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Mental Health Partnership NHS Trust

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Scoping Paper for BaNES Inpatient Bed Reprovision

March 2014

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Executive Summary

This document provides the initial findings from the scoping and feasibility exercise for ward 4 (St Martin's Hospital) and Sycamore ward at Hillview Lodge (Royal United Hospital).

The data used in this document has been taken from a range of sources both local (JSNA 2012 and AWP activity data) and nationally from the Office of National Statistics (ONS). A background review of the current issues and clinical requirements for improved service delivery have been incorporated into this document to provide an appraisal of the initial options for consideration by the Trust.

The ONS predicts that the local population is anticipated to increase by 12% by 2026. This increase is expected to mainly be in older age groups in the BaNES area. This combined with the local prevalence of reported Dementia which is currently below the national average will require detailed consideration of the wider care pathway with social care to ensure long term improved health and wellbeing of its patients and their families as part of any planned changes to inpatient care.

The scoping exercise is based on the current levels of activity for the BaNES Clinical Commissioning Group population for acute, frail vulnerable and dementia inpatient services based activity across Avon and Wiltshire Partnership. This has provided an indicative bed base based on current length of stay and does not incorporate any changes to the clinical pathway.

Providing mental health services from the Royal United Hospital (RUH) site provides a number of benefits of being part of the wider health care community on a health care site. The RUH currently has a dementia friendly medical ward (Combe ward) as well as the provision of scanning and support services it provides to the inpatient mental health services. In addition, the hospital liaison service is based in the emergency department and has close links to the intensive team. The current acute inpatient services also benefits from close working relations with physical health care colleagues which were considered important in the longer term planning of inpatient services in relation to an aging population and the implications for co morbidities in physical and mental health.

The interim provision of Section 136 facilities in Bristol have been identified as not ideal for BaNES in relation to accessibility for the local population and distance from local inpatient services. As the Bristol service opened in February 2014, an evaluation of the activity and benefits to service users has not been incorporated into this paper and will need to be considered in more detail as part of the project moving forward.

The scoping exercise has incorporated the inclusion of local Section 136 (place of safety) facilities, with office space for the Community Intensive Team and the Approved Mental Health Practitioner team (AMHP) which does indicate efficiencies can be achieved with reduced travel and integrated working of the teams through a local base alongside the Section 136 suite. Again, more detailed work will be required as part of the wider local pathway implementation and to inform the business case as staffing for the Section 136 is outside the remit of this scoping exercise.

This paper has set out a number of feasible options for consideration by the Trust which includes the development of the current site and the option of a new build on the Royal United Hospital Site (subject to agreement by both Trusts) or a new build on an alternative site.

1 | Introduction

1.1 Purpose of this paper

The purpose of this paper is to summarise the outcome of evaluation of various reports, interviews with staff and bed activity data for ward 4 at St Martin's Hospital and Sycamore ward at Hillview Lodge, RUH site. The conclusions from which are to inform and support a business case for the redesign of accommodation to a model which meets the indicated demand, aligns with the commissioned requirement and is facilitated within fit for purpose accommodation.

During the process to produce this paper, the issue of out of area (OOA) placements has been discussed to understand whether the research for this paper should consider a wider scope, with evaluation of the bed capacity and demand of neighbouring CCGs. It was concluded that, due to the time pressures of identifying a solution for the BaNES requirement, particularly in consideration of the current service delivery limitations of the accommodation at Hillview lodge, the paper should review OOA statistics only to inform required BaNES bed numbers but should not be delayed by more detailed debate or evaluation of the potential implications of demand issues of neighbouring CCGs.

1.2 Background

Currently, provision of adult acute inpatient beds for BaNES is accommodated within Sycamore ward, within the Hillview Lodge building on the Royal United Hospital site in Bath. There are 23 beds providing inpatient services for people whose health needs require specialist mental health investigation, assessment and intervention.

