NHS
South West
Yorkshire Partnership
NHS Foundation Trust

South West Yorkshire Partnership FT

Older people service (OPS)

transformation programme

Report of findings from workshop held on

10 October 2022

Version control			
Version	**Name and title**	**Date**	**Status**
V0.1	Dawn Pearson	October 2022	Initial draft
V0.2	Lianne Harrison	October 2022	Content added
V1	Dawn Pearson	December 2022	Final version

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 workshop specifically targeted at health and social care staff. The report sets out the approach to the workshop 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 workshop will be used to inform proposals and the next steps for this work.

2. Summary

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

- **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 are able to 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.

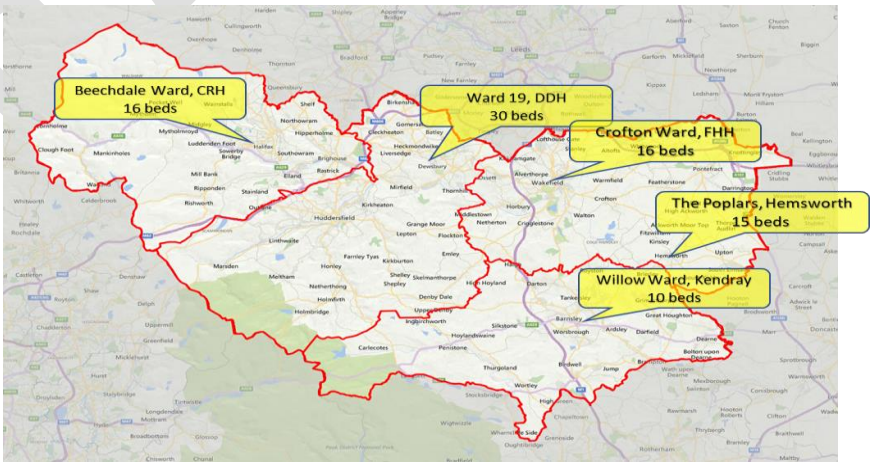
3. Background to OPS

Since 2015 SWYPFT has been taking forward a programme of improvement for older peoples' inpatients and community services. This included a range of workshops and discussions with people who use services, carers and families and clinical engagement from 2016- 2018. Engagement with external stakeholders has continued post this period with a focus on community and inpatient priorities. The engagement resulted in service improvements to our community mental health service. By getting the community services right first, this has meant we could then think more carefully about the inpatient service offer. We have two groups of older adults who require access to beds. These are:

- people with organic needs such as dementia and
- people with functional needs such as depression, anxiety, and psychosis.

Evidence shows that these groups of people do not mix well together. People with dementia may require more care and support. By mixing people on wards, it means that not everyone gets the care they need. Currently SWYPFT have the following wards for older inpatients:

- **Willow ward** on the Kendray site in Barnsley is the only exclusively functional only ward on the trust footprint and is a 10 bed, mixed gender ward. There are no dementia beds in the Barnsley locality.
- Wakefield currently has 2 wards, Crofton on the Fieldhead site and the Poplars, at Hemsworth.
  Crofton is a 16 bed, mixed gender, mixed functional and dementia acute ward. The **Poplars** is a mixed gender ward for people with dementia. People accessing services at the Poplars are often admitted to Crofton first and then transferred to the Poplars.
- **Ward 19** is 2 x 15 bedded single gender wards, both mixed functional and organic, on the site of Dewsbury and District Hospital.
- **Beechdale** is a 16 bedded, mixed gender, functional and organic ward at the Dales in Halifax, which is located on the site of Halifax Royal Hospital.



To date SWYPFT have been working on and looking at the case for separating older people based on need. This means a dedicated ward could focus on patients with dementia for example. From a clinical perspective the case for specialist dementia and specialist functional care is more evident. From a patient perspective we know from previous engagement that patients, carers, and families also agree that specialist care would provide better outcomes for both groups of patients.

