

<b>Bath &amp; North East Somerset Council</b>		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	January 2015	AGENDA ITEM NUMBER
TITLE:	<b>Specialist Mental Health Services – inpatient redesign impact assessment and update</b>	
WARD:	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<p><b>List of attachments to this report:</b></p> <p>Appendix 1: Impact Assessment (with embedded documents)</p> <p>Appendix 2: Strategic Outline Business Case (with embedded document)</p>		

## **1 THE ISSUE**

- 1.1** This paper presents the result of stakeholder and staff engagement and impact assessments on transferring Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital into a new build specialist mental health unit.
- 1.2** The report also includes a draft strategic outline case to be presented to the Clinical Commissioning Group and AWP Executives if the Wellbeing Policy Development and Scrutiny panel agree that all local engagement is adequate to support continued proposal development.

## **2 RECOMMENDATION**

**The Wellbeing Policy Development and Scrutiny Panel is asked to note:**

- 2.1** The issues as outlined in the impact assessment documentation and embedded documents.
- 2.2** The overwhelmingly positive support for the move of Ward 4 - as described above - by stakeholders, staff and Healthwatch.

**The Wellbeing Policy Development and Scrutiny Panel is asked to agree that:**

- 2.3** All local engagement, assessment of impact and support is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

## **3 FINANCIAL IMPLICATIONS**

The longer term financial revenue (CCG) and capital (AWP) implications of improving specialist acute mental health in-patient facilities are quantified and

assessed as part of the attached *draft* Strategic Outline Case to be presented to the CCG/LA Joint Commissioning Committee and discussed. This outline strategic case will then be further worked up into a business case following executive involvement and feedback.

## **4 THE REPORT**

### **4.1 Specialist Acute In-Patient Mental Health services**

As described in the July 2014 Mental Health update paper to the panel urgent consideration of the future of in-patient services was required in B&NES in order to address quality deficits in the local mental health and dementia ward environments as well as the effect of demographic pressure.

The quality concerns were described by patients, staff and CQC and resulted in a CQC warning notice being issued to Sycamore Ward and concerns expressed about the suitability of Ward 4 for long term care. Whilst remedial work has taken place which has resulted in the warning notices being lifted and CQC being satisfied with the quality of care being provided, they have still noted that pace is needed to address the environmental limitations of our in-patient facilities in order to ensure high quality environments for future services.

#### **4.1.1 Review of longer term acute mental health in-patient provision**

As previously described commissioners decided to engage with the local community for their views on an option of establishing a mental health unit that combined specialist acute mental health and dementia assessment and treatment wards. Our aim was to “future proof” capacity and provision to ensure we deliver high quality, skilled in-patient care to both our functionally ill and dementia patients.

We widened our view to consider whether it was physically possible to co-locate the dementia beds and some community services into one building and what capacity may be needed to ensure this facility could support future demand.

***The draft Strategic Outline Case at Appendix 2 describes these options and current thinking.***

#### **4.1.2 Local community engagement and impact assessment**

Before moving forward with any proposals in detail commissioners and AWP have spent from April until December 2014 working with the local community and clinicians to shape our thinking in order to be sure that any decisions taken were in line with clinical and stakeholder thinking. This has particularly concerned the move of Ward 4 from St Martin’s onto the RUH site into a specialist mental health unit as this is a geographical shift of service.

Engagement has been with the following:

- Mental Health Project Board (29/04/14)
- B&NES CCG senior leadership team (29/05/14).
- Dementia Care pathway Group (26/06/14)
- Mental Health and Wellbeing Forum (01/07/14)
- Your Health, Your Voice (04/09/14)

- Healthwatch public meeting (11/11/14)
- Health watch Survey (December 2014)

***The results of the engagement can be seen in the embedded presentation in the Impact Assessment paperwork at Appendix 1.***

#### 4.1.3 Impact assessment

***The full impact assessment is found at Appendix 1.***

Impact assessment meetings were held to discuss the move of Ward 4 from St Martins Hospital to the RUH site. Three meetings were held in December.

- A stakeholders meeting was held on 10<sup>th</sup> December with eight representatives present including service user and carers, Health Watch, Age Concern and members of the Health and Wellbeing Forum.
- A second meeting was held on 12<sup>th</sup> December which was attended by eight members of staff from the specialist mental health community teams.
- A third meeting was held on 15<sup>th</sup> December which was purely for the staff of Ward 4.