A report from the CQC, following a visit to the ward in December 2013, confirmed issues with the accommodation which had already been the subject of discussion within the Trust and with the Commissioners. The issues identified confirmed that the accommodation is no longer functionally suitable for the purpose, impacting on patient care and staff welfare.

Findings from the CQC contained within the report included **failing and action required** in all five standards assessed:

- Respecting and involving people who use services
- Meeting nutritional needs
- Safety and suitability of premises
- Staffing
- Records

> *'The provider was not meeting this standard. People who used the service were not protected against the risks of unsuitable premises.*
>
> *We have judged that this has a moderate impact on people who use the service, and have told the provider to take action'.*

The 2013 PLACE scores for Hillview Lodge are summarised as follows:

Category	Score	Benchmark
Cleanliness	87.27 %	below national average
Food	91.28 %	above national average
Privacy and dignity	82.96 %	below national average
Facilities, condition and maintenance	86.51 %	below national average

As background to the bed occupancy figures evaluated within section 2 of this report, the provision of adult acute inpatient beds by the Trust in Bristol, North Somerset and Wiltshire (including Swindon) are delivered from the following locations:

- Lime and Silver Birch Units, Callington Road Hospital (Bristol)
- Beechlydene Ward, Fountain Way, Salisbury (Wilts)
- Imber Ward, Green Lane Hospital, Devizes (Wilts)
- Sycamore Ward, Hillview Lodge, RUH, Bath
- Juniper Ward, Long Fox Unit, Weston-Super-Mare (North Somerset)
- Applewood Ward, Sandalwood Court, Swindon (Wilts)
- Oakwood Ward, Southmead Hospital, (Bristol)

Currently, provision of inpatient assessment for later life service users with organic mental health problems (dementia) within BaNES is accommodated within ward 4, on the St Martin's Hospital site in Bath. 12 beds are currently available.

A Section 136 suite is currently provided at the Southmead Hospital site, the funding for which is provided jointly by BaNES and other CCG's across Bristol, North Somerset and South Gloucestershire.

The requirement for new / remodelled accommodation in BaNES locality would be to include a Section 136 suite.

The findings from this paper will inform discussion to recommend the numbers of beds for the two areas of specialism and how these might be delivered most effectively. Following this, a business case will be developed which will explore the options for how and where the accommodation could be provided and the options for co-location.

1.3 Demographic considerations

The Bath and North East Somerset, *Joint Strategic Needs Assessment*, (JSNA) published in 2012 identified the following relevant data to support and inform this paper:

Population

There were 179,900 residents of Bath and North East Somerset (BaNES) in 2010, an increase of 1.1% (2000 people) since 2009, slightly greater than regional and national levels. There has been a 7.7% increase in the population between 1981 and 2009 (from 161,000 to the current figure). This is greater than the national, but lower than the regional increase. This increase has been largely experienced due to 'migration and other' factors. In particular, the number of students in the two Universities doubled between 1995 and 2009. The GP registered population is 192,913.

The age and sex profile remains largely consistent compared to previous years, with a 49%/51% male/female split. The age profile is largely consistent with the UK as a whole, except for the 20-24 age range, which represents the significant student population.

Demographic change

The Office of National Statistics (ONS) projects that the population of BaNES will increase by 12%, to 198,800, by 2026. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026.

An aging population

The increase in life expectancy recorded at a national level will create significant changes to the local population. Although the older population is not significantly over represented in BaNES, the area will still be strongly impacted upon by this change. For example, in 1981, 7% of the local population was aged 75+ and by 2026 current projections suggest this will have increased to 11%. The 80+ population will have increased from 3% of the total population in 1981 to 7% in 2026 (5,600 – 13,900).

At present one in five houses have older residents, and as the population ages, the demand for appropriate housing will grow. Rates of medium or urgent housing need are much higher amongst older people with 18.5% of over 60s being in that category.

BaNES has a higher than average number of people aged 65 and over who are permanent residents of residential and nursing care homes (92 people per 10,000, 2009/10).