The Trust are working to develop proposals for consultation which set out the most viable options available to provide the best outcomes and care for both groups of older people.

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.

5. Workshop approach

The approach to the workshop was to deliver one digital workshop for Barnsley, Calderdale, Kirklees, and Wakefield. The workshop was initially targeted specifically at health and social care staff across the Trust footprint.

Each place was asked to develop a stakeholder list of key individuals who should be invited to the workshop. The workshop was promoted using an Eventbrite link (see **appendix 2 workshop invitation**). This invitation was circulated throughout the Trust footprint health and social care partnership networks. The workshop was aimed at:

- SWYPF Trust Staff
- Integrated Care Board leads
- Integrated Care Board place leads
- Local Authority
- Ambulance service
- Acute hospitals
- Care home sector
- Primary care networks
- Domiciliary care or extra care facilities
- Voluntary and community services
- Locala staff

The workshop focused on the approach to the development of options and shared the options identified at this stage. In addition, all additional options that had been through the option appraisal process were shared for reference; this included the scores using the criteria.

The presentation took attendees through the process, scoring of options to ensure that any thoughts or considerations could be captured. In addition to the options development approach, the feedback received from the approach to involve Clinical Senate was shared. Clinical Senate had received all the information prior to the workshop and had shared a view on the options through a report of findings, providing further insight into the viability of the current proposals.

Health and social care staff were asked to consider the options development process, the proposed options and feedback from Clinical Senate and discuss and feedback on the following:

- **Your thoughts on the proposals?**
- **Is there anything we should have/need to consider?**
- **Any other comments?**

The agenda and slides for the event for can be found in **appendix 3**. It is worth noting that partners not attending such as Healthwatch and political stakeholders received a briefing on

the proposals ahead of the workshop invitation to ensure they remain informed that the work was taking place. The Trust approach will be to involve these stakeholders at a future event once the proposed options and clinical model have been considered.

6. Workshop findings

In total the event was attended by **50** health and social care staff from Barnsley, Calderdale, Kirklees, and Wakefield. This is what people told us:

6.1 Your thoughts on the proposals?

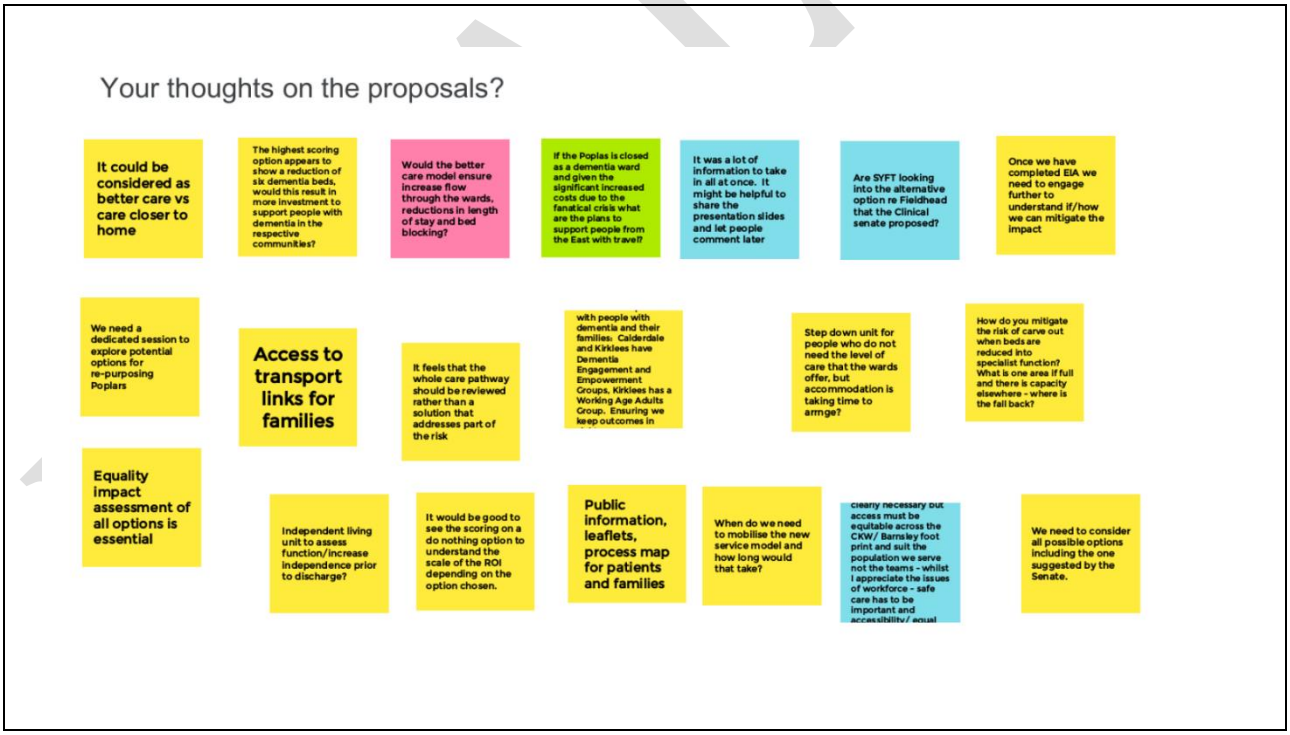
- People welcomed the Trust aspiration to have separate wards for dementia and functional patients with a specialist central dementia unit, which is easily accessible via public transport and with adequate parking facilities.
- The Trust needs to be mindful that if this means family, carers and friends, as well as staff, will have to travel further and incur an additional cost in money and time this could be a potential barrier.
- Concerns that the Transformation program of work may lead to a reduction in beds and an impact of this would be on clinicians trying to secure a bed locally which could potentially increase the use of out of area beds.
- There is need to keep staff regularly updated on the transformation program and review the impact on staff delivering the service and ensuring they have the right skills /training to carry out their roe on the ward.
- Suggested we carry out a survey to ask staff on their general interest and whether they would be happy to work with functional or dementia patients, and if they would be happy to move bases.

Further considerations

- It was noted that the previous service user engagement was carried out a while ago and prior to the pandemic, and suggested it is revisited to fully understand if service users' perspective has changed.
- To carry out an appraisal on the repurposing of The Poplars – '*the layout of the Poplars works well for dementia patients; to consider using as a step down/care home offer or use for continuing care assessments rather than requiring a hospital stay to leave beds free.'*
- There were concerns on reducing bed numbers when there are already challenges with demand and capacity within the wider system. E.g., people with dementia that are delayed in the acute general system with nowhere to go. Also, to consider the impact on poplars staff and where they will be able to go and work and how they will get to the other wards.

- To provide more details on the costs and revenue implications for each of the options.
- Clarification on how the change will address the mixed genders wards issue on Ward 19 'I *was surprised that mixed gender wards still exist, thought these had been phased out years ago'.*
- Reference was made about 2 new inhouse dementia day house facilities in the Kirklees area and to be aware that this can involve working with architects who are often aspiring to achieve award winning standards, but these don't always meet the needs of a dementia friendly environment. Need to be mindful and factor in colour/design/and a circular space.
- Require a detailed Equality and Quality Impact Assessment for each of the options to understand the impact on protected groups including carers, communities, and other organisations.
- People acknowledged there has been a lot of work done on the proposals but needed more time to be able to digest and consider all the information.