<p><b>Benefits of the proposed service changes</b></p>	<ul style="list-style-type: none"> <li>- Improved inter-team professional working both within AWP and across into the RUH.</li> <li>- Improved quality of care for older adults with dementia.</li> <li>- Improved in-patient environments for delivery of care to all mental health and dementia patients.</li> <li>- Increased access to diagnostics in the RUH.</li> <li>- Platform for realising “parity of esteem” national agenda.</li> <li>- Potential to increase provision e.g. S136 suite and assessment unit if space allows.</li> </ul>
<p><b>Any disbenefits, including how you think these could be managed</b></p>	<ul style="list-style-type: none"> <li>- Safe parking for staff, patients and carers is a potential cause for anxiety. <b>Management:</b> Discussions needed with RUH and transport providers to increase provision. Specific parking for new unit to be provided.</li> </ul>
<p><b>Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested</b></p>	<ul style="list-style-type: none"> <li>- As above: car parking is an issue on the new site. There is an RUH bus service which is very helpful but maybe consideration could be given to increasing the number of stops around the hospital site depending on the location of the unit.</li> </ul>
<p><b>How do you think the proposed changes will affect the quality of the service</b></p>	<ul style="list-style-type: none"> <li>- Improved medical care for inpatients as long as medical liaison and communication increases between RUH and AWP teams.</li> <li>- Easier and more timely access to</li> </ul>

	<p>both AWP and RUH services.</p> <ul style="list-style-type: none"> <li>- Extra support and response across all services.</li> </ul>
<b>Impact of the proposed changes on health inequalities</b>	<ul style="list-style-type: none"> <li>- The greatly improved environment for Older Peoples service will be an enhancement of the service.</li> <li>- Provision of a new environment for frail/vulnerable service users will improve access.</li> <li>- People of all protected characteristics already attend RUH for acute services so joint site may reduce hesitation to use services.</li> <li>- Assessment facility for ante-natal care will be beneficial</li> </ul>
<b>If you are a representative of an organisation, such as Healthwatch, please indicate how you have drawn on the views of others from your group</b>	<ul style="list-style-type: none"> <li>- Healthwatch public meeting held and online survey completed (see attachments).</li> <li>- Healthwatch representatives have also been present /copied into all other stakeholder communications.</li> </ul>
<b>Who have you engaged with in drawing together these views?</b>	<ul style="list-style-type: none"> <li>- See body of the paper and attachments for ongoing engagement. For impact assessment: <ul style="list-style-type: none"> <li>• Bipolar Group</li> <li>• New Hope – service user group</li> <li>• The Care Forum</li> <li>• Healthwatch</li> <li>• Age UK</li> <li>• Keep Safe Keep Sane - Carers</li> <li>• Staff – AWP</li> <li>• Staff – Ward 4</li> <li>• Equality and diversity officer - AWP</li> </ul> </li> </ul>
<b>When was this consultation made?</b>	From July-December 2014
<b>Involvement of ‘protected’ equality groups</b>	As above and equalities representative from AWP
<b>Summarise the outcomes of stakeholder involvement carried out to date</b>	See main body of report and embedded documents
<b>Any other comments</b>	Ongoing equalities impact assessment will be carried out a part of the implementation of the build.

### Impacts at a glance

<b>Impacts</b>	<b>NHS View</b>	<b>Patient/carer/public representatives' view</b>
Impact on patients	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●
Impact on carers	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●
Impact on health inequalities	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●

Impact on local health community	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●
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- = significant negative impact
- = negative impact for some
- = positive impact

#### 4.1.4 Impact assessment results

The impact assessment indicate that there is a high level of support for the move of Ward 4 and the provision of a single specialist unit on the RUH site. This echoed all the engagement with local people.

### 5 RISK MANAGEMENT

- 5.1 Risks associated with in-patient service redesign are being managed as part of the AWP risk management processes - Sycamore Ward is on the AWP risk register.

### 6 EQUALITIES

- 6.1 Equality impact assessments relating to the options for in-patient redesign were included as part of the engagement and impact assessment processes. Full equalities impact assessments will be completed by AWP as part of the implementation processes.

### 7 CONSULTATION

- 7.1 All mental health community service developments are taking place in conjunction with the Mental Health Wellbeing Forum, service users and carers.
- 7.3 Engagement has taken place with HealthWatch, Your Health, Your Voice (CCG participation group) stakeholders, clinicians, staff, service users and carers in line with public duty requirements to involve the community under Section S244 of the NHS Act 2006 (as amended).

### 7 ISSUES TO CONSIDER IN REACHING THE DECISION

- 8.1 Social Inclusion; Customer Focus; Human Resources; Health & Safety; Impact on Staff

### 8 ADVICE SOUGHT

- 9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report. The Strategic Director and Director have had the opportunity to input to this report and have cleared it for publication.

<b>Contact person</b>	Andrea Morland, Senior Commissioning Manager, Mental Health and Substance Misuse Commissioning 01225 831513
<b>Background</b>	<i>Equity &amp; Excellence: Liberating the NHS (DH 2010)</i> , sets out ambitions to make primary care the nexus of health care planning, commissioning and delivery, with acute/secondary care services restricted for those with

<b>papers</b>	<p>the most severe conditions. Care close to home is emphasised, as is a focus on clinical outcomes and the patient experience.</p> <p><i>The Transforming Community Services (DH 2010) program states that Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all.</i></p> <p><i>Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012 (currently under review for 2013-18)</i></p>
<b>Please contact the report author if you need to access this report in an alternative format</b>	