NHS
South West
Yorkshire Partnership
NHS Foundation Trust

South West Yorkshire Partnership FT

Older people service (OPS)

transformation programme

Report of findings from stakeholder event held on

15 December 2022

Version control			
Version	**Name and title**	**Date**	**Status**
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V0.2	Dawn Pearson	February 2023	Final draft
V0.3	Ryan Hunter Kamal Wrathall	February 2023	Final draft
V1	Dawn Pearson	March 2023	FINAL

1. Purpose of the report

The purpose of the report is to share the findings from the Trust engagement on the transformation of older people services at a wider stakeholder event held in December 2022. The report sets out the approach to the event and the findings from the discussions. The report also includes event evaluation and equality data of participants.

In addition, the report describes how the findings from this event will be used to inform proposals and the next steps for this work.

2. Summary of findings

This section provides a high-level summary of the key emerging themes and considerations that the Trust believe they need to consider from the stakeholder event findings. In section six the full findings from the stakeholder event are included providing more detail of the discussions. The key emerging themes identified are set out below:

Theme 1: Clinical Model - General agreement across several group discussions that a change is needed. Separating the services out and having a specialist dementia ward and the staffing was seen as positive dependent on the correct staff numbers with the right training and skill being in place. The change would provide better outcomes for patients and doing nothing was not seen as an option.

Theme 2: Use of estates – Several groups discussed the inpatient estate and there was a general view that Ward 19 would work better as a dementia ward in the model than Crofton. Overall, the ward environment of Ward 19 lends itself more to being a site for dementia due to design, layout and use of space. More work would be required on the site to further improve the environment, though some improvement activity is already taking place. Need to consider spaces for families particularly for patients nearing end of life.

Theme 3: Bed numbers and ward sizes - The number of beds and ward sizes within the proposed model and how capacity will be managed. Ensuring the model is still fit for purpose in 10 years, given the predicted population increase.

Theme 4: The Poplars – Most people felt Poplars should not be part of the proposed acute model but could be used in other ways to support people. The future use of the Poplars site needed to be clearly articulated as there are several identified potential uses.

Theme 5: Barnsley patients – how Barnsley patients would be accommodated in the model, given that some patients are currently admitted to West Yorkshire, needs to be described. Also, to clearly articulate why there is no impact for Barnsley public in the consultation.

Theme 6: Alignment with other services – Need to ensure that the proposed options align with the wider systems including both SWYPFT teams and partner organisations that will need to work in new ways and across boundaries to support a different model.

Theme 7: Workforce – Need to consider the workforce implications for all proposed options including staffing to the right levels, roles, staff specialist skills for each group but not losing overall old age specialism. The workforce model needs to be clearly articulated for each option to ensure that the workforce implications can be considered fully.

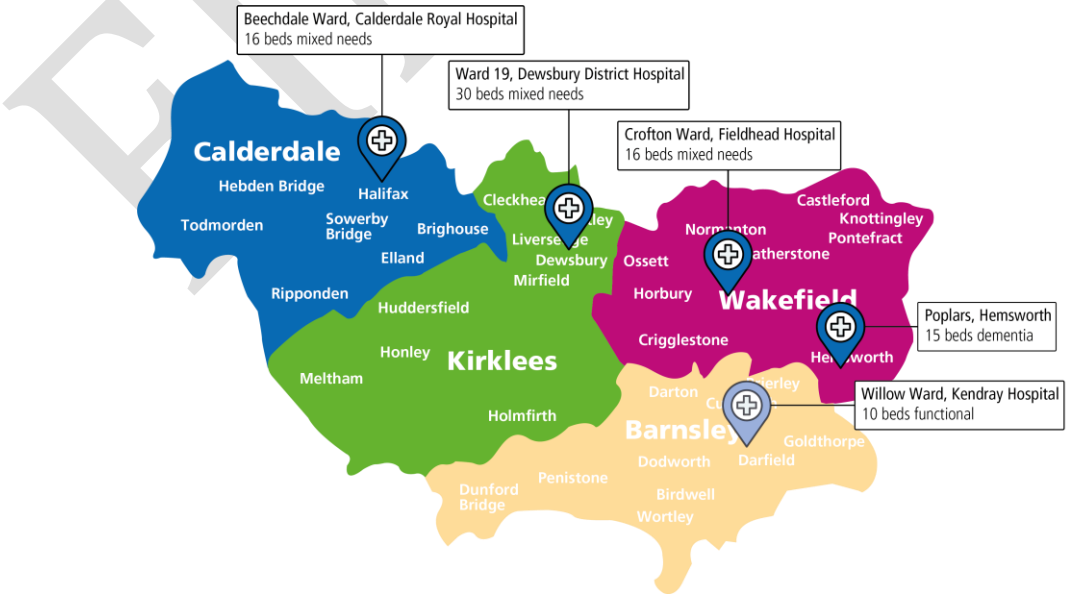
Theme 8: Travel, transport, and parking - The impact of travel, transport and parking for both patients, carers, families, loved ones and staff should be considered. This includes transport times and aligning with visiting, the age of people travelling (including access) and the frequency and reliability of transport networks. Transport during discharge should also be considered if the patient is out of their local area.

3. Background to OPS transformation

The Trust alongside our partners and commissioners are reviewing how we provide mental health care for older people within our inpatient wards. This follows service improvements to our community mental health service.

- A ward in Halifax at Calderdale Royal Hospital (16 beds)
- Two wards in the Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (30 beds; 15 male beds and 15 female beds)
- Two wards in the Wakefield district at Fieldhead Hospital (16 beds) and at The Poplars in Hemsworth (15 beds).

In South Yorkshire, the Trust has a ward for people with functional mental health needs (10 beds) at Kendray Hospital Barnsley, which we do not plan will change as part of this transformation.



There are two groups of older adults who use our inpatient wards. These are:

- People with needs such as dementia, and
- People with other mental health needs such as depression, anxiety and psychosis (often referred to as functional needs).

Evidence shows that the care of people diagnosed with dementia, and people with functional needs is very different.

There are different types of supervision, clinical intervention, and workforce skills required to provide specialist care for people with dementia and people with functional needs. The living space, and the activities which are needed to effectively support and provide the best care for each group are also different.

People with dementia may require more specialist care and support. Currently, our wards support a mixture of mental health needs, which means that not everyone gets the specialist care they may need.

The CQC also highlighted the challenges of managing patients with dementia and functional needs on mixed wards during their visit in 2019.

We also face challenges with some current estate which does not provide an optimum layout for managing the care of people with dementia and functional needs on a mixed ward.

4. Stakeholder involvement

This workshop, forms part of a series of involvement approaches that are part of pre-consultation engagement. Prior to the workshop engagement of people who use services, key stakeholders, Clinical Senate have taken place. This information is documented in separate reports, minutes, and logs. The Trust are following the relevant legislation and guidance to ensure that all legal obligations are adhered to and met (**see appendix 1**).

4.1 People who use services:

SWYPFT has already delivered several conversations across Barnsley, Calderdale, Kirklees, and Wakefield on older people inpatient services. This engagement has been captured into a report of findings. The findings collectively report on engagement from:

- Conversations with service users and carers in Autumn 2015 which captured feedback on the aspects of a service that were important to them
- A range of mixed audience events which took place in March 2016. These events were attended by staff, service users, carers, and partners
- Feedback and insight from site visits including other NHS Trusts
- A further series of workshops with service users and carers which took place in May 2017. These workshops focussed on the consideration of a future model of care

- Several ward visits which resulted in listening to current service user and carer accounts of care in the winter of 2017/2018.
- Further engagement took place in 2018 to share progress and capture views

From all the engagement work which took place there were some key themes that started to emerge. These themes told us that:

- People were generally positive about the community proposals, and they prefer to be supported to have their **care closer** to home or in the home, for as long as possible.
- People were keen to ensure that the **hours of service were appropriate**, with extended hours available for people as needed.
- People were keen to ensure **dementia awareness within a care home** setting is built into a future model
- People were positive about **benefits of a specialist dementia unit**
- There were **concerns about potential extra travel for families**.

Following on for this work the engagement findings were used to support the options criteria. Proposals were tested against a set of criteria informed by national guidance and clinical good practice. The engagement provided additional considerations for each of the criteria to ensure that the findings were used to inform the proposals. The criteria headings are set out below.

- People told us what 'Good Quality Care' would like
- People told us what 'Access to Care' means to them
- People told us what 'Value for Money' means to them
- People told us what should be 'Delivered and Sustained'
- People told us what other factors we should consider

Previous engagement can demonstrate through equality monitoring that a range of views were gathered from a diverse audience. The equality monitoring from this engagement was captured separately to the feedback.

4.2 Clinical senate

The Trust engaged 'Clinical Senate' to provide an appraisal and assessment of the proposed options. The feedback from senate forms part of a separate report which can be made available on request. The findings from senate were shared at the workshop.

4.3 Stakeholder involvement

The Trust maintain the involvement of key stakeholders through the following communication and information channels:

- Monthly programme board led by Kirklees ICB place with representation from Calderdale and Wakefield
- Internal steering group for OPS with representation from the workforce, including clinical representation and staff side
- Communication, equality, and involvement group (CEE) with representation of specialists from each place, including ICB and with links to wider stakeholders

including political representatives, Healthwatch and voluntary and community sector. A communication plan drives the approach.

Minutes of all these meetings ensure that the voice of the wider system form part of the ongoing development of proposals and ensure the right level of involvement using timely and proactive communication and sharing of information.

4.4 October 2022 Workshop for health and social care staff

A workshop was held in October 2022 to further involve health and social care staff in the development of options. In total the event was attended by **50** health and social care staff from Barnsley, Calderdale, Kirklees, and Wakefield. The key themes for the event are summarised as:

- **Theme 1: Consider the travel impact of all options**, factoring in cost-of-living challenges and using travel impact analysis which should include travel by car and public transport.

- **Theme 2: Ensure we address inequalities** identified through the equality impact assessment in the development of options. This includes the impact on people who use services staff and carers.

- **Theme 3: Consider flow and length of stay** by considering potential solutions which enable a reduced length of stay and consider other developments which could support this ambition, such as step-down facilities.

- **Theme 4: Consider the impact on staff** of the potential changes and ensure that staff are fully engaged in the process and are consulted on the changes. It is important that staff feel involved in the process and can deliver the proposed approach solving any current staffing pressures.

- **Theme 5: Consider the additional option to centralise specialist services in Wakefield -** Following feedback from clinical senate and discussions which took place at the workshop it is evident that the Trust need to option appraise centralising specialist services on the Wakefield site.

- **Theme 6: Describe what the Trust mean by re-purposing Poplars** in the proposed options so that we can articulate this clearly to key stakeholders and the public.

- **Theme 7: The length of time since engagement** should be considered and the Trust need to make sure that any gaps in information or target audience is picked up in consultation

5. Stakeholder event

In December 2022 a stakeholder event was held. The aim of the event was to listen to feedback from a wider group of partners, build on previous engagement, provide an opportunity for our key stakeholders and partners to contribute to the options for proposed models, and further inform our approach ahead of a potential consultation.

At the event the Trust presented more detail on the work that has been done to date on the proposed models, including clinical considerations, engagement activity and equality.

The approach was to deliver one digital event for Barnsley, Calderdale, Kirklees, and Wakefield. The event was targeted at stakeholders across the Trust footprint. **A plan for the event was developed which can be found in appendix 2.**

The event was promoted using an Eventbrite link (**see appendix 3 event invitation**). This invitation was circulated to the following:

- Staff working in South West Yorkshire Partnership NHS Foundation Trust, including clinical leads
- Barnsley, Calderdale, Kirklees, and Wakefield Integrated Care Systems and ICBs
- Primary care representatives from Barnsley, Calderdale, Kirklees, and Wakefield
- Identified service user and carer representatives
- Third sector organisations and groups representing older people services, carers and representation
- Healthwatch
- Local authority colleagues from Barnsley, Calderdale, Kirklees, and Wakefield
- MPs and local councillors
- Other local health providers with an interest, for example NHS hospital trusts, Locala
- The care homes sector, including domiciliary home care and extra care facilities
- Ambulance service
- Clinical network (NHS England)
- Clinical Senate
- NHS England
- Education providers – colleges and Huddersfield University
- Police
- Fire service
- Pharmacy services

The event focused on a continuation of testing the proposed clinical model and options as well as understanding what this means for each place.

