Appendix 2.

REPORT TO WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL
Bath and North East Somerset COUNCIL

PROPOSED CHANGES TO:
Acute Mental Health and Dementia Inpatient Services Provision

DECISIONS REQUESTED
The Wellbeing PD&S Panel is requested to note the engagement and impact assessment responses that positively support a move of AWP's Dementia unit at St Martin's Hospital onto the RUH site as part of a new build for mental health in-patient services.

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PART ONE – Description of proposed service changes

1. The current service

The current commissioned inpatient service provision is made up of:

- *23 acute mental health beds (Sycamore Ward on Hillview Lodge) including 3 for Later Life clients*
- *1.6 Psychiatric Intensive Care Unit beds (PICU) based in specialist units - Callington Road, Brislington is the main site for B&NES clients.*
- *12 organic mental health beds (dementia) are accommodated within Ward 4, on the St Martin's Hospital site in Bath.*
- *5 Rehabilitation beds at Whittucks Road, Hanham.*

2. What are the proposed service changes

The proposals put forward are for the improvement of the acute mental health and dementia inpatient bed provision for Bath and North East Somerset (B&NES). Working in conjunction with the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), our specialist mental health services provider, we are considering mental health and dementia in-patient services at the same time because it is important that we make sure that we are using our existing resources of staff, money and buildings more efficiently and to the best advantage of the people who most need them – now and in the future.

AWP, B&NES CCG and B&NES Social Service staff share service delivery and sites in B&NES and we want to continue to develop this shared model as well as working more closely with primary care, increasing the access to urgent care and integrating with mainstream services where possible. Our overarching aim in commissioning services is that people experiencing mental health problems get all their assessed mental and physical health and social care needs met through integrated and understandable services.

2.1 Options for Service Delivery

In light of the above and discussions between B&NES CCG and AWP, several ways forward were suggested for acute and dementia inpatient services in B&NES. These included:

1. Leave services as they are
2. Do refurbishment works to Sycamore Ward only
3. Redevelop all of the existing Hillview Lodge building for adults with mental health problems only
4. Redevelopment and co-location of dementia beds into Hillview Lodge with the mental health beds
5. Decant, demolish and rebuild on Hillview Lodge footprint
6. New build on the Royal United Hospital (RUH) site, where we can co-locate the dementia services of Ward 4 with the mental health services currently offered on Sycamore Ward, Hillview Lodge.
7. New build in a new location for both services

On sharing these options with the CCG Operational Leadership Team and GPs, the Mental Health and Wellbeing Forum and the Dementia Care Pathway Group members, initial thoughts are that the most favourable options for further more detailed consideration would be to co-locate mental health services with dementia service on the same site at RUH, as it would cause the least disruption to service users, their carers and families. It would deliver a purpose built design that supports an ageless service across acute and dementia care on a single site. Being on the RUH site would also be beneficial in terms of linking mental health services with

physical health services, affording the chance to forge multi-disciplinary teams across NHS service lines.
In addition both services on a new site could also be reviewed and I have included in this briefing the option of just developing an acute mental health facility without dementia for further consideration.

Option 1 - Redevelopment and co-location of dementia beds into Hillview Lodge

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.
- Retains 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.
- Improved central front entrance to clinical areas
- Based on the RUH site would retain the benefits of being part of the wider health community linking mental health with physical health.
- Community and potential other in-patient teams on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.

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 - general

- 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 (Section 136 suite for people detained by the police) 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 but it is AWP's intention that whatever works takes place will be completed by Summer 2016.

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. The initial response from the trust suggests that the RUH are interested in a land swap and offering AWP an alternative site for development. The site options are currently under discussion for viability.

Benefits

- A new build would offer more flexibility for space that could accommodate more acute beds in response to demographic changes.
- It would provide an option to consider a wider range services within a purpose built environment that other commissioners may also want to use e.g Section 136 suite for people detained by the police.
- Community teams 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 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.

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 B&NES, 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 as above. It would provide an option to consider a wider range services within a purpose built environment.
- Community teams 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 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.
- 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 Hillview Lodge for acute care only and redevelop dementia in-patient beds separately

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.

This option would still need to include accommodation for some of the community teams and could include some other more specialist in-patient facilities such as the Section 136 Assessment Suite for people detained by the police and others provided in partnership with other providers.