Mental Health

Estimates suggest that over 18,500 people aged 16-64 have a common mental disorder 2010/11 And 8,337 have 2 or more psychiatric disorders. There were 3735 adults accessing specialist NHS mental health services in 2009/10, and 2505 out of work benefit claimants with mental health (MH) as a primary diagnosis against 1380 clients with primary MH diagnosis receiving services by adult social services provided by the council in 10/11.

There are low hospital admissions generally, but these are high for elective admissions for adults and those who self-harm. There is varying identification and management of MH conditions in primary care. Outpatient attendances have been below national and regional averages in general since 2004, although child and adolescent psychiatry attendances have been above both national and regional averages in 2009/10 and 10/11.

Depression prevalence is high, with 12.8% for 2010/11 (national 11.2%). This means that there are nearly 1000 more people diagnosed with depression than we would expect from national rates. Psychosis in BaNES in 2010/11 (for all ages) is the same as the national average (0.8%).

The prevalence of reported Dementia in BaNES in 2010/11 (for all ages) is slightly lower (0.4%) than the national average (0.5%) and there is likely to be significant under-reporting. Dementia cases are expected to increase by 23% for females and 43% for males between 2010 and 2025. However, there are more dementia cases in women (1549 predicted to increase to 1916) compared with 853 predicted to increase to 1225 cases in men (2010-2025). The BaNES Care Network facilitated a focus group which highlighted the benefits for the carers and the person they care for of earlier diagnosis. Feedback from the LiNK survey (2009) suggested that Dementia and Alzheimer's were the specific conditions of most concern to the community.

People experiencing multiple conditions/needs (co-morbidity):

- People experiencing mental and physical disabilities are at risk of a wide range of associated disorders and conditions.
- 46% of people with a mental health problem also have a long term condition, and 30% of people with a long term condition also have a mental health problem. It is estimated that co-morbid mental health problems can raise costs by up to 45% per person. There is evidence that this cohort gain large benefits from inclusion in self-management support programmes and national research suggests a need for greater inter-agency co-operation with regards to these cases.
- Amongst people with moderate to profound learning disabilities, deaths from dementia are more common in men than women.

2 | Approach and Methodology

A request for information (RFI) process was established by Capita with key questions posed to invite response - **Appendix A** contains version 4 of the RFI.

2.1 Consultations and interviews

A kick off meeting to brief Capita, was held on 22 January 2014 attended by:

- Bill Bruce Jones, (BBJ) - AWP, Clinical Director
- Liz Richards, (LR) - AWP, Managing Director
- Sue Blackman (SBm) - CCG, project manager
- Sam Brinn (SB) – Central Southern CSU
- Hannah Smith (HS) - AWP (Estates) Project Manager
- Lesley Powell, (LP) - Capita

The meeting provided background to the project to inform Capita and established that the purpose of the engagement of Capita was to enlist support to establish the bed numbers required to accommodate the demand within BaNES.

A subsequent meeting took place with Capita and BBJ and LR on 30 January 2014 to provide more detail of the barriers of the existing service and the vision for its future provision.

A bed occupancy data clarification meeting took place between Capita and Toby Rickard on 20 February 2014.

2.2 Background Reading

The following documents informed the background reading for this paper:

- Bath and North East Somerset, Joint Strategic Needs Assessment
- BaNES Mental Health Modernisation Plan, June 2011
- '*Closing the gap: priorities for essential change in mental health*', Social Care, Local Government and Care Partnership Directorate, January 2014
- The NHS Outcomes Framework 2013-14SW1A, DoH, November 2012
- Mental Health Network factsheet, 3rd edition, Mental Health network NHS Confederation, Jan 2014
- CQC report, Hillview Lodge, Nov 2013
- Bedbased Pathway meeting minutes

2.3 Bed Activity Evaluation

Spreadsheets provided by the Trust, containing bed occupancy data, as follows, were evaluated:

- The Bath and North East Somerset PCT: Quarterly Activity Report, Inpatient Section, 2012-13 Q4
- Bed Occupancy 2013 -2014 M9

A clarification meeting was held by Capita with the Trust data analyst, Toby Rickard.

