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Media and Communications Team

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## **Briefing note:**

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

#### **Overview**

**The current inpatient model provided by Willow Ward - based at the Tom Rudd Unit, Moorgreen Hospital in Southampton - no longer reflects the national ambitions for the assessment and treatment of people with learning disability who present with challenging behaviours. Nationally, there is a drive to replace inpatient facilities like Willow Ward with a community-based model for the long-term benefit of this small group of patients with very complex learning disability. This is the right thing to do to improve care.**

With this in mind, our commissioners in West Hampshire CCG and Southampton City CCG have articulated their tentative support to develop a community based model of Enhanced Intensive Support (EIS) which will incorporate assessment and treatment for people in their own homes. This would replace Willow Ward, the current inpatient facility for Hampshire and Southampton. There is acknowledgement that access to inpatient beds may still be required for those very few people whose needs cannot be met in the community, but this will be increasingly rare as the EIS would offer an enhanced level of intensive community support.

This paper details the current model, and the financial and practical challenges the inpatient service faces. It sets out a timetable for the proposed changes, and the implications for patients and for the workforce currently employed on Willow Ward, who would be redeployed into other settings.

There is an agreed consensus that Willow Ward is no longer viable to provide a safe, cost effective and modern service. It is, therefore, our proposal to close the ward from the end of September 2020 in order to develop and redeploy staff to a new community EIS service - improving care for this small, complex patient group.

#### **Background**

Willow Ward 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 should be a result of a learning disability rather than an underlying mental illness or personality disorder. 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.

Willow Ward is a referral based, non-emergency service and its assessment and treatment provision includes:

- applied behaviour analysis/functional analysis
- complex communication assessment and profiling
- sensory integration/processing assessment and intervention
- complex assessment of motor and processing skills

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#### **OUR VALUES**



- physical and mental health assessment and review
- person centred active support
- the creation of a positive behaviour support plan
- a placement needs profile
- periodic service reviews to support continuous quality monitoring.

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

The ward provides 6 beds set out across 4 single bedrooms (with access to shared lounge and kitchen facilities), as well as 2 'flats', with independent lounges and some facilities for meal preparation. The flats were originally designed to support patients with transition into and out of the ward. There are two enclosed gardens, an occupational therapy kitchen and a sensory integration suite.

The ward is provided within Moorgreen Hospital and remains the only inpatient facility on site, with all other services provided only during office hours. (These other services include children's services, adult mental health services, older person's mental health services and training services). Willow Ward is an isolated unit as it has no neighbouring clinical inpatient services able to offer support, leaving the ward clinically isolated, particularly out of office hours and at weekends.

**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 (a third was recently discharged into the community with a robust package of care on 29 June 2020).**

### Planned Changes

The publication of the NHS Long Term Plan in January 2019 has provided a challenge in relation to the long term viability of inpatient provision for people with a learning disability, with NHS England committing to: *"transforming care (which) will mean that fewer people will need to go into hospital for their care. This means that we can close hundreds of hospital beds across England. To do this we are making sure that services in the community are much better."* Source: [www.england.nhs.uk/learning-disabilities/care/](http://www.england.nhs.uk/learning-disabilities/care/)

Moreover: NHS England is committed to:

- a reduction of inpatient admissions by more than 50% within the next 5 years
  - increased investment in community support, reducing inpatient admissions
  - care in the community should become more personalised and closer to home, with fewer people being subjected to preventable inpatient admissions
  - by March 2023/24, inpatient provision should reduce to less than half of 2015 levels (on a like-for-like basis and taking into account population growth)
  - for every one million adults, there should be no more than 30 adults with a learning disability and autism cared for in an inpatient unit
  - every local health system is expected to have a 7-day specialist multi-disciplinary service and crisis care.
- Source: [www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf](http://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf)

**Therefore there is a national and commissioning-led move to close such facilities as 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.**

Currently, Willow Ward beds are commissioned on a spot purchase basis, with the flat rate per bed intended to cover the OBD (occupied bed days) rate, the multi-disciplinary team (MDT) and one-to-one support for each

patient. For patients with more complex needs, additional support is sought on an individual basis via agreement with commissioners (and is mainly provided by NHSP and agency staffing, thereby providing a challenge with continuity of care).

A significant cost pressure occurs when the ward is unable to fill all of its beds, irrespective of rationale, e.g. if it would be clinically unsafe to do so or the required staffing levels needed to increase above those agreed with commissioners. This is because the MDT funding is provided within the OBD rate charged, therefore it is significantly impacted if occupancy falls below 100% or patient need indicates that increased input is necessary. This puts significant pressure on NHS finances – whereas a community-based service can 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.

