

Future of Farhampton Community Hospital

The following paper is submitted to the Hillshire Integrated Care Board to discuss the possible options for the Farhampton Hospital site; the arguments are laid out here for further consideration.

Demography

- Farhampton is a seaside town with a largely elderly population and a larger than average number of retirement homes. 35% of residents are over 65 years old, 5% of whom are over 85 years old.
- Seasonal variation: large number of caravan sites – popular during summer months.

Site/Estates/facilities

- The hospital occupies a large site (approx. 6 hectares/15 acres).
- Buildings cover only 2 hectares of the site; the rest is car parking / land that could be released / built on.
- The hospital and grounds are owned by St Mary's NHS Foundation Trust.
- The care of the elderly wards (three Victorian buildings) are in need of refurbishment. The birth centre and minor injuries clinic were refurbished in 2006.
- There have been several additions over the years, including a 1960s extension which is an eyesore.
- The hospital is expensive to run and maintain.

Activity

Services offered:

- Geriatric rehabilitation/step down beds:** 80 (usually at 95% capacity)
- Minor injuries unit:** during the summer holiday season the hospital's minor injuries unit treats three times more patients per week than during the quieter winter months (in summer 2025 due to increased numbers of 'staycationers', this multiplied by five times). However, since GP out of hours services and the 111 service have been improved, attending numbers have dropped by 30%. The ICB has preliminarily announced plans to withdraw 40% of the funding from April 2026 for the minor injuries' unit.
- Midwife-led birthing unit:** 350 births per year. The unit handles a lower-than-average number of births. Bookings for this year are down and the trend looks set to continue. The hospital has not put in place a marketing plan for the birthing unit.

Reasons for admission to Farhampton Hospital geriatric step down – 2024 Average length of stay is 22 days Source: St Mary's NHS Foundation Trust	
Falls and limb fractures	45%
Awaiting suitable care provision at home	25%
Medical rehabilitation (following surgery)	14%
Stroke rehabilitation	12%
Other reasons	4%

Case for closure/change of use of Farhampton Hospital

- Staffing difficulties at the geriatric unit. The most recent report from CQC highlighted the unacceptable staffing levels and the effect that it has had on patient nutrition and dignity. Action is needed.
- The move towards more rehabilitation taking place in people's homes, rather than in hospital.
- The potential to purchase more beds in local, private care homes (or build one using local authority/private funds) for step-down care for elderly, with enhanced NHS clinical staff visiting service (along the [Hospital at Home](#) model).
- St Mary's Trust Head of Midwifery reported to last Board meeting that expectant mothers in the Farhampton / Ruffley area are more likely to have existing conditions (previous caesarean birth, diabetes, obesity etc.) due to socio-economic profile that prevent them from giving birth in the low-risk birth centre and this trend is expected to continue. Births are expected to drop next year to 300 and there are concerns over staff training. On several occasions, due to lack of midwifery staff at St Mary's it has been necessary, on safety grounds, to close the birth centre so that staff can support colleagues on the St Mary's site. Closure of the birth centre would allow midwifery staff to support colleagues at St Mary's and address staffing problems.
- The birth centre has not been well supported by local GPs who believe it to be unsafe without doctors on site and feel that an alongside midwife-led unit on the St Mary's site would be a preferred option (where obstetricians are close by if needed and transfers are easy) along with an enhanced county-wide home birth service.
- ICB withdrawal of funding for minor injuries clinic (see *Activity*).
- Estimated value of site to a developer is £5million which could be used to fund improved services at Middleton site and address issue of delayed discharge by older people awaiting return home.

Case for keeping Farhampton Hospital open

- With the lack of elderly care staff in hospital and the community, concentrating staff in one building, rather than being mobile and out in the community, would allow for a better service, with more concentrated therapies to get patients home quicker.
- Range of community charities and voluntary groups, including Friends of Farhampton Hospital, that support the elderly care wards are opposed to wholesale closure of the site.
- The strength of local feeling - demonstrations and public meetings to protest against the 'downgrading' of services at Farhampton Hospital are organised; negative publicity expected.
- Channel Mental Health Trust has approached the Trust about the possibility of buying a portion of the land to open a medium secure forensic facility on the site. This could allow the majority of current services to be maintained, but with some of the unused land sold to Channel.
- Hillshire Council Adult Social Care Services want elderly facility kept open for step-down care and are keen, as part of the ICB work, to look at how Farhampton could become a 'community hub' including more day care, prevention and wellbeing services for children and young people as well as adults.
- The use of step-down beds at Farhampton prevents delayed discharges at St Mary's Hospital.

- The private provision of nursing home beds across the county is of variable quality and in some areas, lacking in quantity. There is also concern about the sustainability of many smaller care homes given rising costs and lack of staff; the Hillshire care home 'market' is precarious.
- Union pressure re. possible closure, i.e., RCM, RCN, UNISON
- Local organisations that support pregnant women and new parents including the NCT are anti-closure of birth centre citing patient choice and high caesarean rate at St Mary's.

