The Southern Health acquisition of Ridgeway

Southern Health NHS Foundation Trust came into being in April 2011 through a merger of Hampshire Partnership NHS Foundation Trust and Hampshire Community Health Care Trust. Although the new organisation was a relatively large one (with a turnover of approximately £320 million, around 8,000 staff and operating over 170 sites), it continued to look for opportunities to grow appropriately, where this would lead to improved outcomes and patient experience. In Summer 2011 Oxfordshire Learning Disabilities NHS Trust (also known as the Ridgeway Partnership) was put out to tender and Southern Health began a process of bidding to acquire the trust.

Key points

• A merger must suit the strategic aims of both partners and carry demonstrable benefits for patient care.
• Leadership is key to inspiring staff and articulating the case for change.
• Entering into an ongoing dialogue with patients and service users, emphasising continuity of care, is critical.
• With staff, transparency about future plans, including discussion of opportunities for service change, is vital.
• Though essential, engagement should be seen as the tip of the iceberg: ensure that the back-office functions necessary for a smooth transition are in place.

Strategic aims

As a foundation trust, Southern Health’s strategic principles were:

• service improvement – making care more effective and efficient
• service integration – removing both barriers to care and bureaucracy
• growth – achieving economies of scope and scale

The merger with Ridgeway would support Southern’s strategic objectives of growth and service integration by merging two learning disability and social care services, and offer the opportunity to enhance services by strengthening the research capability in this area.

Key to driving the strategy forward has been Southern Health’s Chief Executive, Katrina Percy, who has been instrumental in articulating the trust’s strategic vision and championing change among staff.
Ridgeway’s search for a partner

In 2011, Ridgeway was one of only three specialist learning disability trusts left in the UK. Almost all had been subsumed into mental health trusts, Ridgeway had hoped to apply for foundation trust status, but with a budget of around £40m (at that time the same size as Southern Health’s learning disability division), found that it was too small to be viable in that form. It had endeavoured to become a social enterprise and also been considered as a partner by other local trusts, but none of these initiatives had borne fruit.

However, through the process of working towards foundation trust status, Ridgeway had acquired a membership engagement group that amounted to a shadow foundation trust membership. Ridgeway then began to look for a partner that would provide it with a critical mass to ensure its viability, sustainability and voice (the last of these was important due to Ridgeway’s strong campaigning and research ethos.)

In Summer 2011, Southern Health decided to tender and joined a competitive process that initially involved 13 participants, eventually whittled down to three. The process provided an opportunity for Southern Health to introduce the organisation to Ridgeway’s staff, service users and carers.

Southern believed that, as an existing foundation trust, one of the benefits for Ridgeway would be the offer of full membership status. This was likely to be important to Ridgeway’s service users and carers, many of whom would have a lifelong association with the organisation.

Engaging with service users and carers

An important element of the process was engaging with service users and carers. A principal concern of many carers was whether, with a move to a much larger organisation, the local, personal aspect of care that they valued would be maintained. To guide the organisation through the final stage of the selection process, Ridgeway established a stakeholder engagement group composed of board members, staff, service users and carers. At this stage the feeling at Southern Health was, the Ridgeway board and the senior team having assured themselves that the three short-listed bidders were financially viable and a ‘good bet’, that they were prepared to defer to service users and carers for their final choice.

In January 2012, Southern gained preferred provider status. At this stage, it was seen as important to discuss the implications of the merger with staff and a series of staff events were held across Oxfordshire, Buckinghamshire, etc.
Dorset and Wiltshire. The bid team also met with the membership engagement group, the stakeholder engagement group, carers and clinicians, as the time for a final decision approached. In parallel with this engagement on a personal level, the trust’s business case for the acquisition explained both the service and strategic benefits that Southern Health believed would accrue from the merger.

To support the engagement programme, Southern developed a set of sub-branded materials called Our Integration. This used elements of both trusts’ brands and was deployed on web pages containing information on engagement events. Some of these were filmed and the highlights hosted online; other resources included ‘vox pops’, FAQs and surveys. Southern Health also produced a range of printed materials, to be used as ‘takeaways’ from public meetings, and a regular newsletter.

As an aspirant foundation trust, Ridgeway had established a strong shadow membership; for Southern Health, this group became a primary focus of engagement.

As Ridgeway was a learning disabilities trust, many of its service users had a long-term, often lifelong, association with the trust. Some were concerned about the prospect of a geographically large trust with a diverse portfolio, like Southern Health, taking on a specialised and complex area like learning disability services, which led to some scepticism about the prospects for a successful partnership. Although many Ridgeway stakeholders understood the need for change from a financial perspective, others expressed a preference for retaining independence, whether under the banner of a local charity or as a social enterprise.