During the period April to December 2013, the 23 beds available within Sycamore, would have provided 6325 bed days of which occupancy by BaNES CCG was 5886 (93%). However during this period, the number of bed days occupied was 6279, as 393 bed days were taken up by OOA patients from Bristol, South Glos, N Somerset, Wilts and Swindon, resulting in a 99% occupancy.

During the period April to December 2013, the 12 beds available within Ward 4 would have provided 3300 bed days of which occupancy by BaNES CCG was 2222 (67.33%), However during this period, the number of bed days occupied was 2939, as 717 bed days were taken up by OOA patients from Bristol, South Glos, N Somerset, Wilts and Swindon, resulting in a 89% occupancy.

During this time, however, the following occupancy of beds by BaNES CCG service users took place outside of the BaNES area:

BaNES Occupancy of other CCG area beds (BaNES OOA)

Adult Acute	BaNES occupation - Bed days
Lime	45
Oakwood	25
Silver	1
Imber	68
Beechlydene	261
Applewood	22
Juniper	247
Totals	**669**

'LL' Bed days	BaNES occupation – bed days
Aspen	287
Laurel	41
Cove	121
Dune	12
Amblescroft N	183
Amblescroft S	115
Liddington	33
Hodson	103
	895

Adult acute activity

Of the total 6325 adult acute bed days available for BaNES, 5886 were occupied by BaNES CCG patients, with BaNES patients occupying 669 beds OOA, making a total of 6555 bed days required during the 9 months for BaNES patients. As Sycamore capacity over this time was 6325 bed days, to have provided for the full demand would have increased the bed day requirement by 230.

Interpolating over a 12 month period, 6555 / 9 x 12 months equals a 12 month demand of 8740 bed days, or 23.9 (**24)** beds for use by BaNES CCG patients.

Out of area activity

Out of area bed days are split between PICU and acute services. For the purpose of this report acute bed days only are used.

BaNES patients occupied 43 out of AWP area bed days up to month 10. 43/10 x12 months equals 51.6 bed days = 0.14 beds

Dementia activity

Of the total 3300 Dementia (ward 4) bed days available for BaNES, 2222 were occupied by BaNES CCG patients, with BaNES patients occupying 895 beds OOA, making a total of 3117 bed days required during the 9 months for BaNES patients. As ward 4 capacity over this time was 3300 bed days, to have provided for the full demand would have decreased bed day requirement by 183.

Interpolating over a 12 month period, 3117 / 9 x 12 months equals a 12 month demand of 4156 bed days, or 11.38 **(12)** beds.

2.4 Delivery Programme

Following the CQC report the Trust determined a 2 phased approach recognising that a longer term redesign will take 12-18 months for redevelopment of a current site and a minimum of 18 months if a new build is considered:

- Short term solution for provision of services currently at HVL
- Long term solution for overall BaNES inpatient services

As an Interim solution whilst a business case is developed to determine the model for delivery for the future, the following was agreed:

- vacate all of Hillview Lodge except Sycamore ward
- relocate BaNES Lift staff from NHS House/Swallows to Cedar, HVL
- BaNES PCLS already in HVL – move to Cedar ward
- Use bookable rooms for clinical space
- Relocate corporate services in Cedar ward to Jenner/NHS House

It is the current assumption that if in the longer term it is agreed to redevelop the Hillview Lodge site, both PCLS and Lift staff will not be allocated space within any refurbishment of the site. The focus will be on the provision of collocation of inpatient services only as part of a wider clinical service delivery model.

A scoping paper is due to be presented at the CCG Mental Health Project Board in April.

Addressing areas of CQC non compliance

The CQC report detailed a number of areas that were non compliant with CQC standards. Assuming a refurbishment of the current facilities, this report will focus on two key areas in relation to environment to ensure that all future planning delivers the highest quality environmental standards.