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.

- 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
- Community teams 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.
- 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.

3. Why are these changes being proposed?

Currently, provision of adult acute mental health inpatient beds for B&NES is accommodated on 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. Some of these patients will recover and not need another in-patient admission and some may go on to receive treatment over the course of their lifetime in either hospital or residential or supported housing schemes.

A report from the CQC in June 2014, 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 confirmed that the accommodation is no longer functionally suitable for their purpose, impacting on patient care and staff welfare especially in regard to:

- Privacy and dignity
- Facilities, condition and maintenance.

AWP felt that in response to the informal feedback from CQC they needed to take action on Sycamore Ward and this resulted, in June and July 2014, in:

- A reduction of beds on Sycamore ward at Hillview Lodge, with local provision reducing from 23 to 15 beds.
- An agreement to take B&NES clients only into the beds
- A decision to prioritise older adults to go into more suitable facilities in Callington Road, Brislington or other neighbouring units depending on locality of client and transport etc
- Removal of “swing beds” used as male or female beds depending on demand
- Buildings work to address line of sight issues
- Investigation of door sensors in relation to ligature concerns.

The longer term unsuitability of the ward is not in doubt. It is clear that action has to be taken in addition to these remedial steps, it is the urgency with which we need to gain agreement about the way forward that is now pressing.

Currently, provision of inpatient assessment for service users with organic mental health problems (dementia) within B&NES is accommodated within Ward 4, on the St Martin's Hospital site in Bath. 12 beds are currently available. CQC also visited Ward 4, and again expressed concerns about the suitability of the environment for the safe care of people with dementia especially in relation to same sex accommodation and anti-ligature facilities.

The commissioners and staff are also concerned about the environmental limitations on the ward as it was not purpose-built for the assessment and treatment of people with severe dementia and makes some delivery of care challenging. In addition, the design for an inpatient dementia ward should include the following which is not possible in their entirety on Ward 4:

- 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.

These are not new concerns and it is worth noting at this point that in 2008 when we reduced the number of dementia beds at St Martin's Hospital from 40-20 and invested in community services it was recognised by all stakeholders that in the longer term the dementia beds would be better suited to being on the RUH site and that this should be considered as part of a wider improvement in all mental health in-patient facilities when the opportunity arose.

4. Rationale

4.1 Current Bed Activity Evaluation

An evaluation took place in the national context wherein pressure on adult acute beds in mental health services has been increasing in recent years (in some places, increasing sharply) and where the balance of alternatives to admission, step-down services, NHS and overspill beds is coming under increasing scrutiny.

It is important to remember that we do not just buy beds *in B&NES* we buy bed availability for people in B&NES who need a bed to the value of 23 beds across *all* of AWP's bed base. We hope that as much of this activity happens in B&NES as possible but in reality sometimes people want to be nearer relatives (in Bristol for example) or there are peaks in demand at certain times so people need to be admitted into another AWP bed. So a bed is available for 365 days a year (bed days). 23 bed days is 23 x 365 = 8,395

i) Acute mental health beds – For illustration - during the period April to December 2013 (9 months), the 23 beds available within Sycamore, would have provided 6325 bed "days" of which occupancy by B&NES CCG was 5886 (93%). The total number of bed days occupied however 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 on Sycamore Ward.

During this same period the following occupancy of beds by B&NES CCG service users took place *outside* of the B&NES area (i.e. in other AWP facilities in Wiltshire, Bristol, South Gloucestershire, Swindon or North Somerset):

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

Therefore, from the above B&NES CCG actually used 6,555 bed days during the 9 months which was more than we had "bought" at 6296. This carried on to us needing 8760 bed days across the year: 23 bed days worth of activity would have come to 8395.