The agenda and slides for the event for can be found in **appendix 4**. It is worth noting that any partners not attending received a briefing on the proposals ahead of the event invitation to ensure they remain informed that the work was taking place. The Trust approach will be to involve these stakeholders at any future events

6. Stakeholder event findings

The stakeholder event was **attended by 67 people**. There were 2 breakout discussions and people were divided into 6 smaller mixed groups, each group had a facilitator and scribe. The table below shows the number of people per group per discussion:

Group	Nº of people in discussion 1	Nº of people in discussion 2
1	10	8
2	9	7
3	12	7
4	4	Members joined another group
5	4	4
6	9	7

The first discussion gave people the opportunity to tell us:

1. their thoughts on what they had heard
2. Were there any gaps
3. Anything else to consider

The second discussion gave people the opportunity to tell us:

1. Their thoughts on access, travel and equalities
2. Impact on them, their organisation and anything they were planning

This is what people told us:

6.1 The findings from the event are set out below:

Breakout discussion 1:

Question 1: We asked if there were any thoughts on what you have heard?

Key themes: the key themes from the discussion are summarised below. The full notes of all sessions are available if requested.

Poplars:

- The Trust were asked if we had plans for Poplars in Wakefield and future use of poplars was questioned if the proposals went ahead
- Comment that it provided good care and treatment
- Polars limitations were that it was set up as a community unit, and it is isolated with limited medical support on site which is a risk for patients due to distance from hospital setting
- People did not want to lose the site – but it was made clear future use would be part of a system conversation if repurposed

- Due to the location, it is hard to attract staff to work there

Travel, transport, and parking:

- Transport analysis has been carried out
- Need to consider that families and carers need to visit longer stay patients.
- There were some challenges with car parking at Dewsbury.
- Traveling further for specialist care is common across a range of NHS services now
- Trust needs to consider accessibility and travel
- Need to consider the bus routes East to West of Wakefield
- Cost of travel could be reimbursed
- There could be an impact on travel for patients
- Need to consider that all specialist services are at the Leeds side of Kirklees and Calderdale, would this mean that there are options to use services in bordering areas?
- Need to consider number of buses to access a service and limited/unreliable public transport in certain areas

Environment:

- Potentially 26 beds in a unit could be too many. Bradford for example had 20 beds and reduced to 12
- Need to consider the environment to support younger patients
- Quiet areas are lacking in Crofton, Wakefield
- Ward 19 at Dewsbury is better suited for quiet spaces
- Ensuite facilities cannot be provided for all rooms in Dewsbury
- Ward 19 in Dewsbury would require more work to become homely and less clinical
- Ward 19 in Dewsbury offers more space
- Crofton in Wakefield is smaller
- Crofton is modelled on acute wards for example toilets have grab rails

Ward mix:

- Will the model offer patients with dementia long term care and a step-down facility. With a range of people at different stages are two options viable.
- How will patient's step-up for longer term dementia. Need to look at the whole piece of dementia care.
- Most people felt the changes are needed as mixed wards are detrimental for everyone
- The balance of mixed environments could lead to patients with milder dementia becoming more severe
- Kirklees Council has built a specialist unit for dementia
- It was seen that separating the two cohorts and having a specific dementia ward and staffing was a positive one
- Need to ensure the correct staff, training and skill is in place
- Concern that if you specialise you may lose some capacity in the process
- If the model is mixed you may have more capacity

Supporting carers, families, loved ones:

- Needs to be a room for patients nearing end of life care
- Areas specifically for family visiting

Barnsley specific:

- There was discussion about how Barnsley patients are accommodated for in the model
- Barnsley dementia patients may find services are closer to home – can be placed as far as Halifax in current model
- Need to describe why there is no change for Barnsley
- Need to consider accessing a dementia bed within Barnsley

Involving people who use services:

- Patients need to be consulted directly if they will be moved as part of the proposed model
- In was identified Poplar's patients would have to be moved as part of the proposal and this would need to be managed
- The Trust were asked to demonstrate that patients with dementia and their carers been involved in the process

Options development:

- There was a general agreement that to do nothing is not an option
- Need to consider equitable distribution of bed numbers in each place
- Some felt that the Kirklees option of a centre in Dewsbury may future proof the proposed model
- General comments that the range of options considered means it has been well thought through
- As part of the proposed options, it was agreed it was important to look at what challenges any of these options would bring

Links with the wider system:

- From mental health point of view, it was flagged there has been improvements to redeploy staff as needed into community teams
- Need to consider fully links to social care and acute hospitals
- Beds proposed should be more than enough with community support
- Query how the model would respond if demand increased
- Query if the model has been matched with social care support and care homes
- Will the proposed change at one site have a knock-on affect for other services
- Kirklees model includes an outreach team, could consider a similar approach in Wakefield

Discharge:

- Discharge planning could be a challenge depending on where you live
- There would be challenges in discharge planning with organic patients
- Barriers to discharge when patients are not from the local area
- Need to look at wider services available for example housing Team in Kirklees

Workforce:

- Trust needs to consider staffing for both functional and organic
- Trust needs to consider any issues relating to recruitment
- Model needs to ensure skills are maintained in old age psychiatry and specialist assessments.
- Model may need to consider where the Admiral Nurse will sit across the foot print as they have them in Wakefield and Kirklees but not in Calderdale and Barnsley
- Need to ensure a central dementia unit does not have workforce implications

Place based considerations:

- Need to understand the different localities – model may look very different in different areas
- Need a very good directory of the different services available in each locality

Involving overview and scrutiny:

- Any value in having early informal discussions
- Piece of work for the SWYPFT footprint – OSC will be picked up in the next steps

Question 2: Are there any gaps in the approach?

The responses to this question have been summarised as follows:

- Significant number of care homes are dementia units need to consider support for the wider system.
- Need to consider help for care homes when patients present with challenging behaviour
- Concern bed capacity and data for ageing population with projections at 46% of over 55 by 2040
- Asked if the model will be fit for purpose in 10 years' time
- There have been improvements to redeploy workforce into community teams and links to social care. Need to ensure support is in NHS model
- Need to consider if the Dementia pathway across health and social care – is it fit for purpose
- Need to be open and transparent about bed numbers
- For a longer-term option, there needs to be clarity over the provision of care packages and social care support
- What happens when we have more incidents in the community and whether these models support a holistic approach across health and social care.
- Need to consider there are different services in different areas
- Need to consider that staff is a real issue particularly across mental health services
- The environment for dementia patients must be trauma informed
- Need to acknowledge the difference for organic and functional patients
- Accessibility visiting, not just for patients but carers as well

Question 3: Any other considerations?

Key themes: the key themes from the discussion are summarised below. The full notes of all sessions are available if requested.

Barnsley impact:

- Those attending were unsure about the impact on Barnsley and how many patients are out of area. Barnsley could need to travel further
- One participant said that Barnsley patients are spread out across the patch – depending on bed availability at any given point in time.
- The narrative of Barnsley needs to be part of the wider picture

Travel, transport, and parking:

- As discussed earlier, further considerations and work needed on travel and costs
- A lot of conversation about staff travel and how staff may be impacted

Workforce:

- As previously mentioned, looking at staff skill and expertise will also help to foster work with other agencies such as community care

Digital:

- Digital options need to be considered for example E-meds – look at how digital interventions could support the model
- Horizon scan any new approaches in this programme of work

Engagement:

- Continue to maintain engagement with ICB places and local authorities regarding the proposed changes
- Keep people informed of the journey
- Ensure there has been engagement with services users and carers – and do more as we go through the process

Out of area:

- Need to continue services and support if patient is moved out of district and utilise agencies such as Age UK and Dementia Society

Discharge:

- Need to ensure that discharge and the relationship with social services in each area is strengthened
- If there is only one specialist unit hosted in a specific local area discharge processes will need to be more streamlined

Bed numbers:

- Not to lose any beds in the system

Breakout discussion 2:

Question 1: Thoughts on access, travel, and equality?

Key themes: the key themes from the discussion are summarised below. The full notes of all sessions are available if requested.

Travel, transport, and parking impacts:

- It was acknowledged that an increase in travel time could not be avoided
- Need to consider people may have to navigate an unfamiliar town/city
- Need to consider that lots of carers don't drive and may have their own mental health issues
- Need to ensure that when taking patients to home assessment, they may have to travel further. This means they will be more tired so won't be at their best to do an accurate assessment.
- Thoughts should be given to Barnsley travel impact implications even though there are no specific changes planned.
- Need to consider that distance isn't always the key. The time to get there can be the key and the time of day matters too.
- Need to consider impact on visiting which may be reduced if a patient is further away from home
- Need to consider the age of carers that do not live near the area who may have to travel further
- Kirklees is a large area and to get from somewhere like Holmfirth to Pinderfields it could be up to 2 hours, and same with Calderdale

Travel, transport, and parking solutions:

- Could consider dedicated transport with a direct route to each hospital and limited stops
- Community transport needs to be part of the consultation/plan as it is sporadic in certain areas as well the booking system needs to be made easier
- Door to door community transport would be much better due to people with dementia and their partners who are normally also very elderly will reduce anxiety
- Need to identify shuttle buses and what is already available for these geographical areas
- Need to provide clear travel and transport guidance to help people find their way to a new unit.
- Could consider a buddy system to help people on their first journey
- Need to consider long bus journeys with no facilities along the way
- Could consider support using taxis

Equality considerations:

- Language barriers need to be considered
- Calderdale already has system challenges on access to services for people from Asian communities which needs to be addressed in the model

- Predicted seven-fold increase in dementia from Asian background patients – dementia and End of Life (EOL) care is really important and needs to be factored in to the model
- We need to be culturally aware and competent in the model

Digital:

- Need to consider how assisted technologies and virtual contact could help to avoid transport and make a complimentary option for visitors

Options development:

- Have we considered the number of dementia in-patients and the need for so many beds in one place

Access:

- We need to ensure that access for families, carers and loved ones is supportive

Discharge:

- Need to consider how we would manage a patient ready to start graded leave who can go home for a couple of hours if they are out of area
- Need to think about repatriation and reliance on family, friends, loved ones who don't drive

Pharmacy:

- Need to build in transportation of medication to units from the hub in Fieldhead. Any new model needs to include this in discussions/planning

Locality considerations:

- Need to consider if some of the boundaries would be affected by going out of area – for example Lancashire which may be nearer to parts of Calderdale
- May need to consider any gaps in commissioned community services such as Admiral Nurses
- May need to consider if the model may mean people look to go to a neighbouring area that is closer to home

Question 2: Impact on you, your organisation and anything you're planning?

The responses to this question have been summarised as follows:

- Any changes to hospital configuration need to consider advocacy arrangements and the impact on the local authority ability to carry out their statutory changes.
- Travel and discharge could be integrated from Hospital with a clear plan of structured support to minimise the travel impact on a certain percent of the population. Need to integrate services to find a way to align this
- Consider how local transport systems could be improved or work better
- Certain service level agreements in Wakefield are not accessible in other areas
- Could we obtain best practice from areas such as Bradford on travel and transport solutions

7. Evaluation and equality analysis

The event was evaluated using a rating tool and free text comments box, and equality monitoring collected using a short survey monkey. The findings from the evaluation and equality monitoring will be used to inform the next event. The information **can be found in appendix 5.**

8. Next steps

The Trust are committed to ensuring that the voices and views of our stakeholders are considered as part of this transformation work and using it to further develop our plans and outline business case ahead of a potential consultation.

All reports from the programme will be published on the Trust website under our get involved section. As work is progressed a 'you said, we did' response will be posted on to the website page so people can see our progress.

Appendix 1: Legislation

The Trust has a strategy which describes how we will involve people. The Equality, involvement, communication, and membership strategy can be found here: Equality-Involvement-Communication-and-Membership-Strategy.pdf (southwestyorkshire.nhs.uk) . The strategy clearly sets out how people can expect to be involved and the approach and principles we will follow. The Trust also need to follow legislation to ensure that our legal obligations and that of our commissioners are met.

Health and Social Care Act 2022

In its responsibilities for public involvement and consultation under section 13Q of the National Health Service Act 2006, NHS England, and Integrated Care Boards (ICB) has a duty to consult individuals to whom services are being or may be provided, in the planning and development of commissioning arrangements for those services. The Act extends this to include "carers and representatives" of people receiving a service or who may do so. The extension of this duty is replicated in an equivalent duty on integrated care boards.

NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve. A copy of the refreshed NHS Constitution and supporting handbook can be accessed via the following link; https://www.gov.uk/government/publications/the-nhs-constitution-for-england. Seven key principles guide the NHS in all it does. They are underpinned by core NHS values designed with staff, patients, and the public. Principle Four is about patient engagement and involvement.