The following areas are a summary of the CQC findings and will form part of all planning assumptions both short term and long term:

- Privacy and dignity
- Facilities, condition and maintenance

"Patients on the ward reported there was insufficient private space to meet with visitors or have a private conversation. At the time of the visit staff confirmed that patients were not allowed to meet visitors in their bedrooms and so they had to meet in communal rooms. Patients felt there were few places to go for quiet time. The small quiet room is disliked by patients because it had internal windows on three sides and was not therefore considered to be private. It was referred to on the ward as the 'goldfish bowl'. The family room was not on Sycamore Ward which restricted the practicality of its use for patients on the ward. "

The ward area will include a number of rooms that can be flexibly used to support quiet time, 1:1 engagement with patients and space for individuals to meet with family and carers away from communal areas.

"The outside space is used mainly by smokers which discouraged people who did not smoke from using the space. A small lounge accessed a small enclosed garden. At the time of the CQC visit it was noticed that the door to the garden was kept open for most of the day as people went in and out of the garden to smoke. As a consequence the room was cold and smelt of smoke."

An effective use of outside space that is accessible, provides a recovery focused, safe environment. Separate smoking area will be incorporated that has the minimal impact on surrounding area.

"There was a separate garden off the ward which was used by occupational therapy for gardening groups and other activities which could be run outside. This was a more attractive area with a gazebo and a conservatory. This area however, could only be accessed by arrangement and, for detained patients, under supervision. Activity rooms also have restricted access. They are only available when the occupational therapist is available. By contract CQC had raised concern regarding the pool room, which did not have restricted access, with the risk of pool cues and balls being used as weapons. The current dining room is small and could not accommodate the 23 patients at one time."

Proposals will consider communal areas that provide a safe and therapeutic environment as well as areas that require restricted access as part of a supervised approach to care but can be flexibly utilised by a range of staff. The dining area space will be increased.

"The CQC reported that the ward was secure and provided separate accommodation for men and women to ensure people's safety, privacy and dignity.

However the Care Quality Commission report stated the ward was considered a sterile and unwelcoming environment. The layout of the ward and it was described as "old-fashioned," the dining room is considered cold and unwelcoming and the ward does not have en-suite facilities in the bedrooms. "

The proposed environment will address the outdated layout of the ward, considering the psychological requirements for a recovery focused environment.

"There are separate shared toilets and bathrooms for men and women, including adapted bathrooms for people with limited mobility. Maintenance and general repair was noted as part of the CQC report. E.g. there were recorded patient complaints regarding the toilets and lukewarm showers, radiators in the women's lounge was not working"

All rooms will have on suite facilities and plans will include additional accessible facilities.

"There are four male bedrooms with windows on to the ward corridor. Although there were curtains to these windows, people often kept these open to let natural light into their rooms. The only other daylight came from a sky light. CQC concluded that this compromised people's privacy"

Architectural design will include placement of bedrooms within the building, natural light and privacy and dignity requirements of patients.

There was a laundry room on the ward where patients could do their own laundry. There were two washing machines and two driers, one of which had been out of order for "a week or two", according to staff.

Any new laundry facilities will be compliant with the latest infection control guidance for laundry facilities within a ward environment.

Provision of Inpatient Dementia Services

The design for an inpatient dementia ward will include the following key areas in line with best practice:

- Aids to support orientation including visual stimulation.
- Ability to have personalised bed area with familiar objects such as pictures, images and photos.
- Effective lighting (often of higher intensity than general ward areas) this should include lighting that is free of shadows and glare.
- Space that supports activity and stimulation; considering how communal areas can be designed that enable relatives and carers to be involved in care and activities. Evidence suggests that people with dementia often eat better in areas that reflect a dining room or cafe.
- Discreet, calming space away from busy communal areas that can be flexibly utilised.

- Doors are a key. Way finding doors for patients will have clear contrast to the walls whilst staff only doors should be the same colour as the walls.

Other clinical facilities to be co-located with inpatient services

The extra care area where de-escalation or seclusion may be necessary, will have designated facilities, these are existing and remain fit for purpose following a recent upgrade. Future planning will follow key principles in line with the Royal College of Psychiatry best practice.

