpose

The purpose of this paper is to outline our proposals in relation to Older Persons Mental Health services delivered by Southern Health NHS Foundation Trust.

These proposals are:

1. To continue to deliver organic dementia care on two wards (32 beds - the capacity we have been operating with for over two years) across Hampshire and Southampton. This means delivering organic dementia care on Poppy Ward at Gosport War Memorial Hospital and Elmwood Ward at Parklands Hospital, Basingstoke and repurposing Beaulieu Ward in Southampton Western Hospital.
2. To use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness
3. Southern Health’s proposed vision to transform and enhance OPMH community services to meet the future demands of older adults with mental health needs across Hampshire and Isle of Wight.

### Glossary

Word	Description
<b>Dementia</b>	Dementia is a syndrome associated with an ongoing decline of brain functioning
<b>Organic illness</b>	An organic illness (mental Health) is a term used to describe a dysfunction of the brain that occurs in Dementia or Alzheimer’s that excludes psychiatric disorders.
<b>Functional illness</b>	functional illness (Mental Health) applies to mental health illness that does not relate to dysfunction of the brain such as dementia and includes severe mental illness such as schizophrenia and bipolar mood disorder.
<b>Occupied Bed days (Bed Occupancy)</b>	the number of hospital beds occupied by patients expressed as a percentage of the total beds available

### 2. Summary

- 2.1 Southern Health operates specialist inpatient mental health services for older people at four hospital sites across the county, Parklands Hospital in Basingstoke, Gosport War Memorial in Gosport. Melbury Lodge in Winchester and The Western Hospital in Southampton. These hospitals each serve the entire Hampshire and Southampton population. At these sites, the Trust provides separate inpatient wards for older people with organic (dementia) mental health needs and functional mental health needs.
- 2.2 Over the last two years the Trust has undertaken extensive refurbishment across its acute adult mental health wards to improve the quality and safety of the clinical environment and to meet national standards. This work has required us to operate with a reduced number of beds to allow this refurbishment to take place. This has meant we have only had two organic dementia wards in use at

any time. During this period, the two wards in operation (32 beds) have seen occupancy levels similar to the nationally recommended occupancy of 85% and there have been no waits for access to Organic beds reported, demonstrating that the previous capacity (46 beds) for this type of care exceeds demand.

- 2.3 The Trust also provides support in the community through specialist older people's mental health community mental health teams, alongside memory assessment services and enhanced OPMH support into care homes, based across Hampshire and Southampton. It is the trust's ambition to develop these community services further, and we have been reviewing the delivery of its OPMH services benchmarking against evidence base and best practice models including piloting a crisis support model in the community alongside engaging with service users and families to design proposals to transform and enhance future OPMH service delivery and respond to future changing demands.
- 2.4 The ICB have supported this proposal by completing a Quality Impact Assessment (QIA) looking at risks and opportunities and their impacts and this has been presented along with this paper to the ICB QIA Panel who were supportive of this paper proceeding to overview and scrutiny committees for consideration. Minimum risks were identified, and the panel felt these were mitigated through the engagement Southern Health NHS Foundation Trust has and will continue to do with service user families and staff and with the assurance that there will be no redundancies as a result of this change and staff will be supported into vacant roles. A summary of engagement and communications to date, and planned, is provided below.
- 2.5 The ICB also found that the positive impacts of this change outweighed negative impacts and this included care closer to home, improved experience and environment for people with a functional illness, improved patient safety and clinical effectiveness and staff wellbeing. There is also acknowledgement that this proposed change is in line with meeting the values and principles of the NHS Constitution providing best value for taxpayers' money and the use of public funds for healthcare by not operating services which exceed demand.

### **3. Context**

- 3.1 Informed by national mandate and best practice (NHS Long Term Plan, NHS Community Framework Model), it is Southern Health NHS Foundation Trust's ambition to deliver evidenced based practice that leads to better outcomes for people who access our services, to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing needs in least restrictive way where and when service users and carers need it. For some, admission to hospital for their mental health needs is absolutely the right place to be, but only for as long as is necessary and with interventions aimed at supporting the person to live the life that they would prefer.
- 3.2 Southern Health currently provides specialist dementia wards in Southampton, Gosport and Basingstoke. This is a Hampshire (including Southampton) wide resource with one overarching bed management system, with people admitted to the closest ward to their home where possible. Please note, these inpatient facilities do not currently serve the population of the city of Portsmouth or the Isle of Wight, who come under the care of Solent NHS Trust and Isle of Wight NHS Trust respectively. However, we have been working in partnership with Solent and Isle of Wight to look at the overall bed provision across HIOW ICS to help meet future demand.
- 3.3 The below table outlines the older persons inpatient mental health provision across the trust for people with an organic or functional illness. Please note Snowdrop Ward (previously called the



Stefano Oliveri Unit) is currently closed due to refurbishment and upgrade work and Poppy Ward is hosting these patients with functional needs. Beaulieu and Elmwood Ward are operating as organic wards. Snowdrop Ward is due to re-open in June 2023 as a functional mental health ward.

Location	Hospital name	Ward Name	Dementia/Functional (number of beds)	Number of beds
Southampton	Western Hospital	Berrywood Ward	Functional	14
		Beaulieu Ward	Organic Dementia	14
Portsmouth & Southeast Hampshire	Gosport War Memorial Hospital	Rose Ward	Functional	14
		Poppy Ward	Organic Dementia	14 (Poppy Ward is currently caring for patients from Snow drop at Melbury Lodge in Winchester while it is being refurbished)
Mid & North Hampshire	Parklands Hospital	Beechwood Ward	Functional	18
		Elmwood Ward	Organic Dementia	18
Southwest Hampshire	Melbury Lodge	Snowdrop Ward	Functional	15 (currently undergoing refurbishment, due to open June 2023)
<b>Total Beds</b>			<b>Functional</b>	<b>61</b>
			<b>Organic Dementia</b>	<b>46 but the Trust has been operating on 32 for the past two years</b>

#### 4. Proposal: To continue to deliver organic dementia care at two wards across Hampshire and Southampton, instead of three.

4.1 For over two years (October 2020 to date) Southern Health NHS Foundation Trust has operated on a reduced dementia bed capacity (32 beds) to allow for several ward refurbishments to be carried out across the Trust's mental health inpatient estate. During this period, we have been able to observe demand and capacity requirements for organic dementia beds which has demonstrated that with one ward closed, the two remaining dementia wards were able to meet the demands for older persons organic mental health needs.