Principle Four

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families, and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients, and staff, welcome it and use it to improve its services

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which a legal entitlement are protected by law. One of these rights is the right to be involved

directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

Appendix 2. Event Plan

Older People Transformation Project: Pre-consultation engagement stakeholder event (Stage 1))

The working assumption is that prior to this event a briefing has taken place or pre-meet with executive leads, clinical leads and key stakeholders prior to the event taking place, ensuring that key leads are fully briefed and cited– listed as:

- SWYPFT staff
- Executive leads
- Portfolio leads – HSC
- OSC
- NHSE/I
- OPS clinical leads in each place
- Healthwatch
- Health and care partnerships
- ICB

1. Purpose of the plan

The purpose of the paper is to provide information on the planned event for the older people transformation, including:

- An overview of the event including its purpose and delegates
- The event objectives
- The audience
- Communications collateral required
- Presenters, facilitators, and arrangements to host the meeting
- A proposed agenda and collateral
- A draft invitation

2. An overview of the event

The purpose of this event will be to present the work to date on the proposed clinical model proposals so far/proposed solutions and consider and receive the findings from all the engagement activity we have gathered on older people transformation from the past 5 years (extended due to the pandemic by 2 years, would normally be 3 years); including any recent targeted engagement, travel analysis and equality considerations.

This event will provide a final opportunity for key stakeholders and partners to input into the proposed model ensuring any gaps are identified in terms of for the proposed solutions/model, engagement, and equality considerations. The opportunity to do further work to close the gaps following the event would ensure that SWYPFT are able to capture anything that may be missing to support the development of a proposed future service model.

The event will also ensure that all stakeholders partners are up to date and in the same place. The event will ensure facilitated discussions capture any additional comments and feedback. The event is an essential part of the finalising or firming up the engagement process and ensure that SWYPFT can progress to consultation. The proposals can be taken forward through the service change assurance process, including further engagement or consultation, if required.

3. Attendees

Targeted invitations will be sent to organisations and networks which include:

- Staff from SWYPFT – including Clinical lead
- Barnsley, Calderdale, Kirklees, and Wakefield (BCKW) NHS place
- Primary care representation from across (BCKW)
- Any identified service user and carer representatives
- Third sector organisations and groups representing older people services, carers and representation
- Healthwatch
- Local authority colleagues from (BCKW)
- MPs and local councillors
- Any other local health providers who have an interest in this service – Acute hospitals, Locala

- Care Homes sector
- Domiciliary home care and extra care facilities
- Ambulance service
- ICB
- Clinical network NHSE/I
- Clinical Senate
- NHSE
- Education providers – college, university
- Police
- Fire service
- Pharmacy services

The stakeholder event is not:

- An event for the wider public
- An event for us to persuade people of our thinking; It is a listening exercise and is part of pre-engagement
- A platform to where we describe what we are going to do, but a chance for people to further inform our thinking

4. The event objectives

The event objectives will be:

- To fully understand the current challenges across the whole system for older people's health and care
- To provide an update on the journey so far for including where we are at in the process for developing a proposed model
- To share the findings from all engagement activity over the past five years up to and including the most recent findings
- To share the findings for equality so far
- To share travel and transport analysis to date
- To sense check the information presented and give stakeholders an opportunity to comment further
- To sense check the options proposed for the clinical model and capture any additional considerations including model options

- To explain the next steps
- To use the findings to help shape the model likely to be considered for formal consultation

5. Communications collateral required

The communications collateral required prior to and after the event are set out below. The budget and development of these materials will be managed centrally by SWYPFT to ensure the event is accessible and inclusive for all.

5.1 Pre event activity: SWYPFT will work with Communication, Engagement and Equality CEE colleagues to co-design:

- Identify a lead facilitator
- A stakeholder list for BCKW
- Develop an invitation with clear agenda for circulation
- Co-ordinate the development of presentation material
- Display materials in the room (or digitally)
- Provide table materials to support discussions (or digital break out rooms)
- Discussion material and mechanisms to capture discussions
- Facilitator's brief
- Ground rules to ensure the event is managed to timescales and inclusive for all
- Administration and coordination of delivery

5.2 Post event activity: SWYPFT will:

- Analyse the findings from the event discussions
- Write a full report of findings with the support from CEE colleagues
- Feedback the findings to participants with a covering letter to thank them for participating

6. Presenters, facilitators, and venue

Presenters: name will chair the event and presenters will be identified by SWYPFT and supported by the Communication, Involvement, Equality, and Inclusion Lead to develop appropriate presentation material. The following items for presentations have been identified:

Slide set in order:

- Slide – event title – welcome and housekeeping – Chair
- Story – to set the scene i.e. patient/staff/carer story – Comms to develop
- About today - Chair
- Where are we on our journey – Subha/Ryan
- Discussion topic slide – breakout room instructions
- Comfort break slide – image
- Presentation of proposed clinical model/s – Subha/Ryan
- Senate role and feedback – Subha/ Ryan
- Equality findings to date – Dawn
- Progress on travel and transport so far – TBC
- Discussion topic slide – breakout room instructions
- Next steps slide name – Ryan/Dawn
- Close and thanks – Chair

Facilitators: To facilitate the event, we will require a number of staff to facilitate and scribe/ capture discussions. We will require the following:

- Five people willing to facilitate and manage discussion – Ryan, Subha, Paul, Michelle, Dawn
- Five scribes who can support capturing data – Dannie, Alexis + Dasa, Jill, Kirsty? tbc

Depending on numbers attending this should ensure we have five breakout sessions. Each facilitator and scribe will receive a facilitator pack and be offered the opportunity to have a briefing beforehand. Scribes will be asked to record the discussion on a capture form and submit to SWYPFT for the report.
Event Chair: The day will be chaired by name who will manage the agenda, housekeeping, introduce each presenter, facilitate activities, and provide a close and thanks.
Venue/digital platform management: SWYPFT will book the meeting, manage registration via Eventbrite, and put in place arrangements to ensure the event and resources are in place including any associated costs. SWYPFT will manage the presentation and IT requirements for the event and provide support on the day.

7. Proposed agenda

event agenda			
Time	**Item**	**lead**	**key purpose/ messages**
1pm	**Event starts (5 minutes to allow people to join)**	Chair	Ensure the presentation is open on the welcome page so people know they are in the right meeting
1:05	**Welcome and housekeeping**	Chair	Too many people to welcome so ask if people can use the chat box to introduce themselves and introduce key people and speakers only
1:10	**Stories from our Trust**	Chair to introduce	A film, story, narrative to set the scene and ensure we are all reminded of why we are here
1:15	**About today**	Chair	Share the agenda on screen and emphasise this is a journey, we want people to feel included and involved. This is a chance to influence and have a say.
1:20	**Where are we on our journey**	Dr Subha Thiyagesh MD MRCPsych –	A look back on the journey to bring people up to speed on the progress we have

		Medical director SWYPFT Ryan Hunter – Change & innovation partner SWYPFT	made. This includes work on the community model and the conversation which have and are still taking place.
1:50	**Discussion –** • **Any thoughts on what you have heard?** • **Are there any gaps in the approach?** • **Any other considerations?**	5 facilitators - tbc Ryan, Subha, Paul, Michelle, other? Dawn if needed? 5 scribes - tbc Dannie, Alexis + Dawn, Dasa, Jill, Kirsty? tbc	Break-out sessions x 5 Discussion and sense check using a jam board, chat box and discussion in break out groups
2: 10 Comfort break – 10 minutes			
2:20	**Presentation of proposed clinical model and options**	Dr Subha Thiyagesh MD MRCPsych – Medical director SWYPFT Ryan Hunter – Change & innovation partner SWYPFT	Present approach to options development and then shared the proposed options – make sure each options is clear on the benefits and any limitations.
2:50	**Feedback from clinical senate**	Ryan Hunter – Change & innovation partner SWYPFT	Describe the role of clinical senate, why and how we have involved them and what they have told us.
3:00	**Equality findings to date**	Dawn Pearson,	Describe the identified impacts for each

		Communication, involvement, equality and inclusion Lead	protected group/ any gaps – population considerations and impacts against each model
3:10	**Progress on travel and transport**	**TBC**	Describe what we have in place to help us consider travel and transport (including analysis and any possible solutions)
3:20	**Discussion –** • **Your thoughts on the proposals?** • **Is there anything we should have/need to consider?** • **Any other comments?**	5 facilitators - tbc Ryan, Subha, Paul, Michelle, other? Dawn if needed? 5 scribes - tbc Dannie, Alexis + Dawn, Dasa, Jill, Kirsty? tbc	Break-out sessions x 5 Discussion and sense check using a jam board, chat box and discussion in break out groups
4:20	**Next steps**	Ryan, Change & innovation partner SWYPFT Dawn Pearson, Communication, involvement, equality and inclusion Lead	Ryan to outline next steps for the programme and timeline Dawn to provide next steps on findings from today, report timescale (1 week) and opportunity for any final feedback Evaluation to be shared in chat box – short survey monkey with equality monitoring/ paper version to be shared with report.
4:25	**Final reflections, close and thanks**	Chair	Opportunity for any final words and close

Appendix 3: Workshop invitation

Older people's inpatient mental health services transformation

Invitation to stakeholder event, Thursday 15 December 2022, 1-4pm (online)

We would like to invite you to a stakeholder event which will be held online on Thursday 15 December 2022, 1-4pm.

This follows a recent workshop and briefings shared on our approach to progress the work to transform older people's inpatient mental health services at South West Yorkshire Partnership NHS Foundation Trust.

The aim of the event is to listen to feedback, build on previous engagement, provide an opportunity for our key stakeholders and partners to contribute to the options for proposed models, and further inform our approach ahead of a potential consultation.

At the event we will present the work which has been done to date on the proposed models, including clinical considerations, engagement activity and equality. We will capture any feedback through discussion to further support the development of options for proposed service models. It is also an opportunity to make sure that our partners and stakeholders are briefed ahead of the next steps and can raise questions they may have.

Please use the following Eventbrite link to book a place at the stakeholder event: https://www.eventbrite.com/e/older-peoples-inpatient-mental-health-transformation-stakeholder-event-tickets-469912901137

The older people's inpatient mental health services transformation takes a collaborative approach to development, and is being delivered in partnership with the West Yorkshire Integrated Care Board, and South West Yorkshire Partnership NHS Foundation Trust.

We look forward to seeing you at the event.

Additional information

We assume that most delegates attending the event have been briefed and sighted on the work which has happened to date. A briefing from the stakeholder workshop which was held on 10 October 2022 is attached for reference.

For information, invitations for the stakeholder event are being sent to:

- Staff working in South West Yorkshire Partnership NHS Foundation Trust, including clinical leads
- Barnsley, Calderdale, Kirklees, and Wakefield Integrated Care Systems and ICBs
- Primary care representatives from Barnsley, Calderdale, Kirklees, and Wakefield
- Identified service user and carer representatives
- Third sector organisations and groups representing older people services, carers and representation
- Healthwatch
- Local authority colleagues from Barnsley, Calderdale, Kirklees, and Wakefield
- MPs and local councillors
- Other local health providers with an interest, for example NHS hospital trusts, Locala
- The care homes sector, including domiciliary home care and extra care facilities
- Ambulance service
- Clinical network (NHS England)
- Clinical Senate
- NHS England
- Education providers – colleges and Huddersfield University

- Police
- Fire service
- Pharmacy services

If you have any questions at this stage, please email comms@swyt.nhs.uk

Appendix 4: Event agenda and presentation slides

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Older people's mental health inpatient services transformation

Stakeholder event
Thursday 15 December 2022

In partnership with:

NHS South Yorkshire Integrated Care Board

NHS West Yorkshire Integrated Care Board

With all of us in mind.