- Allows clear observation;
- Is well insulated and ventilated;
- Has access to toilet/washing facilities;
- Is able to withstand attack/damage;
- Has a two-way communication system;
- Has a clock that patients can see.

Place of safety Section 136 is currently jointly commissioned and based in Bristol. A facility that is based in BaNES would reduce the number of patient transfers to Bristol and support the longer term development of local clinical pathways as part of the multi-agency operational policy for S135/136.

The place of safety will be an area separated from the ward but in close proximity. It will have direct external access, to receive patients with police escort and minimise the disruption to the inpatient area.

The facilities proposed will support the delivery of the locally agreed multi-agency operational policy for S135/136.

Clinical services co-locating on site

BaNES Community Intensive Team

The Community Intensive Team operates a 24 hour service to support individuals in severe mental health crisis providing acute care at home. The team provides planned and emergency visits as well as telephone contact as part of short term interventions (up to 6 weeks) in the community. This service is the point of contact for an inpatient admission in the BaNES locality.

Approved Mental Health Professionals (AMHP's)

The AMHP's service are responsible for coordinating Mental Health Act assessments in the community and ensuring a bed is available should an individual need to be detained under the mental health act. The service is provided Monday- Friday 9-5 and will be required to work closely with staff working in the intensive team and the section 136 suite.

Stakeholder Engagement

The options in this paper are based on the assumption that patient, carers and clinical staff will be involved in the detailed design of the rooms and space outlined. This will be essential to inspire creativity and generate ownership moving forward. The current proposals are based on information and feedback from a range of inpatient services and intended to inform the initial proposals.

Work with patients, carers and staff will inform design and planning of new facilities to retain the “cottage hospital” feel of ward 4.

Assumptions

The bed requirements are based on the current level of activity that maximise the use of beds across a wider range of conditions and therefore reduce reliance on placements across the wider AWP area due to clinical presentation.

The bed requirements are based on the assumptions that current length of stay will continue.

ECT will continue to be delivered at Green Lane Hospital, Devizes or Callington Road Bristol.

The Intensive Team will be the only community mental health team based at Hillview Lodge as part of co-location of inpatient services on this site.

Staffing and skill mix models sit outside this scoping exercise and would need to be considered alongside any detailed developments of proposals.

3 | Service Delivery Options

Option 1 | Redevelopment and co-location of dementia beds into HVL

Following the scoping exercise, Hillview Lodge could accommodate 23 acute inpatient beds and 4 frail vulnerable beds aligned with 12 dementia beds. This would be a modular design that groups beds in clusters to enable flexible use of space based on clinical need.

Benefits

- Reduce the feeling of isolation by co-locating wards in a single environment.
- Retained close working with acute services on the RUH site, with a reduction in time spent transferring dementia patients for scans to RUH from current site.
- Integration of inpatient services will support flexible working due to improved proximity of wards.
- Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- Improved central front entrance to clinical areas
- The design would enable a separate entrance and dedicated local provision of Section 136 suite, reducing the associated travel to the current facility in Bristol.
- Based on the RUH site would retain the benefits of being part of the wider health community linking mental health with physical health.

Issues

- The extensive refurbishment of the site will require an interim decant of the current acute ward
- Initial scoping suggests 23 acute beds could be accommodated on the current site. Initial scoping suggests 24 acute beds would be the ideal requirement based on current activity.
- All bedrooms will have external windows but some bedrooms will overlook gardens based on initial scoping. Further work will be required to address privacy issues as part of the detailed planning.
- There may be some resistance from the local community, family and carers to a proposal that aligns dementia care directly with acute mental health and away from the community model associated with St Martin's. This will need to be balanced against the benefits of alignment with an acute physical health setting and an assurance that the internal environment will retain the benefits of the current environment whilst improving patient and carer experience in other areas of care.