Issues to consider

- Response of local Councillors, MPs, patient groups, GPs. All will need sensitive handling if consultation on closure, change of use or downgrading is to go ahead. Suggest early meetings as soon as possible. We would want to avoid either a Judicial Review or a referral of the decision to the Secretary of State.
- Sensitive media handling is key. Local paper, the *Hillshire Herald*, has track record of running vociferous campaigns when service changes are proposed.
- A Facebook petition supporting a campaign to protect services at Farhampton has gained more than 4,000 signatures in its first month. Reform Party activity locally is key in stirring up concern and is likely to continue into the local election campaign.
- Until any decisions are taken, the Board needs to ensure that services at Farhampton are of the highest quality possible. This will require some additional funding of staff in the elderly care wards.
- Once the Board makes a decision and if significant changes are proposed to the Farhampton hospital site, a full public consultation will need to be run in addition to key stakeholder briefings (before publication).

Relative costs of elderly care – 2024

Source: St Mary's NHS Foundation Trust

Stroke unit at St Mary's (per patient)	£2515 per week
General medical ward at St Mary's (per patient)	£2245 per week
Ward at Farhampton Hospital (per patient)	£1515 per week
Cost of stay in a nursing home	£1300 per week
Cost of stay in a nursing home (dementia)	£1425 per week
Cost of stay in a sheltered home (warden on site)	£320 per week
Cost of carer at home / residential home	£30 per hour

Channel Mental Health **NHS Foundation Trust**

From: Assistant Director of Secure and Inpatient Services, Channel Mental Health NHS Foundation Trust

To: All Hillshire ICB members

Further to our discussions about the potential siting of our proposed medium secure forensic unit at the Farhampton Hospital site, I wanted to give you more detail about the type of services that we would look to offer there. There will clearly be challenges in selling this to the local community so I hope that our Director of Communications can start giving the communication of our plans some thought. We will need to engage councillors in particular, along with those who represent the public in our fellow provider Foundation Trusts. This needs to be something that will be seen as positive in terms of local services, protection of the Farhampton Hospital site, job creation, the potential sharing of services, staff and facilities, and opportunities for volunteering and staff career development and skill building.

This project will create 80 local jobs.

In conjunction with our private sector partners, the Parity Group, we will be looking to offer one of the world's most advanced facilities for the assessment, treatment, care and rehabilitation of up to 40 patients who have been convicted of a criminal offence, who are a serious risk to others and who require physical security to prevent them from escaping. The funding will be secured from national, specialist NHS funding and Parity Group. It will not require funding from NHS Hillshire ICB's budget.

Currently, 80 such offenders are held at Luckhall Prison in Dareshire, but demand on services is such that the capacity needs to increase, along with wanting to offer a facility that is better able to begin preparing offenders for life after prison. We will offer unrivalled standards of care and treatment in a purpose built, self-contained environment containing patient living accommodation, occupation, recreation, leisure and individual therapy areas enclosed around a large, landscaped central courtyard. It will support individuals to develop and maintain a lifestyle which is incompatible with offending. This will be done through facilitating a multidisciplinary approach, including specialist input from psychiatry, psychology, nursing, speech and language, occupational therapy and social work. We will follow the Royal College of Psychiatrists [Standards for Forensic Mental Health Services](#).

The unit will offer a comprehensive treatment programme, which incorporates a wide selection of needs-based individual and group treatments as detailed below. These specific therapies are reinforced by a consistent environmental behavioural approach, which encourages individuals to display a positive outlook with respect to themselves and those around them.

Treatment will consist of a variety of therapies including:

- Emotional and psychological well being
- Behaviour regulation
- Building positive relationships with others

In line with national guidance, each patient's individual programme will include 25 hours activity and therapy, seven days a week including the following programmes:

Ward-based

- Star wards programme
- Resident consultant activities (e.g. coffee afternoon)
- Buddy system for new admissions
- Community meetings
- Unstructured open groups covering: current affairs discussions, music appreciation, open art group, gaming activity sessions, self-soothing and self-care groups
- Structured closed groups: social and practical skills-based groups (e.g. stress management, cooking)
- Introduction to therapy groups
- Reflective groups

Evidence-based interventions:

- Sex offender treatment
- Cognitive behavioural therapies - (anxiety, mood, psychosis)
- Cognitive analytic therapy
- Supportive psychotherapy
- Psychoanalytic psychotherapy
- Art psychotherapy
- Music therapy
- Speech & language therapy
- Family therapy

Vocation and education

- Adult education department including: (NVQ's, Open University, local college access)
- Vocational Services:

Central therapy resource

- Good mental health group
- Risk awareness group
- Recovery groups
- Recovery star groups
- Systems training for emotional predictability and problem-solving
- Substance misuse and Alcohol Addiction groups,
- Fire-setting risk assessment and treatment
- Anger and violence management
- Art psychotherapy
- Music therapy
- Guided reading groups

Psychological therapies

- Unique to Secure Recovery:
 - Offence analysis
 - Restorative justice project

Physical health and wellbeing

- Sports (a dedicated sports hall with swimming pool)
- Gymnasium (a dedicated gym)
- Kitchen gardens inside and outside the secure perimeter
- Pottery group
- Evening & weekend programme (shopping, cinema trips, recreational cooking, sporting events, quiz night)