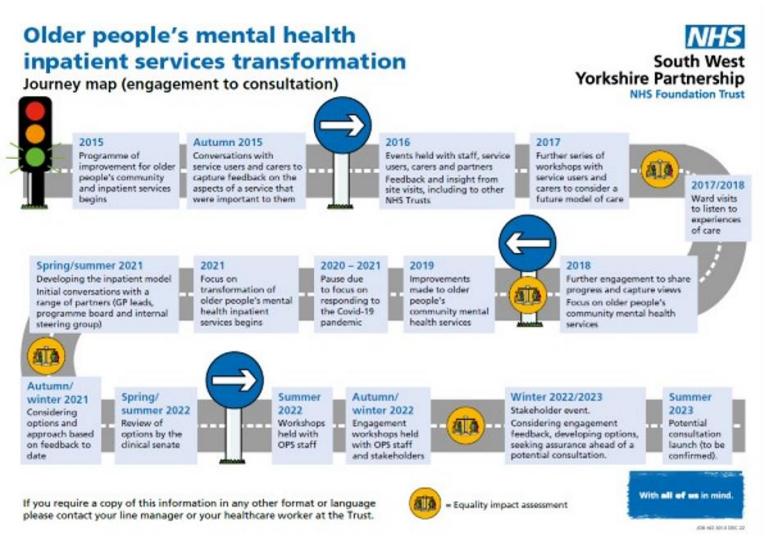
Agenda

Time	Item
1pm	Welcome and housekeeping
1:10	About the event and stories from our Trust
1:20	Where we are on our journey and the case for change
1:40	The proposed clinical models and options - followed by a breakout discussion
2:45	Comfort break
2:55	Travel and transport analysis, equality - followed by a breakout discussion
3:50	Next steps and final reflections
4pm	Close

Background and journey

Background

- Changes and improvements have been made to older people's community mental health systems.
- The community model ensures good practice systems are in place , and delivers care as close to people's homes as possible, so only a very small proportion of people require a mental health hospital admission .
- Access to acute mental health hospital beds is still required for:
  - people with needs such as dementia, and
  - people with other mental health needs such as depression, anxiety, and psychosis (sometimes referred to as functional needs).
- Evidence shows the needs of these two groups of people are different.
- Our current inpatient ward offer remains mostly mixed,
- Developing a proposed clinical model to transform services,
- This workshop looks at the model of care for the small proportion of people that do still require an hospital stay.



What people have told us along the way

What we did

- Spoke to service users and carers to ask what was important to them.
- Held mixed audience events, attended by staff, service users, carers and partners.
- Carried out site visits, spoke to other NHS Trusts and learnt about good practice across the sector.
- Held a series of workshops with service users and carers to consider the models of care in more detail.
- Visited wards and spoke with current service users and carers.
- Met with commissioners, local authorities and other partners.

Service user stories

John – functional admission on a mixed needs ward

Diane – functional only ward stay

What people have told us along the way

Key themes

- People were generally positive about the community proposals and told us they prefer to be supported to have their care closer to home or in the home, for as long as possible.
- People were keen to ensure that our hours of service were appropriate, with extended hours available for people as needed.
- People were keen to ensure dementia awareness within a care home setting is built into a future model.
- People were positive about functional and organic care being separate but had concerns about potential extra travel for families.

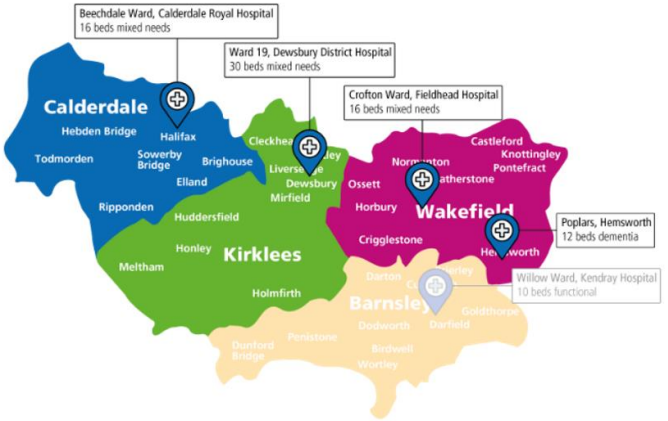
The inpatient model

Our vision for older people's mental health services

Our focus is to transform the inpatient model in line with our vision for older people's services:

- The people we care for, their families and carers to be central to all that we do.
- Collaborative, integrated and appropriate care in a safe and supportive environment.
- Services are responsive, fit for people and accessible.
- Services are tailored, culturally aware and sensitive.

The current inpatient model



Current system challenges (inpatient)

- Managing a system with mixed functional and organic needs on the same ward
- Challenges across the estate, part of it not being as it should for modern healthcare, including:
  - Sites which don't have en-suite facilities
  - Wards where there are issues with line of sight
  - Ability to manage isolation well on all wards.
- Geography – not all sites are well aligned to a main general or a mental health hospital. This leads to challenges such as:
  - Ability to admit high level of acuity
  - Staff isolation and difficulties gaining urgent/timely support
  - Limiting of patient numbers.

Evidence for inpatient care based on needs

- Separate wards for functional and organic groups is consistently regarded as good practice
- People with dementia, by nature of their condition, are often not able to navigate the personal space of other people.
- The effect on people with dementia of sharing a ward with people with severe depression may also be unhelpful.
- People with severe depression, for example, may find that sharing their living space with other people with behavioural problems can make them feel worse.
- The type of supervision and clinical intervention and workforce skills needed for the two groups may be quite different
- On mixed needs wards, providing activities that would be stimulating and meet the needs of each individual was cited as challenging
- Delivering good palliative care would be more difficult to address if old age services were either mixed or indeed integrated with younger adults.
- There are increasing risk of incidents on mixed pathology wards

Sources include Audit Commission; Royal College of Psychiatrists; Care Services Improvement Partnership; The Mental Welfare Commission for Scotland; Royal College of Psychiatrists' Centre for Quality Improvement

Additional evidence

Joint commissioning panel for mental health guide advocates:

- **Where possible, separate ward space for functional and organic disorder**
- **Gender separation guidance for inpatient services being properly applied.**

Mental welfare commission for Scotland – older people's functional mental health wards in hospitals, themed visit report: **where wards were mixed, nurses often described difficulties.**

"Challenge of meeting all individual needs for functional patients and dementia patients as needs can be complex."

"When there is a higher percentage of patients with dementia this has a negative impact on patients with a functional illness."

In general, we do not think that mixed wards meet the needs of either patient group.

Functional ward – benefits

- Functional admissions will often have some accompanying psychosis and carry a high level of risk. Separate specialist wards allow the quality of therapies to be improved, enables staff to have the right skills on wards.
- Feedback tells us that people with functional needs can often feel a negative impact of sharing ward space with those diagnosed with dementia.
- Functional only units mean staff can dedicate their time to people with these needs. It means they are not juggling the needs of people with dementia who can often take a disproportionate amount of resource and support.

Learning from other areas

We visited the following Trusts who have established separate specialist wards for older people's mental health inpatient services:

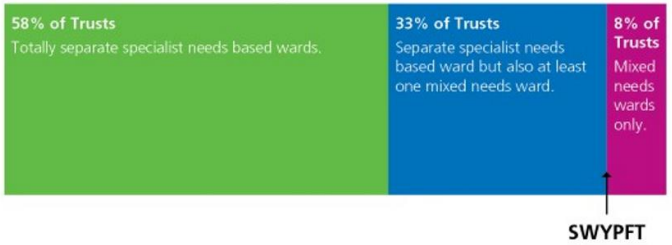
- Bradford District Care NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Tees, Esk, Wear Valley NHS Foundation Trust (TEWV)
- Lancashire and South Cumbria NHS Foundation Trust

We learnt about their models, environment and staffing arrangements. For example:

- Dedicated psychology lead roles that focus on a person centred pathway through the inpatient journey.
- Ward sizes and staffing models based on size and design.
- Ward layout, space and use of wide corridors.
- Staff flexibility across wards and use of zoning systems.

How we benchmark

How our Trust benchmarks against others:



The current Wakefield system

- Crofton is a mixed needs ward and manages people with dementia when they are acutely unwell.
- Challenges in providing a therapeutic environment when people with functional mental health problems and dementia are nursed in the same acute environment. Neither client group benefit clinically.
- People with dementia often moving between wards which can be detrimental to their care.

The Poplars, Hemsworth

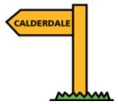
- Admits patients with significant behavioural and psychological symptoms of dementia and in recent years, acuity of admissions has significantly increased.
- These patients require a specialist and multidisciplinary approach and the majority are subject to the mental health act.

Challenges

- When acuity is high we struggle to quickly bring the right workforce in as the site is physically and operationally isolated.
- Staff have no access to onsite support in the event of an incident placing a burden on staff on shift.
- Staffing levels have to be artificially inflated in response to potential issues, which can be met by cross cover at other sites.
- Non ward based bank staff are reluctant to work at The Poplars due to its distance from Wakefield, and its isolation and resultant risks.

The current Calderdale system

- Over recent years, many dementia admissions for people in Calderdale have been to other places (Dewsbury or Wakefield) due to bed availability on Beechdale Ward, Calderdale Hospital. Most people are transferred back to Beechdale Ward in their inpatient care episode (New Intensive Support Team is starting to have positive impact on this).
- Two ward stays increases the length of the spell, and multiple moves are not ideal for people with dementia.
- Most people do have some or all of their stay on Beechdale Ward. The ward layout brings challenges, including:
  - Limited space for people with dementia to walk.
  - The environment exacerbates some of the challenges of mixed wards.
- Staff feedback says that it would work better as a functional ward and not a dementia ward.
- Sometimes people with dementia that have challenging behaviours are transferred to Ward 19 in Dewsbury.



The current Kirklees system

- Most people from Kirklees with dementia are currently admitted to and discharged from Ward 19, so not as many people transfer in their stay
- The model in Kirklees supports a shorter LOS than in other parts of the Trust (both Calderdale and Wakefield dementia LOS are above 100 days on average).
- Supported by a well established intensive support service, the Kirklees Outreach Team (KOT).
- The mixed ward environment still creates challenges. However:
- Ward 19 works well in terms of layout and space.
- It has improved since being managed as male and female sides, with space for people to move around and an extra care area is in development in 2022/23.

Moving service users between wards

- Is detrimental to their wellbeing
- Impairs continuity of care
- Prevents the development and utilisation of therapeutic relationships
- Hinders access by carers due to the geographical differences.
- The length of the spell of care is unnecessarily extended
- There is an additional period of assessment while a new care team and the service user get to know each other
- An understanding of the wider multi professional team and their role in supporting care in the community has to be re-established.
- Relationships with between the carer and the care team have to be re-established
- Attitudes to risks are lowered while impact is re -evaluated

Feedback from the CQC – June 2019

'Good' rating for inpatient care for older people

- The CQC were aware of our service transformation programme and the work with commissioners to explore development of a specialist dementia unit.
- They saw evidence of good dementia care as part of their inspection but pointed out that this was inconsistent.
- They noted that staff described the challenges of managing wards with mixed functional and organic patients.

The CQC has given our Trust the following action for improvement:
'The Trust should ensure that staff are supported to manage the mix of organic and functional patients and that dementia care is appropriate'.

Bed numbers

- The current model operates with 84 beds in total and 74 in West Yorkshire.
- The options developed all aim to cater for expected levels of demand and increasing populations over time, the range to support the required activity is from 65 to 72 beds in total for the West Yorkshire population.
- In terms of division of need, there continues to be more people with functional needs admitted to inpatient services than people with dementia - range is 61%/39% to 65%/35% functional to dementia.

Demand and capacity

The table below shows the demand for beds against our overall capacity in Calderdale, Kirklees and Wakefield. It includes typical bed use across the wards, including and excluding the use of leave beds.

	Occupancy rate (inc. leave)	Average bed use (inc. leave)	Occupancy rate (exc. leave)	Average bed use (exc. leave)
2018	87%	64.7	81%	60.0
2019	88%	64.9	81%	59.6
2020	83%	61.3	75%	55.7
2021	90%	66.5	83%	61.7
2022	88%	65.3	81%	60.2
Total/average	87%	64.5	80%	59.4

Review of OPS transformation inpatient options

The scoring model

10	meets fully and exceeds
9	meets fully
8	meets the vast majority of requirements
7	meets the vast majority of requirements with additional work required
6	meets most with more work required
5	meets most but a key area not met
4	meets some parts not others with key areas not met
3	limited criteria met with several key areas not met or one significant risk
2	meets very few criteria well with many key areas not met / significant risks
1	does not meet criteria

Criteria considered

Quality and equality considered over the following areas:

- Deliver improvements to clinical quality and safety whilst achieving standards
- Access to care
- Deliverability and sustainability
- Alignment with local strategies

Service user feedback was also mapped against each criteria to ensure their voices are factored into the options process.