Option 2 | New build

A new build would provide a number of options for AWP to consider:

- A co-location of the acute and dementia beds on an alternative plot on the RUH site in line with option 1 of this paper.
- A co-location of acute and dementia beds (in line with option 1) and the inclusion of a range of community services currently delivered from Bath NHS House, preferably on an alternative RUH site.
- An extensive build that includes a range of AWP services with additional services from other providers (e.g. Oxford Health, The Priory).

Option 2.1 | New Build RUH Site

This option will deliver a purpose built design that supports an ageless service across acute and dementia care on a single site. This option will require more detailed business planning and evaluation of available sites and feasibility to meet the service delivery model. Consideration will need to be given to timescales for delivery.

The option of a different plot on the RUH site has been discussed. This would need to fit with the wider estate strategy for the RUH. Initial response from the trust is mixed suggesting that the RUH may be interested in Hillview Lodge site and possibly Bath NHS House in exchange for an alternative site for development. Capita continues to explore a number of options with the RUH senior team.

Benefits

- A new build would offer more flexibility for space that could accommodate 24 acute beds achieving the goal of a total of 36 beds. It would provide an option to consider a wider range services within a purpose built environment.
- Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- The development of a larger site would provide a business opportunity to work in partnership with another provider or as a lease of facilities from current/ future AWP estate.
- A new build may release additional rental charges from across the RUH estate if an economical alternative is developed on site.
- A new build option on the RUH site will not require an interim decant in order to undertake the work (subject to RUH approval).
- A new build on the RUH site would retain the benefits from being part of the wider health community linking mental health with physical health and the improvements for dementia care reducing time spent transferring from one site to another.

Issues

- A new build option would be subject a detailed business case, agreement on optimal site and may be subject to planning permission.
- There would need to be a short term maintenance solution to the current inpatient acute ward to address the issues raised by CQC prior to a move to a new site, which would have additional costs.

Option 2.2 | New Build- New Site

A new build site off the grounds of the RUH would require further scoping in relation to geographical location, accessibility and feasibility with planners.

The agreement of a suitable site in BaNES, design and planning permission implications will need to be considered which may add to the timescales for delivery depending on the preferred site.

Benefits

- A new build would offer more flexibility for space that could accommodate 24 acute beds achieving the goal of a total of 36 beds. It would provide an option to consider a wider range services within a purpose built environment.
- Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- The development of a larger site would provide a business opportunity to work in partnership with another provider or as a lease of facilities from current/ future AWP estate.
- A new build may release additional rental charges from across the RUH estate if an economical alternative is developed on site.
- A new build option will not necessarily require an interim decant in order to undertake the work.

Issues

- A new build option would be subject a detailed business case, agreement on optimal site and be subject to planning permission which may impact on project timescales.
- There would need to be a short term maintenance solution to the current inpatient acute ward to address the issues raised by CQC prior to a move to a new site, which would have additional costs.
- A new build away from the RUH would have implications for clinical pathways with wider mental health and physical health communities, e.g. links to Psychiatric Liaison within the Emergency Department with Intensive Team and Section 136. Transferring patients for scans as part of the dementia pathway.

Option 3 | Redevelopment of HVL for acute care only

This site could be redeveloped to support delivery of acute mental health services only. Dementia services would stay on ward 4 in the short term. Consideration will need to be given to the longer term alternative re-provision of this site with the option of working with social care providers on a joint venture to co-locate acute dementia inpatient services with residential dementia beds as part of a community model.

There could be an option to work with other mental health providers (e.g. Oxford Health is currently interested in scoping the feasibility of co-locating adolescent beds with other acute mental health beds in the AWP area). The additional beds could generate income to the Trust and provide closer working across the adolescent and adult pathway.

This option would still need to include accommodation for the Intensive Team and AMHP's service.

Benefits

- Acute inpatient care would enable shared facilities on a single site for adolescent and adult care.
- This option would allow the Trust to consider income generation for inpatient services in the short term and longer term strategic options for delivery if services subject to tender in the future.
- Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- The design would enable a separate entrance and dedicated local provision of Section 136 suite reducing the associated travel to the current facility in Bristol
- Based on the RUH site would retain the benefits of being part of the wider health community linking mental health with physical health.