There are also 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.

This said, similar to the patient who was discharged on 29 June 2020, the two remaining patients 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.

The current commissioner of the two remaining beds, West Hampshire Clinical Commissioning Group is aware of, and supportive of, the intention to close the ward once all patients are safely discharged.

**There is a strong rationale that a 6-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.**

To summarise, the biggest challenges currently facing Willow Ward are:

- Environmental factors (Willow Ward is isolated, situated in 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).
- Whilst this is not an issue with the two remaining patients, in the past there have been inappropriate placements onto the ward. This saw increasingly high levels of acuity and dependency with some patients. This impacted on staffing numbers and, due to the isolation of the ward, the availability of staff who could be drawn in to meet increased demand was not there. As a result, there has historically been a high reliance on costly agency staff to meet the additional needs of the ward. (By comparison, an EIS team would have more inbuilt staffing flexibility than an inpatient facility).
- Financial challenges (heightened in December 2019, following the discharge of two Dorset CCG patients). Willow Ward is a spot purchased service, and the critical level of staffing is constant regardless of numbers of occupied beds. The costs related to the building itself also remain constant, regardless of the numbers of patients on the ward, and these fixed building costs would be better invested in delivering an enhanced community-based service.

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 IST 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. This is work identified by CCGs as part of the new commissioning model for Learning Disability Services in Southern Health.**

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.

## **When?**

We propose closing Willow Ward at the end of September 2020, although this is subject to further consultation with our patient groups/families and agreement from organisations such as our commissioners and the local overview and scrutiny committee.

## **Engagement Activity & Next Steps**

### Patients and Families/Carers

Southern Health is involved in a detailed review of its Learning Disability Services, which involves consultation with service users and carers/families. This review covers all learning disability services including the Challenging Behaviour pathway, of which Willow Ward and IST are integral parts. Within the proposed commissioning model for the Learning Disability service, there is an emphasis on modernising the service to provide early intervention to service users, to prevent hospital admission, and also to work with inpatient settings to ensure timely, safe discharge for individuals back into the community.

The proposal for the closure of Willow Ward will be discussed at the next Programme Board meeting, planned for 16 July 2020. The Programme Board includes carer and service user representatives, along with representation from other key stakeholders from across the county.

In addition to this, we are writing to the families of the two remaining Willow Ward patients and the recently discharged patient to gather their views on the planned closure of the unit and its replacement with a new EIS community service. Whilst it would be hard to gather feedback from the patients themselves, due to the complexity and profound nature of their learning disabilities, we are keen to discuss the proposals with their families who advocate on their behalf. This feedback should be available by the end of August.

### Wider Stakeholders

As the care provided at Willow Ward is so specific/niche for a very small cohort of people with a learning disability and challenging behaviours, wide-scale consultation is not necessarily the most appropriate method of gathering opinion. Instead, we plan to write to local groups/organisations whose specific purpose is learning disability/patient advocacy, to ensure their understanding of the complex patient group and their interest in advocating for their best possible care.

As a result, letters with contact details for further information, are planned for:

- Hampshire Learning Disability Partnership Board (with links to the LIGs – local implementation groups)
- Southampton Learning Disability Partnership Board
- Healthwatch Southampton
- Healthwatch Hampshire
- Health and Wellbeing Board (Council)

### Staff

Staff have been kept informed of the plans in relation to Willow Ward through regular informal communication in recent months. Additionally, a more formal consultation is now taking place from 6 July to 7 September 2020 to gather views.

As part of this we are asking staff about the impact of the potential divestment of Willow Ward - to establish how the 26 staff (made up mainly of health care support workers, nurses, psychologists and allied health professionals like speech and language therapists and occupational therapists) would be redeployed if Willow Ward were to cease as a standalone service. The goal is to secure all staff suitable alternative employment and wherever possible to avoid redundancies.

Staff are aware that there is a commitment from West Hampshire CCG and Southampton City CCG to support the design of an Enhanced Intensive Support service, which will provide community-based assessment and

treatment for people with a learning disability, who present with severe challenging behaviour, and who may have been admitted to a unit such as Willow Ward. We anticipate that this proposed new model would provide opportunities for staff to apply to redeploy again and work in this EIS service once operational. In effect, we would be moving our highly skilled staff team and utilising their expert skills in the new community-based model, in line with national guidance.

**Any questions?**

If you have any questions, please contact Celia Scott-Molloy, Head of Operations, Learning Disability Services on 07901 624514 or email: [celia.scott-molloy@southernhealth.nhs.uk](mailto:celia.scott-molloy@southernhealth.nhs.uk).