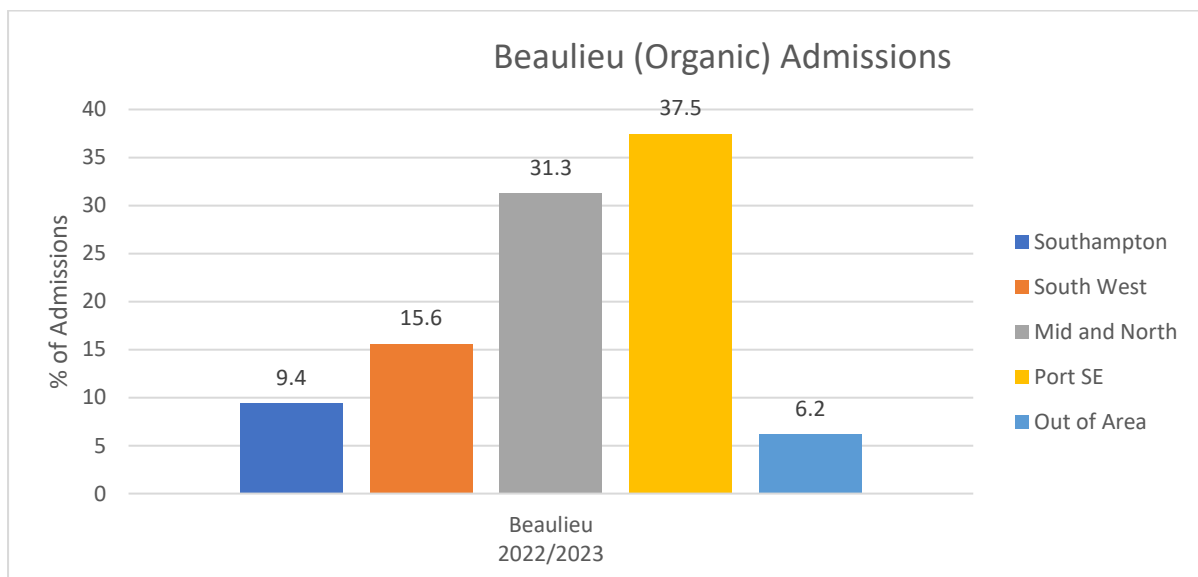
4.2 Based on predicted growth in dementia prevalence across Hampshire and Southampton, if there were no improvements made to the existing models of care (both within the inpatient units and in the community), 32 beds would remain sufficient to meet the needs of the local populations until 2028 (albeit with a potentially higher occupancy rate than 85%). The greatest area of growth over the time period is for the severe end of illness, these are the people who are more likely to require future acute/intensive support. Utilising the projected number of older people living with severe dementia as an indicator to predict demand on specialist dementia inpatient care, the 32 beds would become fully occupied at the end of 2025. This represents the worst-case scenario, and there is work that can be done to improve capacity. For example as detailed below there are several patients in hospital waiting for onward care either in the community or waiting for a care home placement. Development of community services to support patients at higher level of need will further mitigate the demand for inpatient care and this is our ambition for the future. Furthermore, we are constantly monitoring

demand and capacity and have the ability to review and increase capacity within our functional and organic units should this be necessary in the coming years.

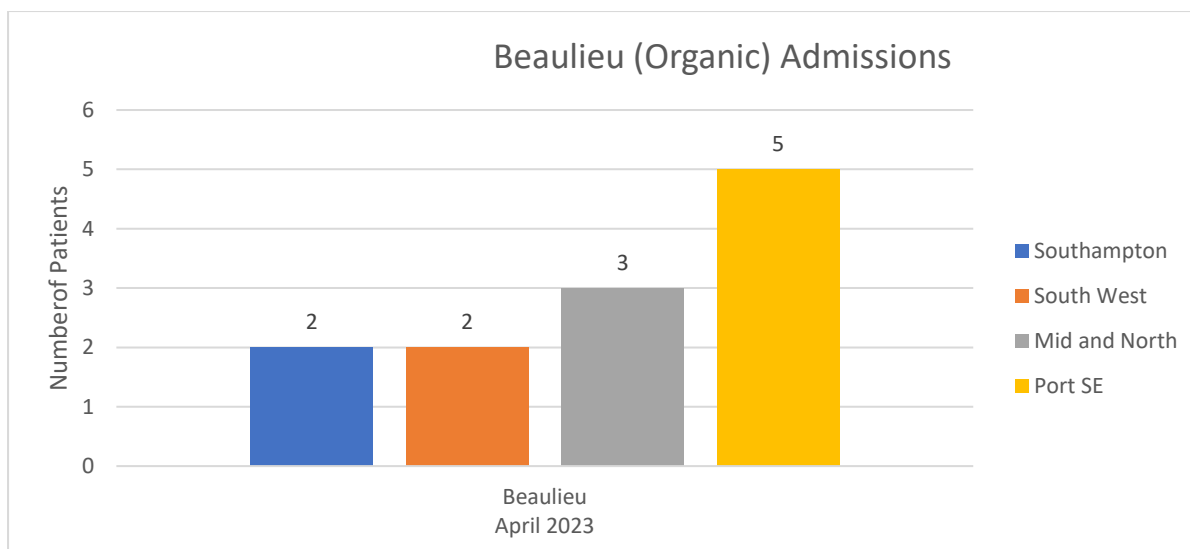
4.3 Even if the worst-case scenario is encountered in the future, in the interim years we cannot justify operating at a level which exceeds current demand when there is immediate need across other services.

#### 4.4 Patient demographic

4.4.1 When reviewing the data looking at patients' admissions over the last two years to the organic ward (Beaulieu) it is evident that in 22/23 there are a higher % of patients who live in wider Hampshire who are admitted to the ward than Southampton or Southwest Patients indicating that for 75% of patients care is not being provided closer to their home. The projected number of older people living with severe dementia is predicted to grow by 42.2% in Southampton and 62.3% in Hampshire by 2030. This could further increase the proportion of specialist dementia inpatient care beds being occupied by Hampshire residents.



4.4.2 As of 17 April 2023 there are 32 patients in organic beds with 4 beds available across the two wards for admissions. Within Beaulieu we currently have 12 patients being cared for, of which seven are currently fit for discharge, five are waiting for placement care providers from Hampshire County Council and two from Southampton City Council. The table below demonstrates the mix of patients on the ward currently.



#### 4.5 Organic wards options appraisal

4.5.1 As part of the Trust’s transformation programme, a clinically led OPMH inpatient review group has been working across Hampshire and Southampton to critically evaluate each of our dementia wards to understand suitability and sustainability of our inpatient model.

4.5.2 As part of this review, a dementia beds options appraisal has been carried out with the following objectives as the assessment criteria:

- The correct number of beds to meet the demand of the older population
- Make best use of limited resources
- Physical environment of wards will meet Quality Network for Older Adults Mental Health Services (QNOAMHS) accreditation
- Wards will be able to mitigate single sex breaches highlighted by CQC inspection
- Wards in appropriate locations to meet population demand
- ‘Ward environment meets Southern Health PLACE assessment standards (including minimising ligature risks)
- Dementia Friendly environment (meet national standards)

#### 4.6 Recommendation of review group

4.6.1 The review group assessed three options (see Appendix 1) and following this they recommend option two of their appraisal, which proposes that we remain operating out of 32 organic beds across two wards/sites (the capacity we have been operating with for over two years) with 14 beds in Poppy ward at the Gosport War Memorial Hospital site and 18 beds in Elmwood ward at Parklands Hospital site.