Building the case for change
Services at Ridgeway were described as having a ‘family feel’, with long-term care relationships being the norm. Questions from service users tended to centre on continuity of care, rather than strategic issues. In response to these questions staff from...
Southern Health were able to explain that rather than changing front-line services or cutting jobs, the rationale behind the acquisition was to bring the stability and financial freedoms of a foundation trust to Ridgeway. Continuity of care became the crux of the story: by ensuring Ridgeway’s long-term viability, front-line services could be protected and enhanced.

During the process, Southern benefitted from having a foundation trust governor who represents Mencap; they were able to provide reassurance for Ridgeway that there would be a voice for learning disabilities ‘at the top table’.

Southern Health also called upon advice and input from an external branding agency, who facilitated discussions to establish the values and brand identity of the merged organisation. While working on the identity of the new division, the agency worked with service users, carers, commissioners and staff to establish what the Ridgeway name meant to people, and how to preserve the ‘spirit of Ridgeway’ in the future. The engagement programme comprised five days of workshops, eight hours of telephone interviews, and over 300 surveys. The agency helped Southern Health produce a booklet detailing the outcomes from the engagement exercise, which was shared with staff and senior managers. During the whole process, Southern Health regularly updated stakeholders and the media.

**Engaging with clinicians**

Alongside the promise to service users and carers of continuity of care, Southern Health began engaging with clinicians early on about how care pathways could be designed post-merger. This was driven by three factors:

- **Demographics** – an ageing population and improvements in care of those with learning disabilities mean that people in this group, and their carers, are now living longer. The healthcare economy is for the first time dealing with a substantial proportion of people who are in their fifties and sixties with complex conditions, with parents or carers who may be in their eighties. For example, it is not unknown for those with long-term conditions to also have dementia.

- **Service integration** – the merger would provide an opportunity for learning disability services to be provided in conjunction with Southern Health’s existing mental health services, and both organisations’ provision of social care.

- **New care models** – although an award-winning learning disabilities trust, Ridgeway’s bed stock was perceived as quite high; Southern Health believed that for some service users, there were opportunities to improve quality of life by promoting more independent living.

Southern Health described this as an ‘engagement challenge’: to make clinicians aware of the possibility – and potential benefits – of change, without feeling that jobs or services were under threat. To address this, a series of meetings were held to which commissioners and the public, as well as medical staff, were invited. These emphasised:

- the long-term financial viability of Southern Health, which would provide job security
- the accountability associated with belonging to a foundation trust, including staff governor representation
- a commitment to continuity, and ongoing improvement, of care.

‘It was about trying to reach all the corners of the Ridgeway area and make sure no one was forgotten’

‘Will Dave still look after me? I know Dave, I’m safe with him and I don’t want it to be anybody else’

(Ridgeway service user)
Engaging with politicians

The Prime Minister’s membership of the shadow Ridgeway Foundation Trust was just one factor that brought political engagement into sharp focus. Strong links were built with MPs and local councils. The message was that the merger would secure the long-term future of Ridgeway, giving it viability, sustainability and a stronger voice. Ongoing engagement was seen as the key.

Preparing for merger

As well as comprehensive stakeholder engagement, the merger required consultation with both the Co-operation and Competition Panel, and with Monitor. Southern Health also worked with commissioners, and with the local primary care trust cluster. The programme team described the process as ‘a bit like becoming a foundation trust all over again’, with a team of staff undertaking legal and compliance work in order to meet financial, governance and strategic criteria for the merger.

Following the acquisition, the new, larger foundation trust has held new governor elections. One of the challenges posed was around data protection – Ridgeway’s shadow membership could not legally be automatically co-opted to the new organisation, so a proactive campaign was run to encourage opt-in.
Service redesign case studies

This NHS Confederation case study is part of a series designed to share good practice and lessons learned by local NHS organisations involved in major reviews of local health services. We are very grateful to Jane Appleton, Associate Director of Communications, Southern Health NHS Foundation Trust, for participating in this case study and supplying the quotations used.

To find out more about the series visit www.nhsconfed.org/reconfiguration

The NHS Confederation

The NHS Confederation represents all organisations that commission and provide NHS services. It is the only membership body to bring together and speak on behalf of the whole NHS.

We help the NHS to guarantee high standards of care for patients and best value for taxpayers by representing our members and working together with our health and social care partners.

We make sense of the whole health system, influence health policy, support the sharing and implementation of best practice and deliver industry-wide support functions for the NHS.