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Dear Colleague

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### **Proposal to close Willow Ward and replace with 'enhanced intensive support' community service**

I wanted to write to you about a proposal to close our inpatient unit Willow Ward - based at the Tom Rudd Unit, Moorgreen Hospital in Southampton – and replace it with a community-based service for the long-term benefit of a small group of patients with very complex learning disabilities.

Inpatient facilities such as Willow Ward no longer reflect the national ambitions for the assessment and treatment of people with a learning disability who present with challenging behaviours. Instead, there is a national drive to replace them with community-based models to improve care.

The planned community based model to replaced Willow Ward would be an Enhanced Intensive Support (EIS) for assessment and treatment for people in their own homes across Hampshire and Southampton.

There is an agreed consensus that Willow Ward is no longer viable to provide a safe, cost effective and modern service and we are therefore proposing to close the ward from the end of September 2020 in order to develop and redeploy staff to a new community EIS service.

#### *About Willow Ward*

Willow Ward is a six bed unit which has been open since June 2012 and provides multi-disciplinary, evidence-based assessment and treatment for adults with learning disability whose behaviour challenges services. These behaviours should be significant (e.g. impact on the person's health, their safety, or the safety of others, and their quality of life) and patients often present with a range of complex needs, alongside challenging behaviour, which may include physical health needs, communication needs, epilepsy and autistic spectrum disorders.

The service is provided by a multi-disciplinary team, consisting of consultant psychiatry, clinical psychology, occupational therapy, speech and language therapy, registered learning disability nurses, registered mental health nurses and health care support workers.

There has been a reduction in the demand for beds on Willow Ward over recent years, and currently there are just two patients in Willow Ward.

#### *Planned Changes*

There is a national and commissioning-led move to close facilities like Willow Ward and replace them with robust community-based alternatives. This is as a result of an evidence-led approach to care being more beneficial to patients when conducted in their own homes, rather than in an inpatient facility, as care can be more personalised, less restrictive and more responsive to their needs.

Willow Ward also has a number of challenges:

- There are significant cost pressures when the ward is unable to fill all six of its beds. Staffing levels are constant, as are the costs related to the building itself, regardless of the numbers of patients on the ward. (A community-based service would have more inherent flexibility built into the model to ease this pressure and see NHS resources spent more effectively and more beneficially on patient care.)

#### **OUR VALUES**



- There are pressures on any onward moves for inpatients, as they are influenced by a number of factors including the complexity of a patient's needs, their requirements for adapted or specialised environments and whether any day time space is suitable to meet their needs. As a result, the patients currently on Willow Ward have been subject to delayed transfers of care, and the concern is that they start to view Willow Ward as a home, rather than its intended purpose, which is a hospital.
- Willow Ward is isolated, situated on a remote site away from any hospital infrastructure, and with no access to wider inpatient services. This creates a risk, particularly out of office hours, when access to support is not available. As a result, there has historically been a high reliance on costly agency staff to meet the additional needs of the ward. (By comparison, a community team would have more inbuilt staffing flexibility.)

In terms of Willow Ward's two remaining patients, they now have robust discharge plans in place, which will see them both discharged by 30 September 2020. The commissioners, and the clinical team at Willow Ward, have worked together to identify suitable providers, and each will be moving into their own home, with a skilled workforce supporting them. The providers in each case have been/are working with the ward to ensure the safe transition of each patient to their new home.

There is a strong rationale that a six bed inpatient unit for this patient group is no longer needed. Willow Ward has been under-occupied for more than 18 months and it is agreed that those remaining patients on the unit should have been discharged to more beneficial community care some time ago and that their delayed discharges could have been reduced had an Enhanced Intensive Support (EIS) service been operational earlier.

Due to the long-term national plans for a more community-based package of care for this small patient group, Willow Ward has recently closed to new admissions. This presents a significant cost pressure and as the remaining patients are discharged, this pressure will increase.

This said, Southern Health's Community Learning Disability Service, including the existing Intensive Support Team (IST), continues to work proactively with patients, their families, carers and providers to respond to any crises in the community in order to prevent the need for admission. This work would continue after the proposed closure of Willow Ward and until the commencement of a potential new community-based EIS team – in order to ensure the best possible care in any interim period.