4.6.2 Poppy and Elmwood were identified by the review group as the preferred organic wards as not only was it identified that the demand profile of the population demographic sat at a much higher % for Hampshire patients than Southampton it was also recognised that Poppy Ward benefited from the Governments £400 million national grant scheme in 2020 when the ward was refurbished with individual en-suite rooms and upgrades to meet accreditation standards. Elmwood ward has also recently received investment and upgrades and is adjoining five other mental Health wards at Parklands hospital (Male/Female Adult acute wards, PICU ward, MOJ ward, Functional ward). These ward upgrades were co-produced with service users and staff. The Trust Dementia Environment

steering group created the Trust Standard for wards, the core group comprised of carers, service users, clinical experts and estates colleagues.

#### **4.7 Impacts of proposed change**

##### *4.7.1 Staff*

There are 33.27 whole time equivalent number of substantive staff working on the ward who will be affected by this proposal. We will engage and consult with them including a one-to-one meeting with their managers and will be offered vacancies across the Trust (in both inpatient and community settings). As of 31 March 2023, there are currently 99.46 vacancies across the Southampton Division and 109 vacancies in the South West Division which are within the geography of the Western Hospital.

##### *4.7.2 Patients*

When planned works on Beaulieu ward are due to begin patients will either be discharged to their onward care arrangement or if patients are still in treatment and requiring an inpatient stay, they will be transferred to Poppy Ward or Elmwood ward which ever ward is closest to their home. At the time of writing (17 April 2023) seven patients are fit for discharge.

##### *4.7.3 Families and carers visiting loved ones*

As previously stated, there is a higher percentage of patients who live in wider Hampshire who have organic mental health needs than those who live in Southampton. Therefore for most patients' admission to Poppy and Elmwood wards will result in care being provided closer to their home. For those who live in Southampton a train journey to Basingstoke is 34 minutes and then a link bus direct to Parklands Hospital is an eight minute journey. Similarly there is a direct train from Southampton to Fareham which takes 21 minutes with a direct link bus to Gosport war memorial hospital which takes a further 20 minutes.

4.7.4 We acknowledge that a small number of Southampton and south-west Hampshire residents may need to travel further to visit loved ones, that would otherwise have been admitted to a bed in the city. If any difficulties arise, we would support any family and carers who contact us on a case-by-case basis, without any need for means testing or any other qualification for support. Over the past two years the trust has received no complaints in relation to geographical placement of service users to wards and there has been one occasion where we have supported a relative with their travel arrangement.

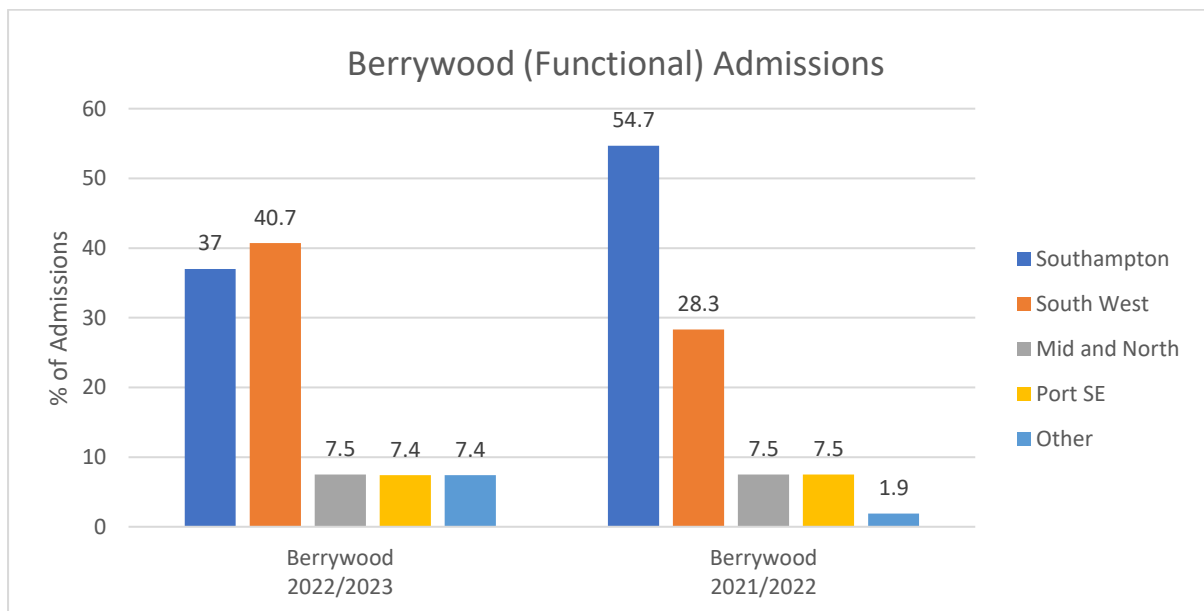
#### **5. Refurbishment Plan: Use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness**

5.1 We propose that Beaulieu ward is refurbished and repurposed using additional space from Berrywood ward to create an improved functional ward at the Western site in Southampton. This repurposed ward will still maintain 14 functional beds, however it will be bigger, at a higher specification and will meet single sex national guidance and the Royal College of Psychiatry accreditation standards. This approach will also make better use of the public purse as the findings of the review group identified that Beaulieu is a higher specification than Berrywood ward, as it underwent a refurbishment in 2018 where it was upgraded to become dementia friendly whereas Berrywood Ward would require significant investment to bring it up to national standards. This upgrade would benefit from the following:

- Further ligature improvement work to become a safer ward environment.
- Additional bathroom/toilet facilities in male and female wings improving single sex compliance
- A Physical Health treatment room
- Separate patient dining/activity areas (male/female)
- A Carer/Family room
- Staff shower facilities to support prevention and control
- Quiet/de-escalation room
- Additional office space
- Additional room for therapeutic activities
- The rest of the original space on Berrywood Ward will be utilised as a base by local physical and mental health community teams.

## 5.2 Patient demographic

When reviewing the data, it is evident that there are significantly higher admissions of people with a functional mental health illness, living in Southampton and Southwest Hampshire demonstrating the continued need for a functional ward to remain at the Western Hospital in Southampton.



## 5.3 Funding

Solent NHS Trust and Southern Health have agreed 840K investment in estates improvements for the Southampton OPMH ward estate, £600K from national mental health funding.