Access to care criteria

- Access to physical health care and other clinical support and advice to wards
- Access to appropriate non - nursing support
- Access for carers and flexible visiting -
- Distance to travel and transport routes
- Capacity to meet demand
- Impact on capacity, particularly where current services running at different capacity
- Meeting organic/functional demand
- Demographic changes in the future
- Reducing admissions/LOS
- 10% accuracy gap
- Access to the right treatment in the most appropriate setting
- Access to the right workforce
- Minimise delays in care pathways once in receipt of care
- Travel, transport and car parking
- Independence
- No requirement for step down/seamless service
- Specification is dementia specific and an exemplar
- Exemplar environment for functional wards
- Activities

Deliver improvements to clinical quality and safety whilst achieving standards

- Better experience for patients
- Better experience for staff
- More support for families and carers
- Specialism to meet needs
- Quality of assessment
- Quality of direct care and support
- Staff skills
- Staff recruitment
- Access to appropriate non - nursing support
- Daily activities
- Gender - male/female privacy
- Highly personalised care and support
- Ensuite facilities – both functional and dementia wards
- Asset based approach
- Other private space

Deliverability and sustainability

- Supports attraction and retention of staff, alleviating recruitment issues
- Provides the most cost effective reconfiguration of services
- Minimises the time taken to deliver the proposed changes
- Delivers a robust system over a 5 -10 year period, potentially as a medium term plan as part of vision for excellence.

Shortlisted options

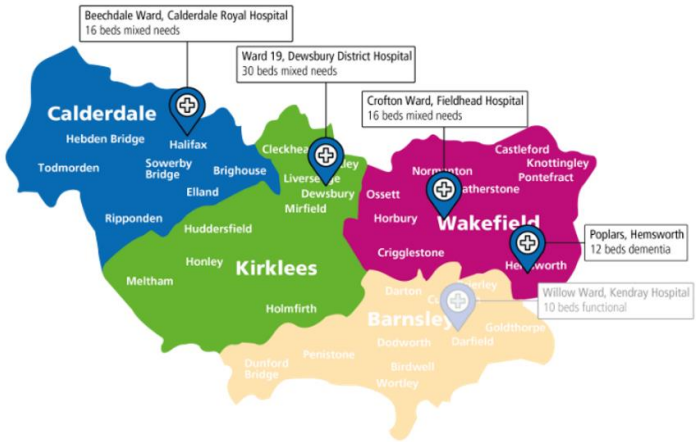
Below are all options considered, those in **bold** are shortlisted for further scrutiny .

	Option
1	**No change to the current model**
2	**Ward 19 dementia unit, 4 -6 extra beds at Crofton (The Poplars site is not in this model)**
3	**Ward 19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale Ward (The Poplars site is not in this model)**
4	Ward 19 dementia unit, all others functional (including The Poplars site)
5	**Ward 19 dementia unit, 10 extra beds at Crofton for functional needs (The Poplars site not in this model)**
6	16 dementia beds at Beechdale Ward, Ward 19 functional, Wakefield stays the same.
7	East/West Split option – 20 bed functional at Ward 19, 16 functional beds/10 dementia beds at Crofton, 10 functional beds at The Poplars.
8	East/West split: 10 dementia beds being repurposed at Crofton, 16 dementia beds at Beechdale Ward.
9	**Crofton dementia unit, 26 beds. All other wards functional (The Poplars site not in this model)**
10	New build option

Why some options were not shortlisted

- Options including using Beechdale Ward as a dementia ward – challenges with the layout of the site mean it is not appropriate.
- Options which included retaining the use of The Poplars site in any form - challenges caused by the location of the site.
- The clinical senate identified and flagged these issues on their visits and agreed that options suggesting use of these sites in such a way are not viable.
- Therefore, the options shortlisted in the proposed clinical model include Beechdale Ward, Calderdale Hospital to be used as functional only.
- Inpatient services currently provided at The Poplars, Hemsworth will also be included in the proposed clinical model, but the estate will not be included.
- We are in conversation with local partners about the future use of The Poplars as a local asset for health and care purposes.
- A new build option for people with dementia would be the most clinically viable long-term option but the scope of options being considered is 5 -10 years which mean that this options is not viable.

Current provision - map (option 1)



Current provision (option 1)

Able to deliver good services overall (CQC) in spite of some challenges across the wards.

Clinical senate review panel:

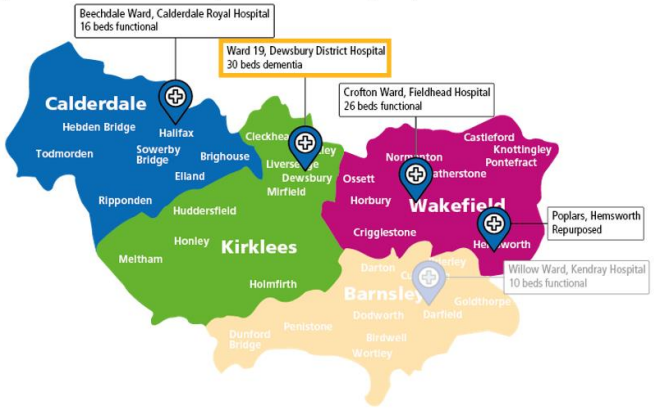
- Not a viable option
- Does not achieve the ambition to develop a central specialist dementia unit
- Maintains the mixed wards which negatively impact on patient experience and outcomes
- Patients with organic disease, and those with functional needs, benefit from a therapeutic environment dedicated solely to their needs.
- National guidance and established practice has led to reconfiguration of services to achieve this.
- Maintaining mixed wards is therefore not acceptable.
- Maintains the clinical risks associated with current ways of working at The Poplars and Beechdale Ward.

Summary

- Lack of the specialism and challenges with the location of the Poplars ward.
- Various access issues that won't be resolved, including ECT challenges at Ward 19, Poplars location, delays in pathway and long LOS.
- Challenges with whether the model is sustainable for the medium term.

Proposed option 2

Proposed option central specialist unit, more functional beds (10 aligned to Crofton Ward, Fieldhead Hospital)



Options for specialist dementia units

Quality analysis

	Pros	Cons	Comments
Crofton Ward, Fieldhead Hospital	• Ensuite • Large bathroom area with grab handles • More modern feel • Grab handles on corridors to reduce risk of falls	• Not a lot of communal space • Narrow corridors– feels more like an acute setting	• While ensuite facilities are beneficial, peopl are more likely to need assistance in the bathroom • Increased communal space is required • On older people's wards there is a balance risk between ligature safety and fall safety. Ligature safety is not as risky on Crofton Ward but more grab rails will be required for falls safety.
Ward 19, Dewsbury Hospital	• More space for movement • Wide corridors • Courtyard space • Extra care environment between the two wards • Each ward has access to lounges, dining room, OT room, garden conservatory.	• Work required to bring the ward to standard e.g. grab rails, toilet access • No ensuite facilities • Less ligature safety compared with Crofton Ward.	• Environmental standards and guidance hav been considered • Work underway on the environment hand rails and automatic lighting to be added. • Work can be done to make some bedrooms ensuite (the current drainage system won't support the whole unit changing to ensuite) • Not designed with the grabs, hand rails etc. More work to be done for falls safety.

Proposed option 3

Central specialist dementia unit at Crofton Ward, Fieldhead Hospital, all other wards would be functional.

Summary

- There are some benefits to having a dementia unit at Crofton Ward.
- Overall it doesn't quite work as well as a dementia unit at Ward 19 (option 2), especially the use of space on the site.
- There are some issues in terms of functional / organic split.
- Travel impact means more people will need to travel further, though this impact might need to be considered if mitigations are put in place.
- In terms of deliverability and sustainability this is positive from a workforce perspective.
- This option invests in our Trust estate, but it still takes approximately two years to deliver.

Clinical senate review panel:

- Suggested whether we could consider this additional option.
- This is proposed given the unit's proximity to interdependent services and its optimal environment for patients with dementia.
- Impressed with the bright and airy environment, the layout and décor of the ward environment.
- The ward has a limited number of beds, but the panel was informed that there is scope to extend the ward environment into the ward adjacent to the Crofton Ward that is currently being used as office space.

Options for specialist dementia units

Access analysis

	Pros	Cons	Comments
Crofton Ward, Fieldhead Hospital		• More people would be travelling further • If functional beds moved from Wakefield then all Wakefield functional residents would have to travel	• 26 beds for dementia could be 'tight' at times, but may be scope to add a couple of extra beds • Beechdale and Ward 19 would provide more functional beds than typically use or needed (16 and 30 respectively). • Patients with functional diagnosis need rehab, OT, to go home and be part of the community to support their recovery and discharge. Outside environment i.e the community is critical and having spread across the Trust footprint.
Ward 19, Dewsbury Hospital	• More central	• People with functional needs from North Kirklees would have to travel out of district if Ward 19 was specialist dementia	• The environment inside the ward is critical for dementia patients.

Options for specialist dementia units

Additional considerations

- 'Do the greatest good for the greatest number of people' – have functional wards as closely involved with the community as they can be with as many people as can be.
- Functional wards - quality of care for the shortest amount of time with links to the community before people return home.

Potential variation 1

Central specialist dementia unit at Ward 19, Dewsbury Hospital with 4 -6 extra functional beds at Crofton Ward, Fieldhead Hospital. All other wards would be functional

Summary

- Delivers an organic and functional split.
- The size of the proposed Crofton Ward is a barrier to better quality of care and access, as the ward size is bigger than current good practice.
- Uncertainty whether a model that is only felt to be about as appropriate as the existing model should be considered as an option.
- Estimated to cost between £500K and £1.1m, likely to be two years before capital is available.
- A specialist site will support recruitment, but the large size of Crofton Ward will have an adverse effect and as isn't as sustainable over the required timeframe.

Clinical senate review panel:

- Satisfies the ambition to develop a central specialist dementia unit and is clinically viable.
- Potential to centralise and consolidate specialist skills and expertise.
- Addresses issues associated with mixed wards, and mitigates clinical risks of current ways of working at The Poplars and Beechdale Ward.
- 9 fewer beds than is currently the case, though there should be a reduced length of stay in options that involve dedicated specialist units, reducing the need for as many beds.
- Crofton Ward would be 22 beds which may be too large.

Potential variation 1

Central specialist dementia unit at Ward 19, Dewsbury Hospital with 4 -6 extra functional beds at Crofton Ward, Fieldhead Hospital. All other wards would be functional.

Potential variation 2

Central specialist dementia unit at Ward 19, Dewsbury Hospital with 2 extra functional beds at Crofton Ward, Fieldhead Hospital and 1 extra bed at Beechdale Ward.

Potential variation 2

Central specialist dementia unit at Ward 19, Dewsbury Hospital with 2 extra functional beds at Crofton Ward, Fieldhead Hospital and 1 extra bed at Beechdale Ward.

Summary

- Achieves separation of needs and specialism without going over the accepted ward sizes.
- Fewer beds (in particular fewer functional beds with 45 in total) than has been modelled.
- The estimated cost to establish a one bedroom ensuite on the Beechdale Ward site is £300K. Recent feedback shows this is not now viable due to estates limitations, which further reduces the functional beds in the proposal.
- The cost of repurposing two rooms in Crofton Ward would be approximately £200K.

Clinical senate review panel:

- As with potential variation 1, this is a clinically viable option.
- This has 12 less beds than the current model. though there should be a reduced length of stay in options that involve dedicated specialist units, reducing the need for as many beds.

A new build option

- Long term option – purpose built for dementia inpatients
- Benefits:
  - Specialist clinical and therapeutic environments
  - Highly skilled teams
  - Improved safety and clinical outcomes
- Feedback from the clinical senate:
  - Potential to offer the best long term solution
  - Timescales needed would not deliver a short or medium term solution to the way services are currently delivered
  - Evaluate the extent to which the proposed models are likely to be sustainable in 5 -10 years
  - A new build is not considered to be a viable option.

Clinical senate summary

- Fully supportive of proposals - **"strongly concurs that patients with functional and organic disease should be cared for in separate distinct dedicated units".**
- The Trust were **"commended on the way in which they have developed options to significantly improve the care of older adults with both organic and functional mental health needs".**
- **"The clinical senate commends the immense amount of work done over the years and that the programme team has worked hard at the Older Person's Services programme".**
- The review panel was **"impressed by the commitment and enthusiasm shown by so many of the staff in all the current inpatient units".**
- They also found that **maintaining the current model is not a viable option** .
- The panel did suggest that the project team explores whether the option for the central specialised dementia unit being sited at the Crofton Ward at Fieldhouse Hospital, which is now included in the options.