We were therefore short of 1 bed day worth of activity in 2013 due to demand (which we paid for above the contract).

ii)Dementia assessment beds*:* Using the same time period, 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 B&NES CCG service users took place outside of the B&NES area:

B&NES Occupancy of other CCG area beds (B&NES AWP OOA)

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

Of the total 3300 Dementia (ward 4) bed days available for B&NES, 2222 were occupied by BaNES CCG patients, with B&NES patients occupying 895 beds OOA, making a total of 3117 bed days required during the 9 months for B&NES 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. **However by the end of the year we had used 4353 bed days, or the equivalent of 12 beds so on target.**

4.2) Delayed transfers of care

People are experiencing delays in being discharged from our dementia treatment beds when their next care requirement is for a specialist dementia nursing home. There is currently not enough provision to meet demand in other areas and so people are coin goer the border into B&NES beds. Whilst the Council (and other neighbouring Councils) is working on this to try and increase the numbers of nursing homes providers who want to provide care in the area it does have an impact on the NHS beds.

4.3) Modelling future services in relation to demographics

This is an inexact science. However, we have done some scenario "mapping" - projecting forward for the next ten years and draft estimates are that whilst we have just about the right level of provision at the moment (although we are already experiencing some pressures for beds as demonstrated above) - we may need to increase the number of available beds as well as continue to re-design the community services.

4.4) Financial investment to support change

There is no agenda to decrease the levels of investment in buying beds for the population. At the very least the current amount of money available for the provision of care is in place and a costing expertise will take place to ascertain whether any further investment is needed or re-investment from other changes is required. AWP are currently investigating ways of providing the capital for the build.

We therefore know that:

- We have to provide new facilities for the mental health in-patient wards
- We have a recommendation from previous dementia service redesigns to site

the dementia in-patient assessment wards onto the RUH site when longer term solutions are being investigated
- The current number of beds we have available under contract is just about OK for now but is beginning to come under pressure
- Delays in being discharged from the dementia assessment ward is beginning to be witnessed for dementia patients due to a lack of nursing home beds
- Nationally there is pressure on mental health beds that is beginning to come under scrutiny.
- There is commitment to financial stability (CCG) and investigating capital investment (AWP).

5. Summary of involvement outcomes

Our vision in B&NES is to develop and deliver best value, accessible and effective high quality services and networks that support carers and enable people who experience mental health problems to recover and lead self-directed, personally satisfying, physically safe and socially meaningful lives as valued members of our local communities.

5.1 Listening to local stakeholders

There has been a long conversation with local people about the development of mental health and older people's services over many years through Planning Fairs, NHS public consultations, voluntary sector network meetings, stakeholder events and public questionnaires. Building on this evolving view the intentions of the local B&NES Mental Health and Wellbeing Forum (previously the Mental Health Provider Forum) – a dynamic collaborative forum of service users, carers, service providers and commissioners shaping and delivering local services – are that we work together in B&NES to:

- Build a wellbeing community
- Demonstrate an ongoing commitment to co-production and joint service delivery
- Further raise the service user and carer voice in order to advocate for what works and contribute to evidence based practice
- Increase peer-led initiatives through, for example, more peer workers and networks in order to develop communities of support
- Focus on people's resilience and their strengths rather than disability – giving people tools that enable them to better keep themselves well
- Involve carers and the family
- Promote recovery through high quality information, education, early intervention and long term support.

5.2 Learning from service users and carers

The peer research produced report – **Bridging the Gap** - examines what helps and what hinders people affected by mental health issues when accessing groups and support which would improve their overall wellbeing. This work with local service users emphasised the importance of:

- Improving wellbeing
- Making connections between people
- Ensuring good care is provided from statutory services
- Motivation with an emphasis on "doing" to improve motivation
- Ensuring ease of access to services
- Being able to find out about services and activities

5.3 Stakeholder engagement in shaping our plans for in-patient beds

Before coming to our final proposal the CCG and AWP carried out considerable engagement with local stakeholder groups. It was this engagement that led us to our options as well as indicated that we needed to ensure we did an impact assessment on the move of Ward 4 to the RUH site as part of a specialist in-patient unit. This included work with:

- Local clinicians – GPs and AWP clinicians
- Dementia Care Pathway Group
- Mental Health and Wellbeing Forum
- Your Health, Your Voice – health participation Group
- Healthwatch public meeting
- Health watch online survey.

We also outlined the pertinent issues in a paper to the Wellbeing Policy development and Scrutiny panel in July 2014

6. Timescales

Detailed project planning will begin within AWP to implement this project once approval has been gained form the Wellbeing Policy Development and Scrutiny panel. It is hoped that the new unit will be completed by the summer of 2016 – planning allowing.