## 6. Proposed mitigations

- We would offer 'no-quibble' support for any individual who will struggle with any transport challenges if their loved one is placed further from home
- We would be able to use space in the proposed combined Beaulieu / Berrywood environment to flex the number of beds to meet potential future increase in demand for functional MH inpatient care, should the need arise
- Wards across the county would have the ability to flex to meet possible future increased demand for inpatient dementia care, should the need arise

- We will continue to undertake engagement with patients and partners to gain their feedback and address any concerns

## **7. Communication and engagement about proposed changes at the Western Hospital**

7.1 A communications plan is in place to communicate regularly with patients, families/carers, staff and other stakeholders about the proposals. These plans include:

- For staff: One to one meetings, regular updates, clear contact points for questions, face-to-face team meetings, dedicated intranet page with FAQs, letters to staff
- For patients and families/carers: Informal face to face meetings FAQs, formal letter (with details of temporary relocation), contact details for questions (telephone and email), opportunity for families and carers to visit the temporary ward in advance of moving date, and spring/summer workshop (also involving staff).
- Wider stakeholders: Website, social media, briefing papers, letters, and articles in Southern Health's bi-monthly newsletter.

7.2 To date, ward staff, families and carers have been informed about proposed plans from May via letters, telephone contact and meetings, and this activity is ongoing. Generally, families have been positive about the proposals and although some concerns have been raised about transport, there has been acknowledgement that a high quality care environment is important. The Trust will be liaising with local Healthwatch and other partners in the coming weeks to ensure they are aware of plans, to listen to their views and address any concerns or questions.

## **8. Proposed Timeline**

### **June 2023**

- Carry out further ongoing engagement with patients, families, staff and partners with regards to the proposals

### **July 2023**

- To commence the necessary refurbishment work at Western Hospital to improve the quality of the care environment

### **TBC 2023**

- To reopen Beaulieu Ward as a functional Mental Health Ward
- To decant any current patients being cared for on Beaulieu Ward to Poppy Ward in Gosport War Memorial Hospital or Elmwood ward in Basingstoke
- To start works to repurpose Beaulieu Ward using some additional space from Berrywood Ward

## **9. Future Model: Our vision to transform and enhance OPMH community services to meet the future demands of people with older persons mental health needs across Hampshire and Isle of Wight.**

9.1 The population is growing and living longer and healthier lives due to improvements and advancements in treatments and care. Our ambition for OPMH care is to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing need in least restrictive way and with better outcomes. The NHS Long Term Plan and the vision set out in the National Community Mental Health Framework states all NHS Trusts will need

to achieve improvements in access and treatment for older adults in line with local demographics within all adult mental health services.

## 9.2 Our vision

Our vision across Southampton and Hampshire is for seven-day alternatives to hospital admission for older people with mental health needs would offer high quality care closer to home with better experience and offering better value for money. We currently have provision for community services in core hours Monday to Friday and in inpatient OPMH wards, but we do not have bespoke urgent community response for mental health and dementia crises seven days a week, support is currently provided through the adult mental health crisis teams. To achieve this, we will be assessing and aiming to replicate the model used in the Community Intensive Support Team piloted in Southeast Hampshire and the community support for older people with organic dementia needs.

## 9.3 Engagement with patients, families, carers and staff about future models of care

We have been conducting a number of engagement sessions with service users, their families, and carers and with key stakeholders across Hampshire to help us to develop our new OPMH model. (see Appendix 2). The below vision statement was co-produced by service users, carers and our VCSE partners, and is the guiding statement for the Southern Health NHS Foundation Trust OPMH Transformation programme.

*“Older people in Hampshire and Isle of Wight have timely access to specialist mental health services where care is informed by evidence based best practice. Health, Social and Voluntary care services work together with service users and carers to create a package of care that is centered around individual needs, enabling them to recover and live well.”*

## 10. Recommendations

- The committee is asked to consider the proposed changes.
- The Trust will provide progress reports to the committee as requested.

### For more information

- Sarah Olley, Divisional Director of Operations, Mental Health Services in Southampton  
[Sarah.olley@southernheath.nhs.uk](mailto:Sarah.olley@southernheath.nhs.uk)
- Dr Victoria Osman-Hicks, OPMH Liaison Consultant Southampton  
[victoria.osman-hicks@southernhealth.nhs.uk](mailto:victoria.osman-hicks@southernhealth.nhs.uk)

## Appendix 1: Appraisal of Bed Options

### Options Matrix (explanation of scores)

Objectives	Option 1	Option 2	Option 3
	Keep Poppy and Beaulieu Wards open	Keep Poppy and Elmwood Wards open	Keep Poppy, Beaulieu and Elmwood Wards open with reduced beds
Correct number of beds to meet population demand	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition
Makes best use of limited resources	5 – opportunity to build IST in Mid and North Hampshire from workforce and/or reduces reliance on Bank & Agency.	5 – opportunity to build IST in Southampton from workforce and/or reduces reliance on Bank & Agency.	3 – does reduce reliance on bank & agency, does not release funds of workforce to establish ISTs. Does not reduce spend on wards (buildings)
Can meet QNOAMHS standards	1 – Beaulieu cannot meet QNOAMHS standards without further reduction of beds	3 – Elmwood does not currently meet QNOAMHS standards but could with maintaining 14 beds	1 – this would require significant investment to 2/3 wards to meet standards. Beaulieu would need to reduce to max 8 beds
Single sex compliance	2 – possible with significant investment on Beaulieu	4 – possible with minor refurbishment on Elmwood	3 – possible with minor refurbishment on Elmwood and major refurbishment on Beaulieu
Appropriate location to meet population demand	2 – South & South east (clustered)	3 – mid & South east (wider patch of Hampshire covered)	5 – current locations
Meets SHFT PLACE assessment standards	3 – significant work required on Beaulieu	4 – minor work required on Elmwood	3 – work required on both Elmwood & Beaulieu
Meets Dementia Friendly standards	4 – minor work for Beaulieu	5 – standard are met	4 – minor work for Beaulieu
<b>Success Factors</b>			
Acceptability: Service users and Carers, workforce, provider collaborative (Solent & IOW), Local authority	3 – consultation required	3 – consultation required	5 – no ward closed, increased substantive posts, geographic spread of beds.
Affordability: within current OPMH funding. Funds are saved for redirections to enhanced community services	4 – no additional spend	4 – no additional spend	1 – additional funds required to establish ISTs and two wards required improved spec to meet objectives.
Achievability: effort to achieve model vs impact. Workforce to support development inc. estates, HR, corporate services.	2 – significant work required to bring Beaulieu up to spec & would required bed reduction to meet standards	3 – minor work required to bring Elmwood up to spec for standards, keeping 14 beds	5 – no significant change, bed reductions on existing foot print.
Strategic Fit: Aligns to developing ICS dementia strategy. Improves quality and effectiveness	3 – increased community services, major work required for ward spec	4 – increased community services, minor work for ward spec	1 – no increased community services, continued reliance on inpatients for dementia care, works required on 2/3 ward
Decision	34	<b>43 (preferred way forward)</b>	36 (short list)



## Appendix 2: Engagement with Our service users and carers:

Over the last two years, the OPMH QISG have sought to understand the experience of using our services from the perspectives of service users and their carers to inform the direction of the programme and ensure we are co-designing our future services to improve health outcomes and reduce inequality. This engagement is described as “discovering work” to help us understand where the gaps in our services.