NHS South West Yorkshire Partnership NHS Foundation Trust

Breakout discussion

The clinical model

Discussion will cover:

- Thoughts on what you have heard so far
- If there are any gaps
- Other considerations

Up next:

- Comfort break
- Travel and transport analysis, equality findings – followed by a breakout discussion

In partnership with:

NHS South Yorkshire Integrated Care Board

NHS West Yorkshire Integrated Care Board

With **all of us** in mind.

Comfort break (10 minutes)

Travel and transport analysis

Comparing the impact of a dementia ward in Dewsbury or Wakefield

Our approach to the data

- Looks at a fixed point in time.
- Location:
  - Based on a person's home address prior to admission
  - Assumes that supporting family members/carers live in the same locality.
  - Uses discharge ward
- Identification of those with functional and organic needs is based on diagnosis codes
- Travel time, distanc e and public transport:
  - Uses origin and destination postcodes calculated using online maps /tools
  - Estimates are based on one point in time and do not account for volume of traffic at various times in the day.
- Based on all stays over a 4 -year period (since 2018).

Criteria

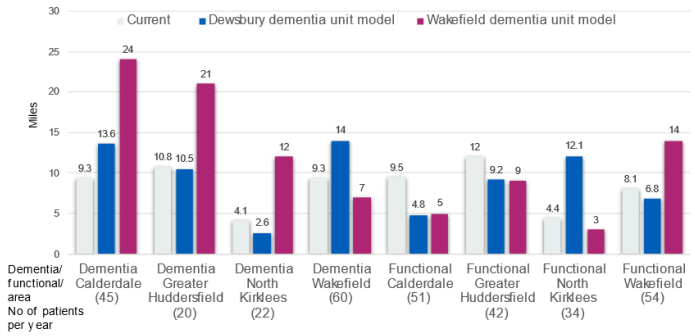
Central specialist dementia unit at Ward 19, Dewsbury Hospital

- All dementia admissions would be to Dewsbury Hospital
- Calderdale and Greater Huddersfield functional/other admissions go to the Beechdale Ward, Calderdale Hospital
- Wakefield and North Kirklees functional/other admissions go to the Crofton Ward, Fieldhead Hospital, Wakefield

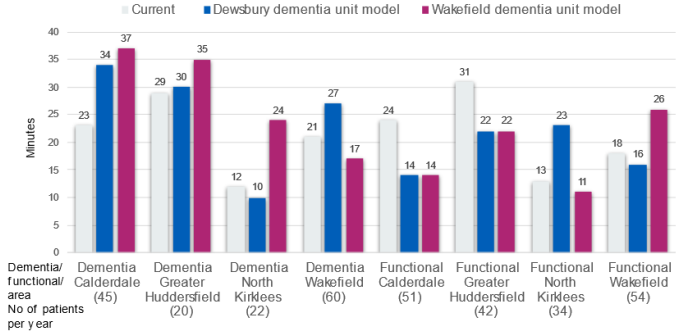
Central specialist dementia unit at Crofton Ward, Fieldhead Hospital, Wakefield

- All dementia admissions would be to Crofton Ward, Fieldhead Hospital, Wakefield
- Calderdale and Greater Huddersfield functional/other admissions go to the Beechdale Ward, Calderdale Hospital
- Wakefield and North Kirklees functional/other admissions go to Ward 19, Dewsbury Hospital

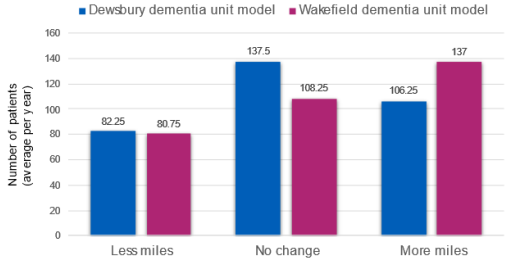
Driving distance (car) – miles



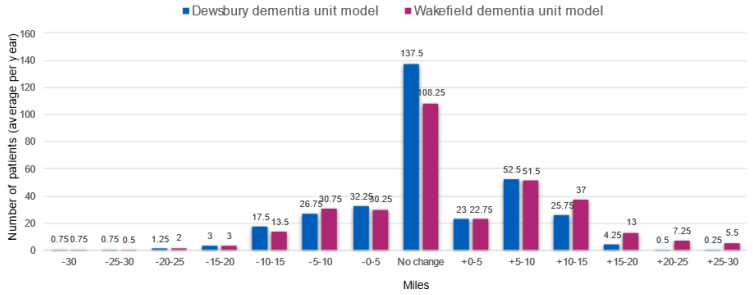
Driving time (car) – minutes



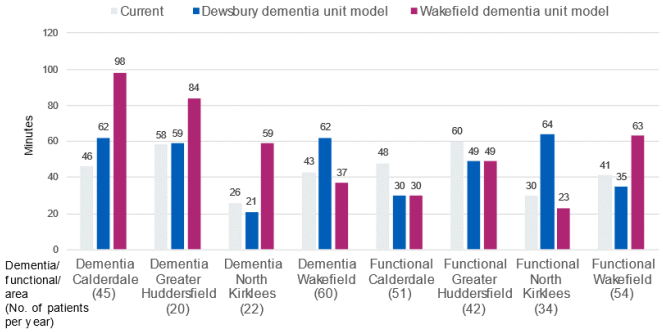
Driving distance – mean change by average number of patients per year



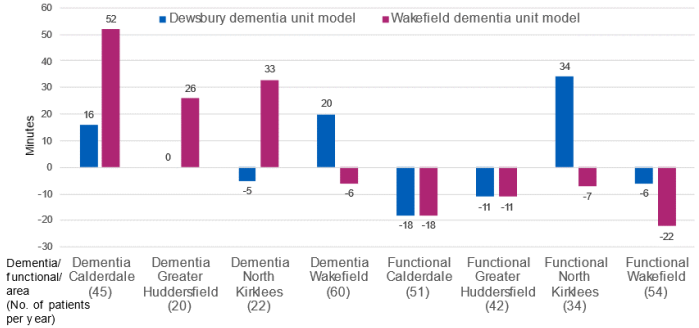
Driving distance – mean change by average number of patients per year (detail)



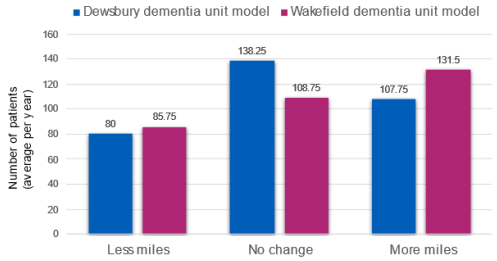
Public transport – minutes



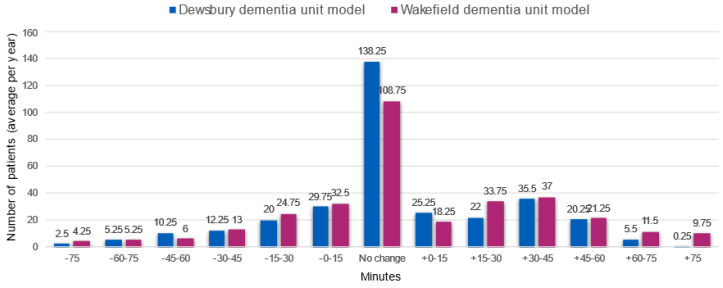
Public transport – mean time change (minutes)



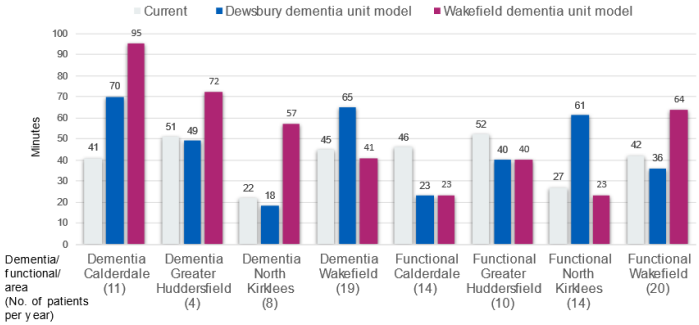
Public transport distance – summary by average number of patients per year



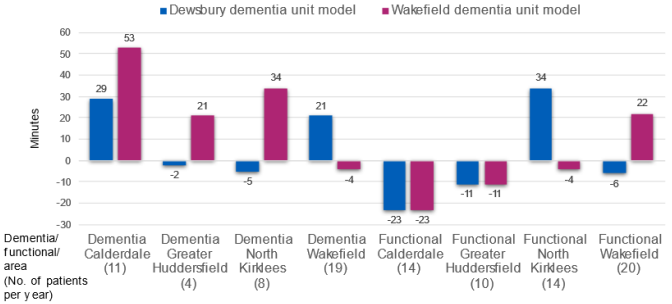
Public transport time – change by average number of patients per year



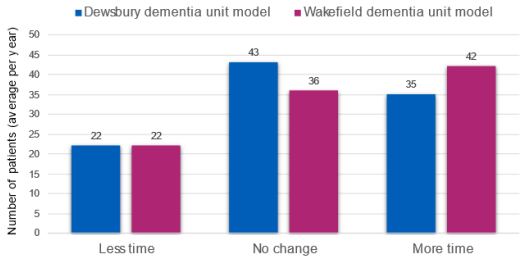
Public transport – minutes



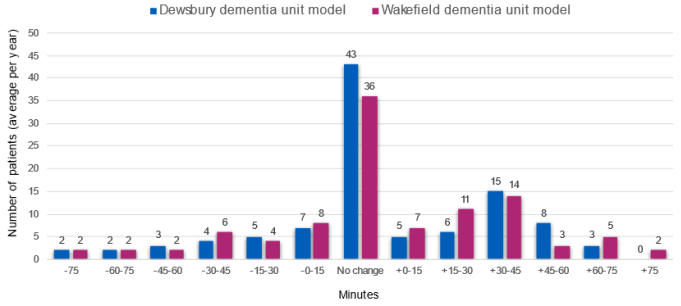
Public transport – mean time change (minutes)



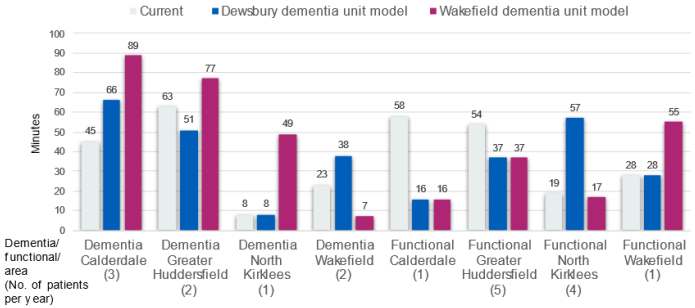
Public transport time – average of patients per year



Public transport time – average of patients per year (detail)



Public transport time - BAME communities



Existing transport support

Free public transport options. Examples include:

- Dewsbury Hospital to Pinderfields bus, major route through Mid Yorkshire (runs hourly, including a weekend service)

Local transport service offers:

- Joint service run by Calderdale Community Transport and Age UK Calderdale and Kirklees - accessible journey home for elderly and vulnerable patients (not families or carers).
- The Valleys Community Transport (VCT):
  - 'Ring and Ride' service for a pre -scheduled range of trips. We would need to explore if provision could include hospital visiting.
  - Volunteer care service – Colne Valley, Holme Valley and HD8 – which can be used for hospital visiting and health appointments.

Potential solutions

- Continuing to work with service users and carers/families to find and access appropriate transport support, including:
  - Public transport options
  - Transport support through th e voluntary, community and social enterprise (VCSE) sector
- Retain the current system and consider a range of potential financial support solutions.
- Working with VCSE organisations to offer support
- Further explore the public transport offer, including shuttle busses.
- Exploring a combination of approaches.

