

**Report To:** Health Overview & Scrutiny Panel

**Date:** 22 March 2012

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**Subject:** Reprovision of services for long term patients with  
severe dementia currently resident on Exbury Ward,  
Solent NHS Trust

### **1. Purpose of the report**

This report is intended to inform members of the Health Overview & Scrutiny Panel of the intention of NHS Portsmouth to reprovide the service for long term patients with severe dementia resident on Exbury Ward, St James Hospital.

The current service is provided by Solent NHS Trust, and it is expected that following assessment and review patients will be supported within other NHS settings, or appropriate nursing homes within the City.

### **2. Background**

There are currently 9 patients on Exbury Ward, St James Hospital. All residents are long term, significantly frail and suffering from severe dementia. Their health will continue to deteriorate over time.

The quality of care provided is not disputed, however the model of care with patients living large parts of their lives in an NHS hospital is one that is no longer supported either nationally by the Department of Health, or locally by commissioners and clinicians.

There have been no new patients admitted to the Ward for several years, and as patients have sadly passed away the service has become less viable and does not represent value for money.

Exbury Ward to some extent is a relic of the old model of caring for people with dementia. The newer model of care which has been operating in Portsmouth since 2009 provides outpatient services, a day treatment service, community support, intermediate care and a range of purpose built short-stay inpatient wards providing assessment and treatment. Discharge from the wards is often home or to nursing homes.

A review of Older Persons Mental Health services during 2011 highlighted these points, as well as raising issues about the ability of the current patient pathway and

service configuration to meet increasing demand for services. With an aging population and greater understanding of mental illnesses, diagnosis rates for dementia and depression are expected to increase dramatically over the next 20 years.

**Estimates of people (aged 65+ years) with late onset dementia**

Year	Mild	Moderate	Severe	All levels of severity
2011	1306	757	295	2358
2016	1379	799	311	2490
2021	1522	882	343	2747
2026	1743	1010	393	3146

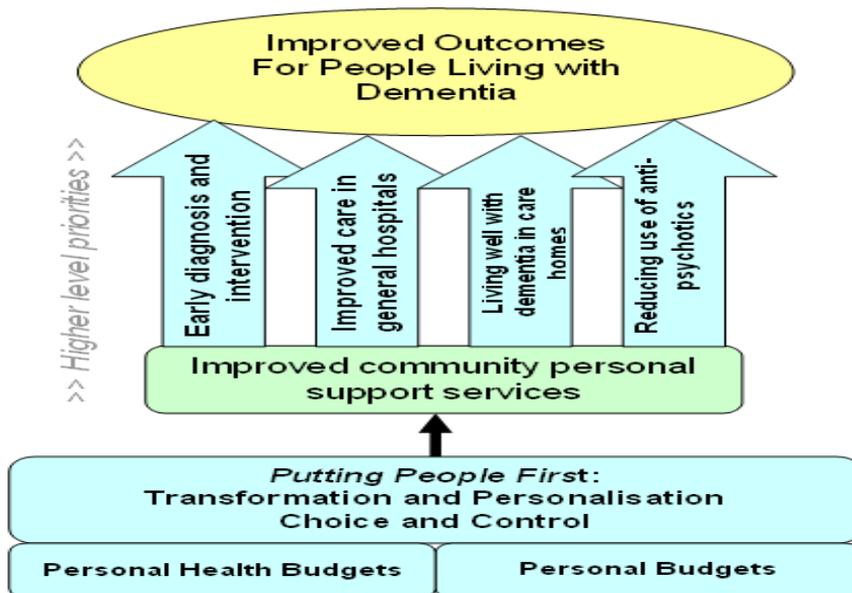
Source: Long-term population projections, Hampshire County Council, May 2009  
 Dementia UK: Alzheimer’s Society, 2007

The increasing demand for services is set against a backdrop of decreasing budgets and the need to make savings, but also invest in service development to meet increased needs.