As well as additional engagement planned specifically for those living in care homes in Hampshire and those from the Black, Asian & Minority Ethnic (BAME) community, who have so far been under-represented. Our ambition is to now create a co-production group to help us design our models of care to ensure the services meet the needs of our communities now and in the future.

Our service users and carers have told us. (Paraphrased, not verbatim)

- *Advance care planning is important for people, whilst they still have capacity.*
- *Carers need to be involved in care coordination and treatment discussions.*
- *Assessment for dementia needs to be holistic, not just based on scores from a memory test, it needs to consider an individual's "usual state" and history.*
- *Post-diagnostic support is more important than the diagnosis*
- *Many people would prefer to stay where they are (whether in their own home or residential/care home) and receive care in a familiar environment.*
- *"Seeing somebody regularly, having an appointment in my diary is important to me... "knowing I'm seeing somebody soon helps when I'm having a dip"*
- *Apart from Andover Mind, it doesn't feel like there's much in the community to support those with a functional illness. Either groups aimed at younger people or groups aimed at those with dementia and/or their carers.*
- *Mental Health crisis should be treated with the same urgency as a physical health crisis.*
- *Liked the idea of more mental health support and social prescribers for older people in GP surgeries, in general the older population are engaged with their GP surgery.*
- *Service users in crisis are more likely to call carers support (Andover mind). They like the idea of talking to somebody they know and trust.*
- *Transition from AMH to OPMH - Once you're across the 65 years age threshold to OPMH, the services seem to have more focus on dementia and services sign posted for dementia rather than functional illnesses.*
- *Transition between services could be smoother, discharged from secondary care to VSCE or back to Primary care, can feel confusing.*
- *Working in silos - Communication between services can be a barrier with professional boundaries that are ridged. Some service users see several people a week in their home, it doesn't always feel like the teams are coordinated and never should one work with or support the other.*

The table below summarises the programmes engagement with service users, carers and Voluntary, Community & Social Enterprises (VCSE) partners to date.

<b>Where?</b>	<b>When?</b>	<b>Who? How Many?</b>
Online - OPMH strategy engagement	03/08/2021	4 x carers 11 x Mixed VCSE organisations
online - MAS engagement workshop	29/09/2021	27 attendees, mix of OPMH professionals, service users, carers and VCSE
Romsey - Carers together group (Face to Face)	25/10/2021	Attended group to present future ambitions for OPMH. Around 30 in attendance. Mix of members of the public and support services
Dementia and carer community groups - MAS feedback and future ambitions	09/12/2021	Online - 4 service users 2 carers
	15/12/2021	online - 8 carers
	18/01/2022	Winchester - 4 carers, 4 service users
	22/02/2022	Meon Valley - 6 carers, 4 service users
Romsey - SHFT hosted event. Connecting with your local health service. (Face to face)	25/03/2022	Attended and had a stall. Asked those in attendance their experience of OPMH and talked about future ambitions - around 30 members of the public in attendance
St Deny's - service user group (Face to Face)	23/06/2022	Attended St Deny's community group - 15 service users
SHFT FFC group (online)	10/11/2022	Core group members and additional 2 carers and 2 carers liaison roles
SHFT WIP group (online)	15/11/2022	Core members, reps from community, service users and carers
SHFT QISG public engagement.	Gosport 31/01/2023	1 x Andover Mind, 1x GVA, 1x Dementia Friendly Hampshire, 1 x carer feedback, 1x CAB Gosport 2 x SHFT employee
	Winchester 02/02/2023	2 x service users, 1 x service user feedback, 1 x carer feedback, 2 x Health watch Hampshire 3 x Andover Mind
	Totton 08/02/2023	2 x carers, 2 x Andover mind (carer support & Dementia Advisor, 1 x rep from Minstead Trust
	Romsey 09/02/2023	1 x service user, 3 x carers, 2 x members of Romsey dementia action group, 1 x health watch rep 1 x local solicitor (later life specialism)
	Online event 21/03/2023	33 in attendance, combination of service users, carers, VCSE, interested members of the public and staff

### **Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised June 2016)**

#### **Purpose and Summary**

- 1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas.
- 2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and Local Authorities with health scrutiny functions when proposals that may constitute substantial service change are being developed and outlines the principles that will underpin the discharge of each parties' role and responsibilities.
- 3) The document is the fourth refresh of the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP)<sup>1</sup> and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.
- 4) This framework was amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'<sup>2</sup>. These regulations followed from changes made to local authority health scrutiny in the Health and Social Care Act 2012. Subsequent guidance has been produced by NHS England<sup>3</sup> and the Department of Health<sup>4</sup> on health scrutiny, and this framework has been consequentially updated.
- 5) The legal duties placed on relevant NHS bodies or relevant health service providers and the role of health scrutiny are included to provide a context to the dialogue that needs to be taking place between relevant NHS bodies or relevant health service providers and the relevant local authority/authorities to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
  - NHS England
  - Clinical Commissioning Groups
  - NHS Trusts and NHS Foundation Trusts

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<sup>1</sup> <http://www.irpanel.org.uk/view.asp?id=0>

<sup>2</sup> <http://www.legislation.gov.uk/uksi/2013/218/contents/made>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

<sup>4</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/324965/Local\\_authority\\_health\\_scrutiny.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)

- 6) It is intended that these arrangements will support:
- Improved communications across all parties.
  - Better co-ordination of engagement and consultation with service users carers and the public.
  - Greater confidence in the planning of service change to secure improved outcomes for health services provided to communities across Southampton, Hampshire, the Isle of Wight and Portsmouth.
- 7) Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
- Planning the provision of services
  - The development and consideration of proposals to change the provision of those services
  - Decisions affecting the operation of services.
- 8) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.
- 9) Section 244 of the NHS Act 2006 places a statutory duty on relevant NHS bodies or relevant health service providers to consult Local Authorities on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.
- 10) Significant development and substantial variation are not defined in the legislation but guidance published by the Department of Health and Centre for Public Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with health scrutineers to determine:
1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service
  2. The timing and content of the consultation process.
- 11) Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has:
- Engaged and involved stakeholders in relation to changes; and,
  - Evidenced that the changes proposed are in the interest of the population served.

It is therefore expected that the NHS body or relevant health service provider works closely with health scrutineers to ensure that timetables are reflective of the likely timescales required to provide evidence of the

above considerations, which in turn will enable health scrutiny committees to come to a view on the proposals.

