

## **Introduction**

This paper provides a general update from Southern Health, with a particular emphasis on our services provided in the Portsmouth and South East Hampshire area. This update covers a number of projects including our ongoing Fusion work – bringing together NHS community, mental health and learning disability services provided in Hampshire and the Isle of Wight – as well as winter planning, system pressures and mental health priorities.

## **Trust-wide update**

### **Project Fusion update**

The update on Project Fusion, the programme to create Hampshire and Isle of Wight Healthcare NHS Foundation Trust, is included as part of the Solent NHS Trust paper for this month's HOSP.

### **Leadership arrangements for acute and crisis mental health**

The Trust has adopted a new management structure to ensure greater oversight and consistency of acute and crisis mental health services across the whole county. This has involved the creation of a new acute and crisis mental health leadership team, which is responsible for leading crisis teams and inpatient services. This team works closely with the geographically-focussed clinical divisions to ensure joined up working with other mental and physical health services. It also provides greater focus and combined expertise to improve and develop crisis and acute mental health services. Furthermore, the new model aims to enable the geographical divisions to focus more closely on developing community mental health services and continue to focus on community physical health services and their role in supporting the wider health system. These changes to leadership arrangements support the clinicians in the direct provision of care to patients, and are designed to provide the right focus and best use of resources and expertise.

### **Industrial action update for strikes**

It was necessary to reschedule certain activities in anticipation of the industrial action called by the BMA and HCSA, partly due to the fact that UHS recalled some medics from services at Lymington Hospital. Over the five days, from 24-28 February 2024, the average participation rate was 28%. However, services continued to function primarily because medical colleagues who were not involved in the industrial action stepped in to cover shifts assigned to those doctors in training who wished to participate. We continue to work alongside unions and system partners to plan and prepare for industrial action and ensure critical services are able to continue operating.

## **Portsmouth and South East Hampshire (PSEH) specific update**

The following are some of the key initiatives that we have put in place to address system challenges to ensure we are doing all we can as a mental health and community provider to manage current and future demand, and ensure patients get the right care at the right place and time, working collaboratively with our partners.

### **System Pressures**

Our teams continue to pull out all the stops, working alongside health and care partners to respond

to the pressures facing the local system. Our staff are supporting in two key ways: 1) Supporting people at home, to prevent and reduce the need for them to attend hospital or require an ambulance and 2) Helping to ensure that people who are ready to be discharged from hospital can return home with the right support in place with the minimum of delay.

### **System Improvement Plans**

We continue to work closely with our partners across the system to ensure we maintain the combined effort to reduce the pressure within PHU. Community teams continue to support an average of over 1,400 patient appointments per day, which is made up of over 1,165 for community physical health teams, about 170 for adult mental health teams and 95 per day for older persons mental health teams. Our staff are working closely with acute partners and patients to support early discharge back into the community for those on their caseload, where appropriate.

Increases to both our frailty and respiratory virtual wards alongside our Urgent Community Response (UCR) capacity has enhanced our admission avoidance offer, supporting our Ambulance Service and Primary Care in treating people in their own homes, and removing the need for these individuals to attend the emergency department. Alongside this we have redirected UCR therapy provision from inside the community therapy teams to provide dedicated therapy resource within the UCR team which is further supporting admission avoidance, particularly for those living with frailty.

Further focused workforce redeployment has enabled community in-reach into the emergency Department at PHU, increasing turnaround of those living with frailty particularly in OSDEC further supporting the same day access emergency care model.

Increases to our community bed stock has enabled increased capacity for those requiring rehabilitation beds, reducing pressures for this cohort of patients within PHU. We have enabled additional flow through our beds, reduced length of stay, and increased discharges earlier in the day through:

- Redirection of resources to enhance our five-day/week therapy model to a seven-day/week model
- increasing capacity within Enhanced Recovery and Support at Home (through targeted redeployment throughout the organisation)
- the continued efforts of our community nursing and therapy teams in continuing to support proactive pull of patients out of hospital

We continue to gather data and evidence from these initiatives to support planning for 2024/25 alongside a PDSA cycle to identify and action further improvements.

The adult and older persons Mental Health inpatient teams are part of the system improvement plan and have been working hard to reduce length of stay of patients and bring their discharges earlier in the day. There is close working with the teams at PHU to ensure patients ready for a mental health bed are allocated as soon as possible.

### **Eating Disorders Service**

The service received recent positive and constructive feedback from patients and carers which formed part of a presentation to the Trust Board in early February. The presentation included an update on the demand and capacity, the physical health monitoring service, efforts to improve integrated working with the wider system and the plans for a whole pathway (all age, whole system) review as we move into the new organisation through Project Fusion. We continue to work to

identify any additional investment and service developments which would contribute towards improving access to eating disorders services in light of the increased demand.

### **Community Mental Health Services**

The Community Mental Health teams are seeing improvements to patient pathways as they work closely with No Wrong Door colleagues working across the Primary Care Networks (PCNs). Patients are having fewer assessments and are being signposted to the appropriate services in a more timely manner. In Havant and Waterlooville, Crisis plan clinics are being run and patients are being booked straight after assessment. This is reducing the time taken trying to contact patients about their plans.

End of Report