Issues

- The current issue of staff isolation, patient transfers to the RUH from ward 4 for scans will not be resolved. Consideration will need to be given to the changing demographics and the longer term impact on the delivery of dementia services within the current ward environment.
- Further detailed feasibility work would be required with Oxford Health or any other potential provider if this option is to be fully appraised.
- This option would require an integrated approach for staff working from different providers to maximise the space utilisation across the site.
- The extensive refurbishment of the site will require an interim decant of the current acute ward (23 beds).
- There is a risk that once a detailed scoping and design exercise is complete the space available does not meet the needs of other provider.

4 | Financial implications

- Indicative financial assessment of potential cost is based on the redevelopment of the current Hillview site
- The current existing area equates to 3118m2
- Proposed reduction in site to 2598M2 would equate to an approximate cost of £2,000 per square metre (based on option 1 initial feasibility).
- A new build would cost in the region of £4,000 per square metre (based on option 2.1 feasibility)
- Estimates exclude any associated cost for land and equipment requirements for the building or other costs relating to decanting and transferring services.

5 | Conclusions

The scoping exercise and report has considered the future service delivery model for provision of the services currently provided at Hillview Lodge (Sycamore) and ward 4 St Martin's and concluded that an improved service would be facilitated by co locating them as the preferred option (option 1 and 2). The scoping exercise has concluded that clinical inpatient services could be delivered from the current Hill View site. This would require more detailed design and service user and carer consultation to understand the implications of the modifications from refurbishment of an established building. Initial indications are that the space would achieve a significantly improved patient environment that would address the requirements for CQC in relation to the current Sycamore ward. The space for dementia beds can be accommodated but further work would be required to ensure this space maintains the positive elements that support dementia care on ward 4 (St Martin's).

The immediate benefits are less clearly indicated to provide acute services only on the Hillview Lodge site based on the current AWP BaNES activity unless further work is done. Additional inpatient space could potentially be considered within BaNES where local health care need is identified. For example:

- Treatment Resistant Psychosis
- Personality Disorder

The scoping of the current bed usage would suggest an optimal bed base of 36, subject to local pathway delivery agreements to optimise length of stay and occupancy levels for each clinical pathway. This would provide flexibility around the configuration of the beds.

The inpatient requirements are identified as:

- Acute inpatient: 20 beds
- Dementia: 12 beds
- Functional frail: 4 beds
- Intensive Team
- Section 136 suite
- Extra Care Area.

The demographics for BaNES suggest the demand for complex health care for older people will increase by 2026. The pathways that support inpatient care will be key and the scoping exercise would recommend further work is required to ensure a robust health and social care pathway into residential and nursing homes as part of any re-provision of inpatient dementia beds. The flexible use of the beds will be essential to support both frail and vulnerable adults of all ages as well as older fit people with dementia.

This scoping exercise has not specifically included these areas, consideration of inpatient space has been such to enable flexibility of the ward environment to maximise its use over the coming years as part of a longer term strategy.

The initial scoping of the Hillview Lodge site has initially indicated that it would support 35 inpatient beds. This would include a reduction in the existing floor space from 3118M^2 to 2598M^2, this would accommodate an improved centralised front entrance, additional outdoor garden space and improved delivery access as well as drop off and parking access to the main entrance within the current foot print. An indicative floor plan layout is included within Appendix B

The scoping exercise of physical space on the Hillview site would support

- Acute inpatient: 19 beds (7 and 12 clustered individual bedrooms).
- Functional frail/ vulnerable: 4 beds
- Dementia: 12 beds

The initial scoping of space is based on individual rooms with on-suite bathrooms. The plan includes an allocation of space for lounge and dining areas and ward office space. However the detail of this space and location will need to form part of the detailed design and business planning phase of the project and may come with the associated compromises in space associated with a refurbishment that would be less of an issue for a new build.

Appendices

Appendix A | RFI V4

Appendix B | Indicative floor plan layout – HVL

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