- 12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:
  - Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
  - The extent to which commissioners have informed and support the change.
  - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
  - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.
- 13) NHS organisations and relevant health service providers will also wish to invite feedback and comment from the relevant Local Healthwatch organisation. Local Healthwatch has specific powers, including the ability to refer areas of concern to health scrutineers and Healthwatch England, and also specific responsibilities, including advocacy, complaints, and signposting to information. Health scrutiny committees expect to continue good relationships with patient and public representatives and will continue to expect evidence of their contribution to any proposals for varying health services from the NHS.
- 14) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of health scrutiny committees to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question.
- 15) The framework is not a 'blueprint' that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across the Southampton, Hampshire, Isle of Wight and Portsmouth area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by organisations in the early stages of developing a proposal, or to provide

a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.

- 16) Although it remains good practice to follow Cabinet Office guidance in relation to the content and conduct of formal consultation, health scrutiny committees are able to exercise some discretion in the discharge of this duty. Early discussions with the health scrutiny committee whose populations are affected by a proposal are essential if this flexibility is to be used to benefit local people.
- 17) Any request to reduce the length of formal consultation with a health scrutiny committee will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 responsibilities. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
  1. Not just when a major change is proposed, but in the on-going planning of services
  2. Not just when considering a proposal, but in the development of that proposal, and
  3. In decisions that may affect the operation of services
- 18) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.
- 19) Individual health scrutiny committees will come to their own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across local authority boundaries the health scrutiny committees concerned are required to make arrangements to work together to consider the matter.
- 20) Although each issue will need to be considered on its merits the following information will help shape the views of health scrutiny committees regarding the proposal:
  1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
  2. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessment for vulnerable groups.
  3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.

4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
  5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.
- 21) This information will enable health scrutiny committees to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.
  - 22) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Body or provider of NHS services for further action.
  - 23) If an NHS body or relevant health service provider consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the health scrutiny committee affected should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the health scrutiny committee, whether urgent or otherwise, should state when the service(s) affected will reopen.
  - 24) If the health scrutiny committee affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
    - Valid and robust evidence to support the health scrutiny committee's position. This will include evidence that sustainability has been considered as part of the service change.
    - Confirmation of the steps taken to secure local resolution of the matter, which may include informal discussions at NHS Commissioning Board Local Area Team level.

### Guiding Principles

- 25) The four health scrutiny committees and panels in Southampton, Hampshire, the Isle of Wight and Portsmouth work closely in order to build effective working relationships and share good practice.
- 26) Health scrutiny committees will need to be able to respond to requests from the NHS or relevant health service providers to discuss proposals that may be significant developments or substantial variations in services. Generally, in coming to a view, the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.

- 27) Early discussions with health scrutiny committees regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps, whether already taken or planned, in response to the legislation and the four tests (outlined in paragraph 12), will support discussions about additional information or action required. NHS organisations should also give thought to the NHS' assurance process, and seek advice as to the level of assurance required from NHS England, who have a lead responsibility in this area.
- 28) Some service reconfiguration will be controversial and it will be important that health scrutiny committee members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by health scrutiny committees will be:
1. Challenging but not confrontational
  2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
  3. Based on evidence and not opinion or anecdote
  4. Focused on the improvements to be achieved in delivering services to the population affected
  5. Consistent and proportionate to the issue to be addressed
- 29) It is acknowledged that the scale of organisational change currently being experienced in the NHS coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and health scrutiny committees may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.
- 30) If the health scrutiny committee is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.
- 31) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.



## **Appendix One – Framework for Assessing Change**

### **Key questions to be addressed**

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the NHS or relevant health service providers responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, Local Healthwatch, NHS organisations, elected representatives, District and Borough Councils, voluntary and community sector groups and other service providers affected by the proposal. The relevant health scrutiny committee(s) also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist in determining if a proposal is likely to be substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

**Name of Responsible (lead) NHS or relevant health service provider:**

**Name of lead CCG:**

**Brief description of the proposal:**

**Why is this change being proposed?**

**Description of Population affected:**

**Date by which final decision is expected to be taken:**

**Confirmation of health scrutiny committee contacted:**

**Name of key stakeholders supporting the Proposal:**

**Date:**

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p><b>Case for Change</b></p> <p>1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs and/or impact assessments been undertaken?</p> <p>4) Do these take account of :</p> <p>    a) Demographic considerations?</p> <p>    b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening programmes)?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>c) Impact on vulnerable people and health equality considerations?</p> <p>d) National outcomes and service specifications?</p> <p>e) National health or social care policies and documents (e.g. five year forward view)</p> <p>f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal?</p> <p>7) Is any aspect of the proposal</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>contested by the clinicians affected?</p> <p>8) Is the proposal supported by the lead clinical commissioning group?</p> <p>9) Will the proposal extend choice to the population affected?</p> <p>10) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?</p> <p><b>Impact on Service Users</b></p> <p>11) How many people are likely to be affected by this change? Which areas are the affecting people from?</p> <p>12) Will there be changes in access to services as a result of the changes proposed?</p> <p>13) Can these be defined in terms of</p> <p>a) waiting times?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>b) transport (public and private)?</p> <p>c) travel time?</p> <p>d) other? (please define)</p> <p>14) Is any aspect of the proposal contested by people using the service?</p> <p><b>Engagement and Involvement</b></p> <p>15) How have key stakeholders been involved in the development of the proposal?</p> <p>16) Is there demonstrable evidence regarding the involvement of</p> <p>a) Service users, their carers or families?</p> <p>b) Other service providers in the area affected?</p> <p>c) The relevant Local Healthwatch?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>d) Staff affected?</p> <p>e) Other interested parties? (please define)</p> <p>17) Is the proposal supported by key stakeholders?</p> <p>18) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?</p> <p><b>Options for change</b></p> <p>19) How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>20) Were the risks and benefits of the options assessed when developing the proposal?</p> <p>21) Have changes in technology or best practice been taken into account?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>22) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?</p> <p>23) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)?</p> <p>24) Have the workforce implications associated with the proposal been assessed?</p> <p>25) Have the financial implications of the change been assessed in terms of:</p> <ul style="list-style-type: none"> <li>a) Capital &amp; Revenue?</li> <li>b) Sustainability?</li> <li>c) Risks?</li> </ul> <p>26) How will the change improve the health and well being of the population affected?</p>		



Briefing note  
May 2023

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## **Service development summary and updates**

Our ambition is to constantly improve our services and ensure they are responsive to the changing needs of our patients and communities. The below provides an overview of several service developments which have been delivered or likely to be proposed over the coming months, relating to our hospital services. These proposed changes are designed to improve access to the most appropriate type of care and to enable ongoing improvements to care quality and patient outcomes, whilst delivering the best possible value from finite resources.

### *Mental health services*

#### **Adult mental health inpatient care**

In recent years the Trust has carried out multimillion pound investments in improvements to ensure people receive inpatient care as close to home as possible, in the best environment. We have eliminated the use of 'out of area' placements and have reconfigured wards to ensure they are more therapeutic environments, geared for recovery, and meet national standards.