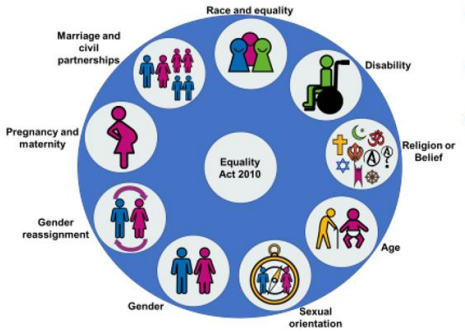
Hospital car parking charges

Accurate as of summer 2022

Location	Hospital	Costs
Barnsley	Kendray Hospital	Free
Calderdale	The Dales Calderdale Royal Hospital	30 mins (free) Up to 2hrs (£3.00) Up to 4hrs (£5.00) Up to 6hrs (£6.00) Up to 24hrs (£8.00)
Kirklees	Priestley Unit (Dewsbury and District Hospital)	Less than 20 mins (free) Up to 1hr (£2.00) 1-2hrs (£2.80) 2-4hrs (£5.00) 4- 24hrs (£6.90)
Wakefield	Fieldhead Hospital	Free

Equality

Protected characteristics



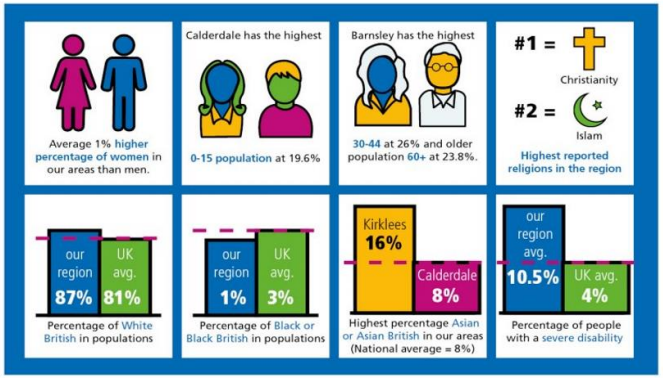
- Carers are not one of the protected characteristics
- We recognise this as an additional consideration
- Therefore we will consider the impact for carers in our equality impact assessment (EIA)

Equality impact assessment (EIA)

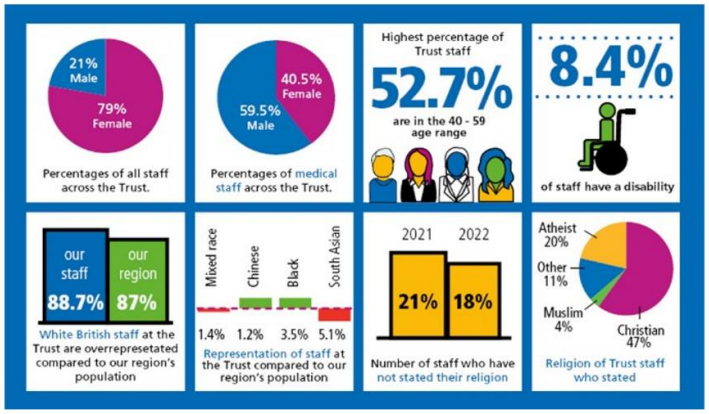
- Every service has an EIA which captures the data of those who use the service and the workforce profile
- The EIA for this transformation programme used the service level EIAs as an initial baseline
- The programme developed an early EIA based on the transformation of older people services
- The information captured as part of early conversations were also included in the EIA. This insight was fed into the options development
- A desk top exercise to identify the specific impacts for each protected group based on national and local literature provided a baseline of insight
- The biggest identified single impact relates to travel and transport resulting in detailed analysis – with a particular focus on addressing inequality for the 20% most deprived postcodes and ethnicity.

Our population

2011 Census data



Our workforce



Impacts

Impact will be felt by:

- Patients (with both dementia and mental health service needs)
- Staff at all units
- Carers and other patient loved ones
- Voluntary and other support organisations / community groups that signpost to and support patients around the service
- Partner organisations in the health and care system, particularly West Yorkshire Integrated Care Board (ICB) and to a lesser extent South Yorkshire ICB

Carers, families and friends

Nationally the statistics surrounding carers, family and friends is not fully understood.

We do know that on average:

- 1 in 8 adults (around 6.5 million people) are carers
- 6,000 people across the UK become a carer everyday
- Approx. 260,000 unpaid carers, including young carers, living in West Yorkshire and Harrogate
- 1 in 7 of our workforce currently balance work with their caring responsibilities, reaching to 1 in 5 in some sectors. The peak age for carers is between 45 -64 years.
- 2.6 million people, to date, have given up work to care for a loved one (0.5 million within the past 2 years). A further 2 million have reduced their working hours.
- Carers save the economy £132 billion per year (average of £19,336 per carer).
- People providing high levels of care are twice as likely to be permanently sick or have a disability which can result in 'the carer becoming the client'
- Travelling further would cause significant challenges, particularly for older carers and those with other caring responsibilities.

Impacts

Specific equality impacts

Over 65 population:

- Barnsley 46,343
- Calderdale 37,165
- Kirklees (North Kirklees and Greater Huddersfield combined) - 70,490
- Wakefield - 64,896

- Potential impact of those below the age of 65 requiring an inpatient stay
- Higher proportion of females
- Transgender
- Cultural and spiritual impacts

Equality considerations

Carers

- Experience multiple inequalities in both physical and mental health.
- Experience higher levels of social isolation.
- Women make up nearly 60% of carers.
- Consideration needs to be given to:
  - Visiting times
  - Estates facilities
  - Travel and transport impacts and costs
  - Visiting/contact arrangements

Gender

- Women are more likely to make up the majority of patients in both functional mental health and dementia services.
- Reflected in our specific inpatient data, where women make up the majority of patients.
- Gender considerations include access to same sex clinician/staff, tailored activities. .

Equality considerations

Race and ethnicity

- Addressing barriers of access – culturally appropriate environments, food and activities.
- Faith and religious needs considered in built environments and through décor.
- Reflective workforce, who are culturally and spiritually competent.
- Access to an interpreter and translation materials.
- Appropriate toilet facilities and consideration of bathing preferences.

Gender reassignment

- Workforce who are competent in providing care to transgender and gender non - conforming patients and accommodating visitors.
- Considering environments such as ward allocation, privacy, gender neutral facilities in line with trust policy and additional support through advocacy.
- Considering how, for transgender people, how issues surrounding gendered wards can lead to poor experiences of care.

Equality considerations

Sexual orientation

- Workforce receiving appropriate training and awareness so they can provide care which considers individuals and environments, ensuring people feel safe
- Visible symbols (such as the NHS Rainbow Badge, and/or use of badges and lanyards)

Religion or belief

- Access to faith and prayer rooms (including staff)
- Ensuring parity of pastoral support for all faiths on inpatient wards

Maternity and pregnancy

- Managing additional caring responsibilities
- Ensuring flexibility for visiting times.
- Facilities are accommodating to visitors (for example parent access to changing facilities).

Equality considerations

Disability

- Physical access to estates and built environments:
  - Parking bays
  - Access to public transport
  - Ease of access into buildings
  - Visitor areas
  - Accessible toilets
  - Adult changing toilets
- Considering hidden disabilities
- Different types of seating and access:
  - Designated wheelchair seating areas
  - Wider doorways and fewer heavy doors
  - Automatic doors with ramps rather than stairs
  - Accessible lifts, signs and reception areas at visible heights

Equality considerations

Disability (continued)

- Consideration for people with a learning disability:
  - Transport
  - Visual signage
  - Accessible information
  - Advocacy
  - Access to BSL interpreters.

Gathering more insight

Any feedback needs to include equality data, and the ability to cross tabulate people's responses with their characteristics to further support the EIA.

Gaps in insight:

- Service needs and experiences of BSL patients
- Service needs and experiences of people with learning disabilities
- Views on alternatives to visiting – for example digital access.
- More specific insight into the impact of travel and transport changes on people with protected characteristics - particularly those from our ethnic minority communities and people living with a disability
- More specific insight on proposed changes for staff, particularly those from ethnic minorities and staff who live with a disability

Actions already identified to address health inequalities

Travel and transport

- Identify solutions for travel or provision of mini -buses/taxis for people experiencing financial hardship, or who may have poor access to transport.
- Consider reimbursing the increase in bus/train fares and extra mileage.
- Explore concept of providing a shuttle bus to take service users and carers to the unit.
- Flexible visiting times.

Information and communication

- Co-produce accessible information about services – working with community interest or patient representative groups, particularly within those communities we know are under -represented in services
- Level up accessible communication provision, using the Willow Ward at Kendray for example as a model.

Actions already identified to address health inequalities

Training and awareness

- Develop staff awareness of equality, diversity and inclusion, and what that means for older people's services – especially those working directly on our wards.
- Include specific cultural competence training, with easy to access language support and specialist cultural advice.

Safe spaces

- Continue to develop the 'safe spaces' model as part of the Rainbow Tick

NHS South West Yorkshire Partnership NHS Foundation Trust

Breakout discussion

Equality impact, travel and transport

Discussion will cover:

- Access, travel and equalities and any solutions.
- Impact on external pathways, organisations, strategic alignment and any solutions.

To give anonymous feedback, please use the JamBoard – a link will be posted in the chat in each breakout room .

In partnership with:

NHS South Yorkshire Integrated Care Board

NHS West Yorkshire Integrated Care Board

With **all of us** in mind.

Next steps

- Look at all the feedback and discussion from today's event.
- Further develop our plans and outline business case ahead of a potential consultation.
- Produce a post event report.
- Please take a minute to tell us what you thought about the event today: https://www.surveymonkey.co.uk/r/6638M9W

Final reflections

Thank you

Appendix 5: Equality monitoring and event evaluation

Question 1: Using the scale of 1-5 please tell us if you feel as involved as you should be in Older people's inpatient mental health inpatient services transformation (1 being not involved to 5 fully involved)

Not Involved	Slightly involved	Somewhat Involved	Mostly Involved	Fully Involved	Total
1	0	5	3	0	**9**

Question 2: Using the scale of 1-5 did the event provide you with all the information you need at this time? (1 being no information at all to 5 all the information required)

No information	Some information	Half the information required	Most of the information required	All the information required	Total
0	1	2	5	1	**9**

Question 3: Using the scale of 1-5 was the information provided clear and easy to understand? (1 no not at all to 5 yes very clear)

No not at all clear	Somewhat clear	Partly Clear	Mostly clear	Yes very clear	Total
0	1	1	5	2	**9**

Question 4: Overall how would you rate the event using the scale of 1-5 (1 being very poor to 5 being excellent)

Very poor	Poor	Satisfactory	Good	Excellent	Total
0	0	2	7	0	**9**

Question 5: How would you rate the event agenda using the scale 1-5 (1 being very poor to 5 being excellent)

Very poor	Poor	Satisfactory	Good	Excellent	Total

0	0	3	5	1	**9**

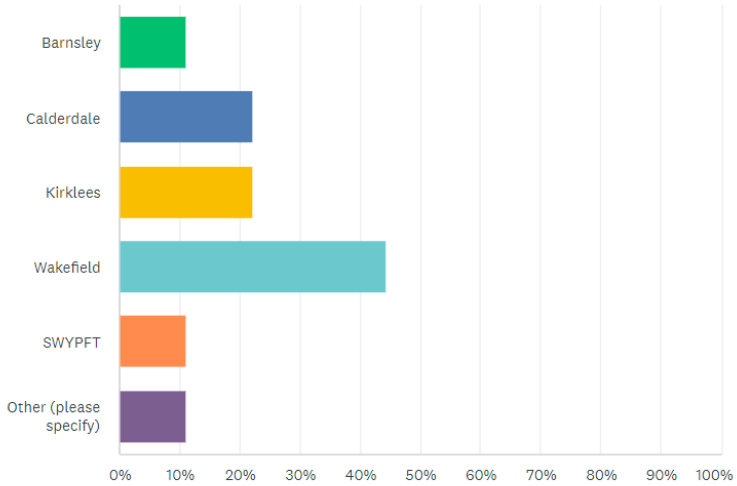
Question 6: Were you able to provide your feedback in an effective way using the scale 1-5 (1 being not able to give feedback to 5 being able to give enough feedback)

Not able to give feedback	Able to give some feedback	Gave feedback in parts	Gave feedback	Gave enough feedback	Total
0	3	1	2	3	**9**

Question 7: Is there anything else you would like to tell us?

- *Whatever choice is made it is going to mean long journeys for some patients, relatives and carers on public transport, with journey times over two hours, which is unacceptable.*
- *I feel the first breakout room discussion would have been more productive had we had the information and travel prior to this. Most of the questions we have were around that topic and therefore we would've had better informed discussions had we received this info first. A lot of the initial discussion was a report of the first sessions.*
- *It would be good for the information shared in the session to be shared via email also (perhaps prior to the event for consideration).*

Question 8: Tell us which place you represent?