Southern Health, and senior commissioners within West Hampshire CCG and Southampton City CCG, have agreed their commitment to a new model of care which supports people with a learning disability whose behaviour challenges services. A proposal paper detailing the new Enhanced Intensive Support Service has already been submitted to commissioners, and costings for the new service are now being progressed. Subject to the funding for the new service being approved, a detailed business case will be prepared and submitted to commissioners for approval.

The next steps are to develop a Project Initiation Document, including a Standard Operating Procedure, for the new service. This will be developed in partnership with members of Willow Ward's multi-disciplinary team (some of whom have split posts with the existing Intensive Support Team) as these staff members will play a vital role in the design of the new model. It is hoped that formal agreement for the first stage of this work will be made by the end of July 2020 and a project plan will then be developed, with clear timescales for when the new EIS service can commence.

In essence, the new EIS service would expand on the current Intensive Support Team community model to create an enhanced intensive support service in the community. The role of this EIS team would be to deliver flexible, high intensity, personalised care to people experiencing behavioural or mental health crises within their own home environments.

The intent would be for expert clinical staff to work alongside patients' regular support networks, enabling them to develop resilience in coping with behavioural challenges being presented. The EIS service would be a flexible, needs-led service, operating extended hours where required.

In addition, the EIS team would be working to ensure the discharge, and repatriation of people in out of area beds, providing in-reach into other hospital settings, working with commissioners and supporting care providers in the development of packages of care to meet individual needs in the community.

#### *Risks*

Due to the work involved in establishing this new service, it is likely that there will be a planned delay between the proposed closure of Willow Ward and a new community-based model being finalised and implemented.

As a result, there will be a risk that a very small number of people with a learning disability who require assessment and treatment may need to be admitted to an inpatient unit out of area although, as mentioned above, this will be mitigated by our community teams and IST working to prevent the need for any admissions.

In Hampshire and Southampton, the Dynamic Support Register, held by the CCGs, has oversight of people who are at risk of hospital admission, and is supported by all partners working in the Learning Disability sector.

In the event that an individual with learning disabilities deteriorates, so that there is at risk of admission to hospital, there already exists a joint protocol (between Hampshire and Southampton local authorities, CCGs and Southern Health) to ensure the least restrictive option is applied. The Blue Light Toolkit or Local Area Emergency Protocol, is a process for drawing together commissioners, along with health and social care providers, to respond to crises related to the care of people with a learning disability.

Every effort is made to avoid admission, including increasing levels of support in the short term, along with increased interventions by the Community Learning Disability Team and IST. If admission is ultimately required, the Community Learning Disability Team, IST, and social care departments will work with the responsible CCG to facilitate an admission to an appropriate bed. Beds may be situated within existing mainstream NHS provision, or in specialist Learning Disability provision. The CCGs work with a number of providers, and are able to identify available beds across the region to best fit a patient's needs.

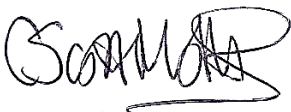
*Your Feedback*

Once you have had the opportunity to digest these proposals, I would be happy to answer any questions you may have about the plans or to arrange a meeting to discuss them in more detail. I can be contacted on 07901 624514. I would also be keen to find out your thoughts to these proposals and would welcome your feedback via email to: [ceila.scott-molloy@southernhealth.nhs.uk](mailto:ceila.scott-molloy@southernhealth.nhs.uk).

Please note, these proposed changes are dependent upon further consultation with our service users and their families, our health overview scrutiny committees, other local stakeholders and of course our staff. (We anticipate that our highly skilled staff team at Willow Ward would redeploy to the new community-based service, in line with national guidance.) Therefore the timings for any changes are yet to be confirmed, however, as mentioned earlier in the letter, it would be our intention to close Willow Ward in the autumn if we have agreement to do so.

Kind regards.

Yours faithfully



**Celia Scott-Molloy**  
**Head of Operations, Learning Disability Services**