We have created new and refurbished wards at Parklands Hospital, Basingstoke and in the coming weeks we will be re-opening completely re-designed wards at Melbury Lodge. This includes Kingsley Ward, which will now be single sex compliant with separate male and female wards. We will also be opening Snowdrop, a specialist ward for older people with mental health needs, and a refurbished mother and baby unit. In addition, we have now opened a highly specialist psychiatric intensive care unit for women, Abbey Ward, at Antelope House, Southampton. The only such unit of its kind in Hampshire, this ward provides much needed intensive inpatient care for women in crisis and is part of our ambition to develop a complete, dedicated mental health care pathway for women. Abbey ward is being opened in a phased approach as we recruit to the full complement of staff.

#### **Older people's mental health**

The Trust is looking across the whole pathway for older people including community and inpatient provision, and considering the best practice for supporting people with mental health and dementia needs. We have recently refurbished Poppy and Rose wards at Gosport War Memorial Hospital and Elmwood ward at Parklands, Basingstoke. We have also been working with patients, families and professionals to begin designing what the future community provision for older people will look like. This includes enhancing memory assessment services and piloting intensive support services in the community.

Over the last two years we have been reviewing the demand for different types of inpatient care for older people. During the adult and older people's ward refurbishments highlighted above, we have successfully responded to the demand for inpatient care for people with dementia, with fewer overall beds (32). Over the same period we have seen a rise in demand for beds for older people with other mental health conditions (which we call 'functional' mental health). As a result, we are now proposing to reconfigure our mental health inpatient services for older people to ensure they are best shaped to respond to this demand. This will involve reconfiguring Beaulieu and Berrywood Wards at the Western Community Hospital to be a single space for functional mental health care.

Wards at Gosport and Basingstoke, which serve the whole Hampshire population, will remain as specialist dementia wards with the same overall number of beds as are currently in use (32), and we will continue to provide inpatient dementia care for any patients who need it across the county. We are beginning to talk with patients, families and staff about these proposals.

### **Rehabilitation in Mental Health**

Crowlin House is a residential unit in Calmore providing social care for people with long term mental health rehabilitation needs. The Trust and the Integrated Care Board have looked carefully at the care model and environment at Crowlin House within the context of national best practice and quality of care. The residents who were originally placed at Crowlin House have now moved on to more suitable accommodation and the transition of residents into more appropriate settings over time has meant that Crowlin House is now significantly under occupied. Of the remaining residents, all have move on plans in the coming months. In addition, the building is no longer fit for purpose as a modern, accessible residential unit and the service model doesn't enable people to receive support for their recovery in their local communities.

Our proposal, once all residents have moved on, is to develop more suitable mental health rehabilitation services in Southampton and Hampshire, which more closely fit with the long-term vision for mental health rehabilitation which we are in the process of co-designing. Once the building is no longer required, the Trust would engage with the market and with local stakeholders to understand options for the future use of the site.

The Trust has informed residents, their families and staff at the site about this recommendation and continues to engage closely.

### **Specialist services for young people**

Across England rates of mental health problems for children and young people have increased considerably with one in six (16.0%) children aged five to 16 years identified as having a probable mental disorder in 2020, increasing from one in 10 (10.8%) in 2017. In the South East of England this proportion is even higher, with 17.4% of children aged between five and 16 identified as having a probable mental health disorder. The increasing acuity and complexity of children and young people's needs is also having a huge impact on complex care providers, including Southern Health. Access is significantly challenged, it is becoming more difficult to place children and young people into appropriate residential, foster care, specialist educational and specialist health placements.

Locally, we have seen a 295% increase in demand for inpatient care for young people, and more than half of this demand is for specialist eating disorder care.

In this context and alongside partners, the Trust is developing proposals to increase capacity and support for young people with mental health needs.

We are planning to reconfigure inpatient capacity at Leigh House, an acute adolescent psychiatric service in Winchester, and developing an eating disorder day service. We are developing a 10 bedded residential unit for young people with acute and severe mental health needs (Leigh House currently has 8 beds). The refurbished residential unit would continue to support young people (aged 12-18) presenting with acute and severe mental disorders/mental health difficulties – such as emerging emotionally unstable personality disorder, deliberate self-harm, major mood disorders, psychoses, complex neuropsychiatric disorders, eating disorders and severe obsessive-compulsive disorders.

The 10-space day hospital programme will be for young people whose physical health is stable and with the aim of preventing admissions where possible and appropriate and any further decline in individuals' physical health. The focus of the day programme will be to empower families, helping young people and families to eat together again and supporting parents and carers to be able to feed their young person independently rather than the service managing the young person.

In addition, we are securing pilot funding for a new 'transitions team' to support young people leaving the residential unit and moving back into their community.

Finally, we are in the early stages of establishing a children's Psychiatric Intensive Care Unit (PICU) on the Bluebird House site at Tatchbury Mount. The recent national capital bid for this development has been approved and planning has commenced.

Conversations with young people, their families and our staff have begun to take place and we are keen to involve people with lived experience throughout the design of these new enhanced services.

### *Physical health services*

#### **Review of community hospitals**

Community hospitals play an important role in enabling people to be discharged from acute hospitals as part of their recovery and rehabilitation. They also host other services, such as diagnostics and community teams. The roles of these hospitals have evolved over many years – with some buildings pre-dating the formation of the NHS. The review of community and mental health services commissioned by the Integrated Care Board recommended a review of community hospitals across the county, to better understand the roles community hospitals play now and how this can be developed in the future to ensure they continue to best meet the needs of local people. Southern Health is working with commissioners and other partners to carry out this review, which is at the early stages and will include engagement with staff, patients and partner organisations.

#### **Expansion of beds at Alton Hospital**

In May 2022, the Trust opened a brand new 22-bedded ward at Alton Community Hospital. The purpose-built ward was created to increase the provision of rehabilitation and recovery inpatient care in the area. It also improves the care we give to patients who are coming to the end of their lives. Inwood Ward sees the number of beds available at Alton increase from 18 (on the existing Anstey Ward) to a new total of 40 beds. Patient and carer groups were involved in the clinical plans for the ward, as well as the ward layout and design, and a number of patients were also involved in the recruitment of staff to the new ward.

#### **Community Diagnostic Centre**

As part of the national drive to improve timely access to diagnostics, the Trust has worked with partners to develop a state of the art community diagnostic centre at Lymington Hospital. This facility includes a range of equipment and expert staff and means more people are able to receive potentially life saving diagnoses sooner. It also means that local people can access these services more conveniently, without the need to travel and park at a busy acute hospital. The Centre at Lymington was visited by the Chief Executive of NHS England as is seen as a very good example of community diagnostics in action. This service builds upon existing enhanced diagnostic facilities at the hospital, including a magnetic resonance imaging (MRI) scanner which was purchased with the generous support of the Friends of Lymington Hospital.

## **Response to Care Quality Commission (CQC) following inspection report**

In April 2023 the CQC published a report following inspections of the Trust's mental health inpatient units which took place in October 2022. Further to the briefing provided to Overview and Scrutiny on this matter, the Trust has developed a detailed action plan which has now been shared with the CQC.