Question 9: Date of birth

Answered: 6 Skipped:4

31/08/1971

17/11/1966

30/07/1995

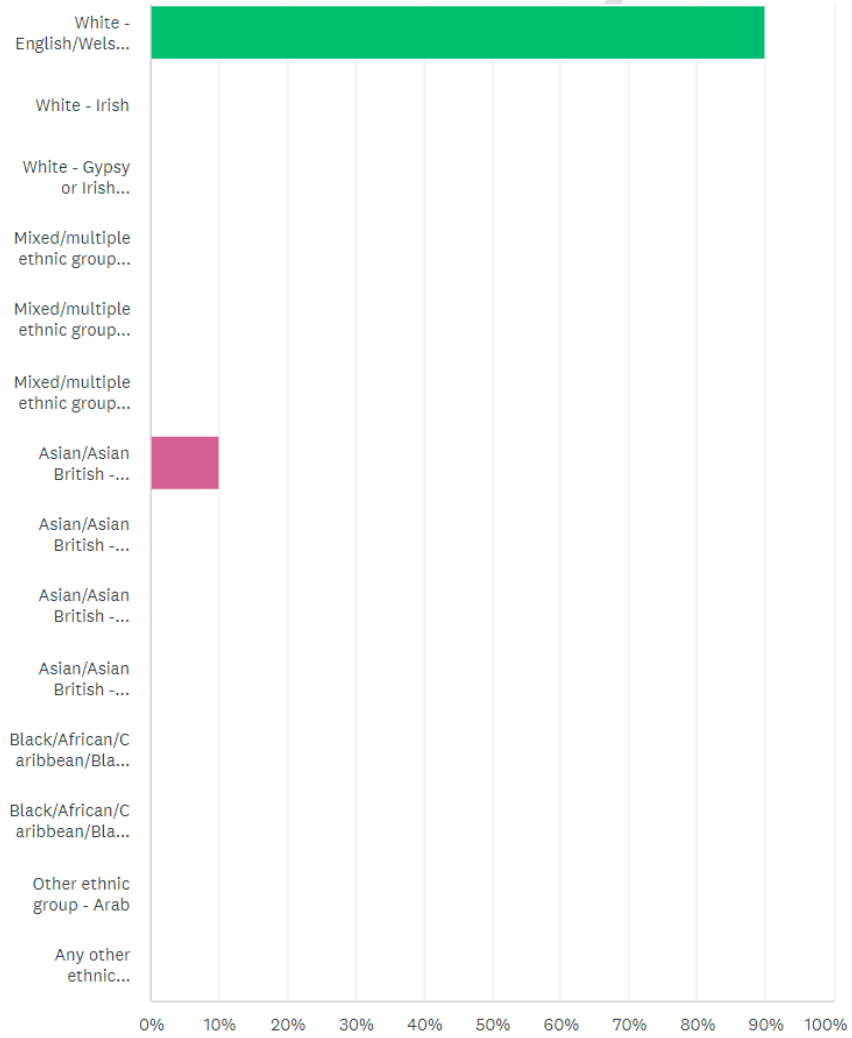
08/10/1965

24/12/1987

02/09/1994

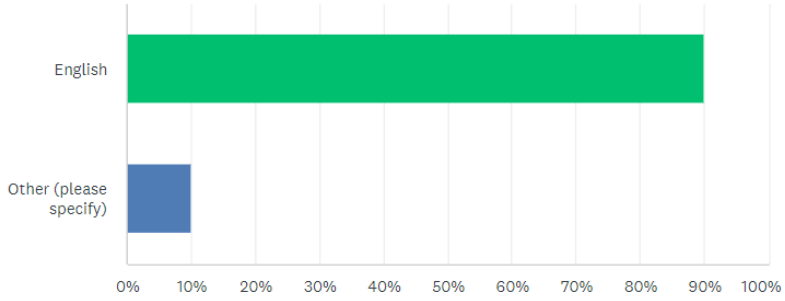
Question 10: Race

Answered: 10 Skipped: 0



Question 11: What is your language?

Answered:10 Skipped: 0



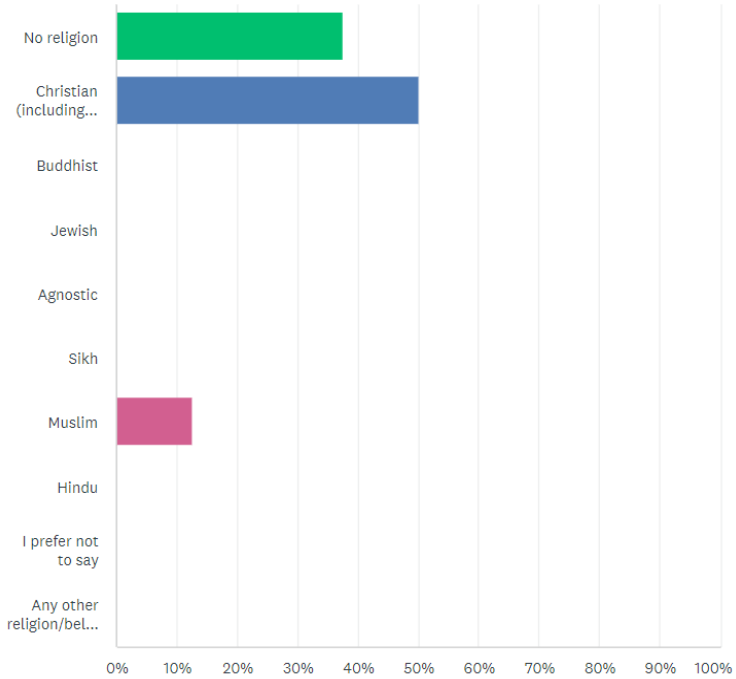
Question 12: How well can you speak English?

Answered: 10 Skipped: 0

Not at all	Not very well	Well	Very well	Total
0	0	0	10	**10**

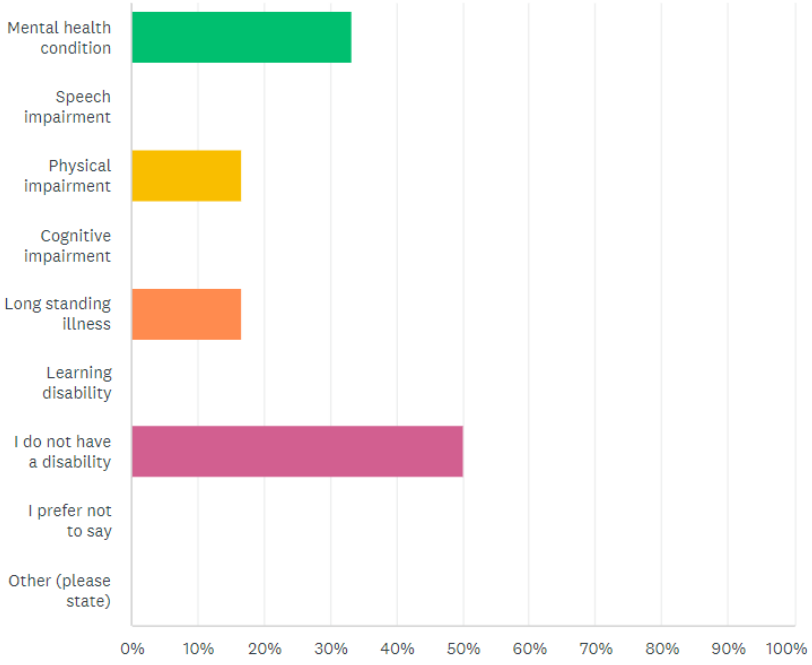
Question 13: Religion / belief

Answered: 8 Skipped: 2



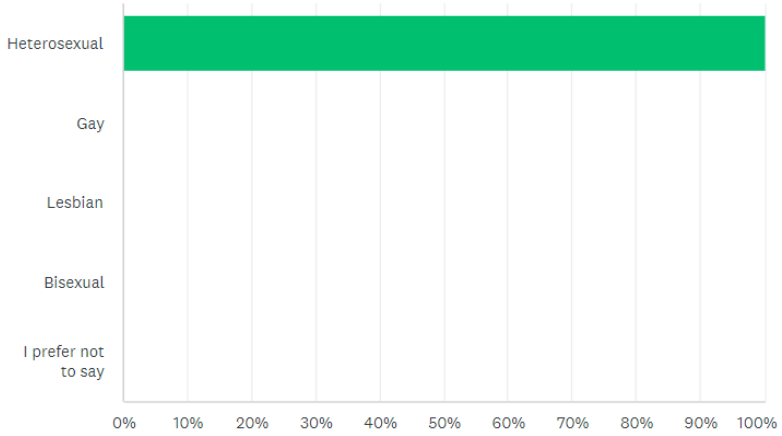
Question 14: Do you consider yourself to have any of the following? (please tick all that apply)

Answered: 6 Skipped: 4

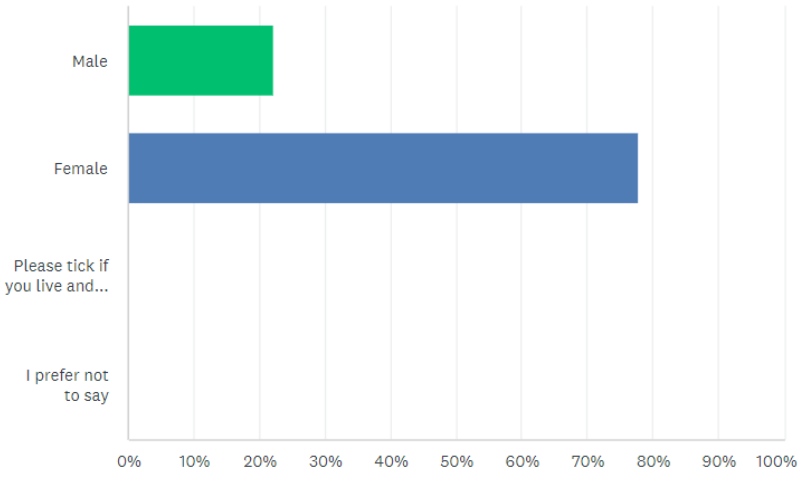


Question 15: What is your sexual orientation?

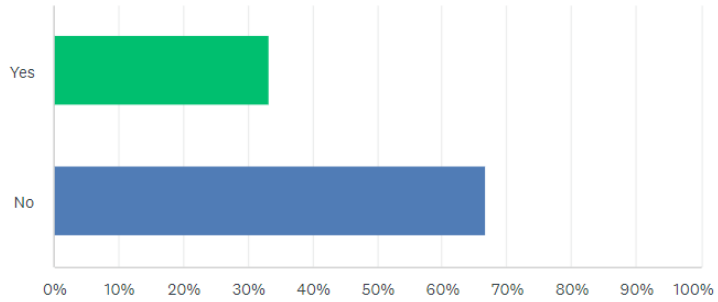
Answered: 9 Skipped: 1



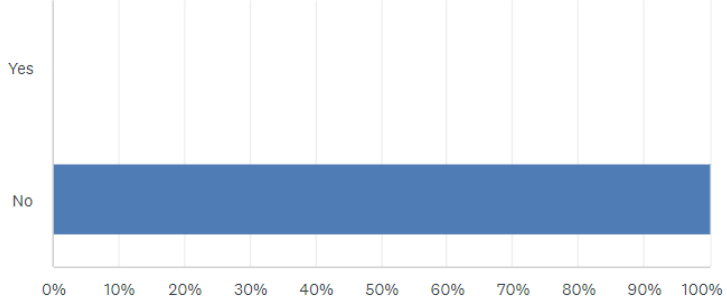
Question 16: What is your sex?
Answered: 9 Skipped: 1



Question 17: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?
Answered: 9 Skipped: 1

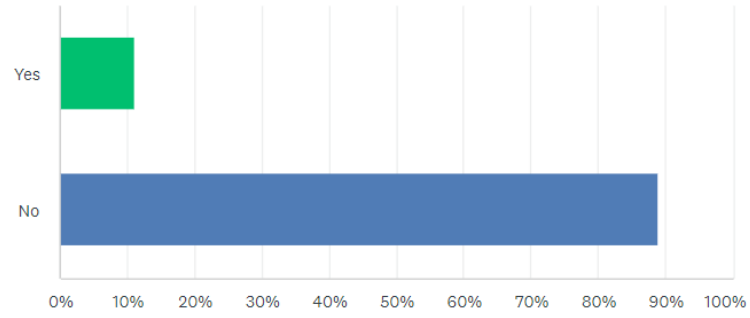


Question 18: Are you pregnant?
Answered: 9 Skipped: 1



Question 19: Have you had a baby in the last 12 months?

Answered: 9 Skipped:1



Question 20: Marriage and civil partnership (please tick one box)

Answered: 9 Skipped: 1