7. Additional information

None.

8. Equality Impact Assessment

Detailed equality impact assessments will be completed during the implementation of the project by AWP. However as part of the impact assessment process equality impacts were considered.

9. Does the NHS consider this proposal to be a substantial variation or development?

No in regard to substantial variation.
B&NES CCG views the move of Ward 4 from St Martin's into the RUH on a shared site with the other specialist mental health services to be the only aspect of the move that is a variation in service as there are no other changes that substantially alter the current arrangements and it was this that we worked with stakeholders and staff on in the impact assessment meetings.
The outcome of all these meetings was a positive recommendation for the proposed move to proceed – please see impacts.

10. Next Steps

All work will take place in the context of the Strategic Outline case prepared by AWP and the CCG.

11. Recommendations

That the panel note the positive endorsement from stakeholders, public and staff to move Ward 4 onto the RUH site and place it in a newly built specialist unit alongside acute mental health and general services.

12. Appendices

Attached to the impact assessment are:

- The briefing paper for engagement and the impact assessment.

MHD Inpatient
Briefing Note final.do

- Presentations outlining the results of engagement.

Presentation.ppt

- The Healthwatch survey comments.

MH Services
Redesign Survey rep

PART TWO – Patients, carers and public representative views – summary of the potential impact of proposed service changes

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 10th December with eight representatives present including Health Watch, Age Concern and members of the Health and Wellbeing Forum.
- A second meeting was held on 12th December which was attended by eight members of staff from the community teams.
- A third meeting was held on 15th December which was purely for the staff of Ward 4.

Benefits of the proposed service changes	Improved inter-team professional working both within AWP and across into the RUH. Improved quality of care for older adults with dementia. Improved in-patient environments for delivery of care to all mental health and dementia patients. Increased access to diagnostics in the RUH. Platform for realising "parity of esteem" national agenda. Potential to increase provision e.g. S136 suite and assessment unit if space allows.
Any disbenefits, including how you think these could be managed	Safe parking for staff, patients and carers is a potential cause for anxiety. **Management:** Discussions needed with RUH and transport providers to increase provision. Specific parking for new unit to be provided.
Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested	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.
How do you think the proposed changes will affect the quality of the service	Improved medical care for inpatients as long as medical liaison and communication increases between RUH and AWP teams. Easier and more timely access to both AWP and RUH services. Extra support and response across all services.
Impact of the proposed changes on health inequalities	The greatly improved environment for Older Peoples service will be an enhancement of the service. Provision of a new environment for frail/vulnerable service users will

	improve access. People of all protected characteristics already attend RUH for acute services so joint site may reduce hesitation to use services.
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	Healthwatch public meeting held and online survey completed (see attachments). Healthwatch representatives have also been present /copied into all other stakeholder communications.
Who have you engaged with in drawing together these views?	See body of the paper and attachments for ongoing engagement. For impact assessment: • Bipolar Group • New Hope – service user group • The Care Forum • Healthwatch • Age UK • Keep Safe Keep Sane - Carers • Staff – AWP • Staff – Ward 4 • Equality and diversity officer - AWP
When was this consultation made?	From July-December 2014
Involvement of 'protected' equality groups	As above and equalities representative from AWP
Summarise the outcomes of stakeholder involvement carried out to date	See main body of report and embedded documents
Any other comments	Ongoing equalities impact assessment will be carried out a part of the implementation of the build.

PART THREE – Impacts at a glance

Impacts	***NHS View***	***Patient/carer/public representatives' view***
Impact on patients	🟢🟢🟢🟢🟢🟢🟢🟢	🟢🟢🟢🟢🟢🟢🟢🟢
Impact on carers	🟢🟢🟢🟢🟢🟢🟢🟠	🟢🟢🟢🟢🟢🟢🟢🟠
Impact on health inequalities	🟢🟢🟢🟢🟢🟢🟢🟢	🟢🟢🟢🟢🟢🟢🟢🟢
Impact on local health community	🟢🟢🟢🟢🟢🟢🟢🟢	🟢🟢🟢🟢🟢🟢🟢🟢

🔴 = significant negative impact
🟠 = negative impact for some
🟢 = positive impact