The CQC found a number of areas of improvement and good practice. Inspectors also found some areas where there hadn't been as much progress as expected. As a result, the overall rating for these services remains as 'Requires Improvement'. These services remain rated 'Good' for the domains of Caring and Effective, and 'Requires Improvement' for the other domains. The overall rating for the Trust did not change as a result of this inspection report, and remains at 'Requires Improvement.' All of the Trust's community physical health services are rated 'Good' in all domains. The Trust remains rated 'Good' for being Well Led.

Overall the Trust is disappointed that the CQC found some issues which had not been progressed as quickly as expected when they visited in October 2022. The Trust has already been addressing areas for improvement in the months since the inspections took place and will carry out the action plan to respond to the outstanding areas highlighted in the recent report.

There continue to be significant staff shortages in some of our mental health units but the staff on all our mental health wards do an incredible job. We are focussed on recruitment and retention of staff, and have recently held successful recruitment open days and other activity.

### **Recommendation**

The panel is asked to note this paper and advise the Trust of any further information required. The Trust is willing to present and answer questions on any of these items in more detail, should the panel find this helpful.

<b>DECISION-MAKER:</b>		HEALTH OVERVIEW AND SCRUTINY PANEL	
<b>SUBJECT:</b>		MONITORING SCRUTINY RECOMMENDATIONS	
<b>DATE OF DECISION:</b>		29 JUNE 2023	
<b>REPORT OF:</b>		SCRUTINY MANAGER	
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Corporate Resources</b>	
	<b>Name:</b>	<b>Mel Creighton</b>	<b>Tel:</b> 023 8083 3528
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel:</b> 023 8083 3886
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
<b>RESOURCE IMPLICATIONS</b>			
<b><u>Capital/Revenue</u></b>			

5.	None.
<b><u>Property/Other</u></b>	
6.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
8.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
9.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	None
<b>KEY DECISION</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Monitoring Scrutiny Recommendations – 29 June 2023
2.	Supplementary information – Walking distances for healthy food outlets
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
<b>Other Background Documents</b>	
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

# Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 29 June 2023

Date	Title	Action proposed	Action Taken	Progress Status
09/02/23	ASC – Performance & Transformation	1) That, to present a more accurate reflection of the performance of Adult Social Care Services in Southampton, moving forward local performance indicators are included in the performance dataset alongside the ASCOF measures.	Local performance figures will be included alongside ASCOF measures.	Ongoing
		2) That, where appropriate, the performance indicators include figures as well as percentages to enhance the Panel's understanding of the metrics.	All standalone percentage figures presented in future will include a baseline number.	Ongoing
		3) That an overview of DOLS performance and trend data is attached to the next iteration of the performance dataset to be considered by the Panel.	DoLs information will be included henceforth.	Ongoing
		4) That the projected Adult Social Care budget overspend for 2022/23 is shared with the Panel.	This information will be made available.	Ongoing
		5) That the Chair and Vice Chair of the Panel meet with the Executive Director to discuss Adult Social Care review activity.	To be arranged when new, permanent chair selected.	Ongoing
		6) That, subject to agreement from the Chair, performance and transformation are considered together when the Panel undertake quarterly reviews of Adult Social Care in 2023/24.	Both to be included in ongoing reports to HOSP.	Ongoing
06/04/23	Project Fusion - Update	1) That Project Fusion returns to the HOSP agenda in 2023/24 to consider the final business case. There will be an expectation that the report to the Panel will include performance targets and baseline data for Southampton and governance arrangements.		
06/04/23	SCC Policy Approach to Food	1) That information relating to eligibility and the take up of free school meals in Southampton is provided to the Panel.	The April 2023 HOSP report quoted 34.5% of pupils in Southampton as eligible for Free School Meals (FSMs) in January 2023. For clarity, this figure is calculated as the number of pupils in both primary and secondary schools who are known to be eligible for FSMs	

Date	Title	Action proposed	Action Taken	Progress Status
			<p>expressed as a proportion of all pupils. Pupils in Years R, 1 and 2 who receive universal free school meals but do not meet the eligibility criteria for FSMs are not included in the numerator.</p> <p>A subset of data for pupils eligible for free school meals was analysed to estimate how many children are eligible but are not taking up the offer. From the analysis, it is believed there are a number of families within the city who are currently eligible but are not taking up the current offer of FSM. We believe there are enough families to warrant a piece of work to accurately identify the full number and ensure all has been done to encourage full take up. An additional aim of this is to ensure schools are able to access as much additional funding as possible for the city.</p> <p>The additional data relating to the take up of free school meals is expected to be available in July 2023 (at the end of the academic year).</p>	
		2) That, following the reference to the potential for licensing policy to reduce obesity, food is used as a test case for the Council's recently adopted Health in All Policies approach.	Food will be used as a test case for the Council's Health in All Policies approach. This will be undertaken as part of the Scrutiny Inquiry (for tackling childhood obesity) recommendation to work towards becoming a Sustainable Food Place. This will involve the establishment of a cross-department/sector food network and the development and implementation of a local action plan, which can be embedded across a wide range of functions delivered by the Council and partners.	
		3) That an exercise is undertaken, akin to the Pharmaceutical Needs Assessment, to identify the	A similar approach to the Pharmaceutical Needs Assessment, which will help us understand	



Date	Title	Action proposed	Action Taken	Progress Status
		distance a resident is required to travel to access a retail establishment that sells 'healthy' food.	<p>access to healthy food, is underway. An initial desk-based mapping exercise using an evidence-based<sup>1</sup> healthiness rating system for food outlets has been undertaken (see map provided as supplementary information). [Note this map only includes retail outlets within the city and the methodology for rating the outlets does not take affordability into account.]</p> <p>To build on this, an opportunity to embed questions about the food environment in the Designated survey on District and Local centres is being explored which would offer a more nuanced understanding of the local food environments in the city. This survey is led by the Planning team and will involve site visits to all district and local centres in the city.</p> <p>In addition, we continue to work closely with academic colleagues at the University of Southampton who have expertise in this area.</p>	
		4) That the Cabinet Member seeks to ensure that resources are in place by September 2023 to drive the sustainable food environment agenda forward in Southampton.	It is intended that work to drive the Sustainable Food Place agenda will commence in September 2023 led by a Public Health Registrar who will be on placement at the Council. However, it should be noted that the Public Health Registrar is only temporary, and no other additional resource has been identified for when the Registrar placement ends.	

<sup>1</sup> Moayyed H, Kelly B, Feng X, et al. Evaluation of a 'healthiness' rating system for food outlet types in Australian residential communities. *Nutrition & Dietetics* 2017;74(1):29-35. [Evaluation of a 'healthiness' rating system for food outlet types in Australian residential communities - Moayyed - 2017 - Nutrition & Dietetics - Wiley Online Library](#)

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