Reprovision of Exbury Ward will enable people to live their lives, and be supported, in more homely and specifically designed surroundings.

**3. National and Local Drivers**

Modernisation of services is largely driven by The National Dementia Strategy (DoH 2009). The diagram below illustrates the key aspects of the strategy, the key aim of which is to ensure that outcomes are improved for those living with dementia through 5 key steps:



Locally, the driver for change is the report produced following the review of OPMH services which is currently with Solent NHS Trust for discussion and sign-off.

A key recommendation from the review which has already been accepted by Solent NHS Trust is that the long term service provided on Exbury Ward should close, and patients currently resident on the ward should have their care provided in more appropriate settings, based on a clinical assessment of needs.

This course of action is supported by OPMH Consultants as well as Ward and Service Managers.

Discussion with patients and families has not yet taken place and the plan for doing so is described below.

Whilst the OPMH review report is being discussed and signed off, an action plan to support the redesign of services is being developed. As part of this a full Equality Impact Assessment will be carried out. This will include a formal 12 week consultation with a wide range of stakeholders including service users, carers and families.

#### 4. Process

Whilst the service and clinicians are supportive of the changes to Exbury Ward, the impact on patients and families cannot be underestimated. Patients have been resident on the unit for many years and are used to living together as a community. They are provided with excellent levels of care and support from staff who know them well, and it is likely that families will be concerned and anxious about any changes to the way their loved ones are supported and cared for. They may also

have concerns about potential financial impacts of moving to a nursing home, if this is what is indicated.

Clinicians are very aware of the inherent dangers in moving frail elderly people with dementia, and will be fully involved in assessments and clinical management of patients. Clinicians will be leading the transfer of patients to new settings.

Lessons learned from the House of Commons Select Committee on Public Administration report into the North & Mid Hants Health Authority, Loddon Community NHS Trust Hospital Discharge Policy (Park Prewett Closure -1994) have been taken into account in the way the Exbury Ward reprovision will be handled.

The process will be underpinned by a set of principles:

- Patients and families will be fully involved in the plans to close the Ward and reprovide care, and specialist external independent Advocacy support will be commissioned to ensure that people's voices and views are heard
- Clinical assessment of need will be used to determine the most suitable setting for a person's care
- Review of assessments of need will be ongoing throughout the life of the reprovision project, and if, at the point of transfer a Clinician determines that a patient should not be moved, then alternative arrangements for the person's care will be made within the NHS
- Where possible, the move will support ongoing friendships/relationships
- Patients who move into nursing home provision will have the cost of their care fully met by the NHS and will not be financially assessed by social care, or asked to make a financial contribution
- There will be close working between the current staff team and patient's new settings whether within the NHS or nursing home to support patients before, during and after transfer

## 5. Timescale

Initial assessment of patients has been carried out and it is planned to issue notice on the contract to Solent NHS Trust in August-September 2011, with beds closing and moves taking place by the end of October 2012.

The High Level Action Plan is detailed below:

<b>Actions</b>	<b>Timescale 2012</b>
Clinical review of patients	January/February & ongoing
Development of a risk plan	March
HOSP early notification	March

Formal consultation and involvement of patients and families	March – May (ongoing beyond this point)
Agreement of suitable options	March - June
Update report to HOSP ( <i>if requested</i> )	June
Formal notice issued to Solent NHS Trust	July
Beds closed and people moved to new settings	October

## 6. Conclusion

NHS Portsmouth intend to reprovide care for long term patients with severe dementia who are currently resident on Exbury Ward in order to provide care in more appropriate settings and in line with local and national models of care.

Patients and families will be fully involved in all stages of this work, and great care will be taken to ensure that the inherent dangers in moving frail elderly people are mitigated against.

Clinicians will lead the transfer of patients to their new homes and settings and the whole process will be underpinned by a set of principles which take into account assessed needs, existing friendships/relationships and lessons learned from the Park Prewett Closure (1994).

There will be no financial impact for those clients moving into nursing home provision.

Members are asked to note this paper.

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