  There was also the opportunity for people to tell us what they thought on a Jam Board. The jam board comments are below:



Questions

- *Options 2,3, and 4 – do they give us the right amount of dementia and functional beds in the system?*
- *Do we think the East/West split would work?*

- *Fair enough that new build not considered now but is there a consideration of where it might be as this may influence the short-term solution?*
- *What are the outcomes we are trying to achieve? – keep that high on the list as trying to achieve outcomes for service users.*
- *I was wondering why Holme Valley Memorial Hospital wasn't considered. It is great position in terms of being fairly central. Do you still own it? Because its perfect for cottage hospital approach*
- *How would Poplars not being there affect Barnsley?*
- *What is Poplars going to be used for?*
- *Would there be any merit at redeveloping some of the old buildings on site of Dewsbury District Hospital? Could there be some that could be used for this purpose?*
- *Could we consider Crofton as an option if the facilities are good and meeting criteria whilst retaining the split that is clinically preferred? This could mitigate some of the concerns around travelling distances and accessibility.*
- *If staff are happy to move bases – what would they need, would they get expenses to cover moving bases?*
- *Would the new system support reducing overall Length of Stay?*
- *What is the return on investment?*
- *How do we address the quality of care and needs of the wider population. Not understanding the demands and capacity of the population?*

6.2 Is there anything we should have/need to consider?

- Although some people liked the scoring system that was used to evaluate the options it was suggested that the options are scored slightly differently and split out the scored because access to workforce and access to quality is very different to travel and distance.
- Consideration to be given on how we can demonstrate the delivery of quality by outcome measures for service users. '*Currently there are no specific outcome measures for dementia services – Barnsley are starting to roll out some standardised quality measures which measure the quality of life'.*
- It was mentioned again that the Patient engagement is out of date and needs to be revisited.
- Ensure the care across Local Authority (LA) boundaries works – there are instances when patients are from one area but are an inpatient within another care area and discharge processed need to be clear for each of the places to account for LA place-based approaches. '*This requires liaison with other LAs and other involved in care which can be difficult*.'
- Ward 19 at Dewsbury District Hospital (DDH) has gender specific male and female wards, this ensures patients privacy and dignity are maintained. However, W19 provide care and treatment to both functional and dementia patients. The shared

space on the ward poses some challenges for staff and use of that space for therapeutic interventions requires risk assessments to be completed**.**

- Need to ensure that the length of stay (LoS) is as short as it can be and there is appropriate community support. Community Team staff should provide more Inreach support for patients to ensure continuity of care and aid timely discharges. There may be a slight increase in functional needs patients and need to consider how we keep people with functional needs in the community.
- As part of the transformation program, we need to reduce the number of ward to ward and area transfers. This has a negative impact on patients and carers with the additional need to travel between Trust sites.
- Need to ensure there is flexibility in visiting times.
- Continue to deliver individualised person care and treatment and involve family, friends, and carers as much as possible.
- There is a need to mitigate sending people even further away from home when admitting to hospital. As mentioned previously, this will mean there is an increase in transport and travel costs, and time which could impact relatives, families and carers visiting their loved ones.
- We need to ensure staff are fully involved throughout the development of the proposals, so they feel a part of the process and any impact on their work life balance, travel costs and time are considered.
- Concern that options 2,3 and 4 describe the repurposing of the Poplars but there is no detail of what this will be. Before going out to engage/consult we will need to have a clear idea of what the proposals are because if they are unclear, concerns will be raised by the public and elected members. Need to provide relevant narrative on the patient activity at The Poplars for the past 5 years.
- Will need assurance there is the same level of provision across Calderdale, Kirklees, and Wakefield. If not, will require strong narrative explaining benefits of having a specialist dementia unit.
- People will travel to specialist unit if they feel they are receiving a higher standard of care. For example, CAMHS ED was centralised people weren't sure beforehand, but it has worked.
- Wards have historically separated and moved to mixed and staff issues made them difficult to manage with. Moving people out of institutions when they were separated (specialised) made it more difficult to do – let's not repeat history and forget the reason why we mixed wards.
- Models need to be funded correctly. The staffing team number and the mix on each ward against the number of people admitted.
- Wakefield perspective – bigger numbers may give better economies of scale but don't result in better outcomes. Smaller groups result in better outcomes for individuals.
- There will always be a need for contingencies ie.mix can only be avoided.

- Risk of having services in one service – outbreaks and managing these may result in issue with new admissions or containing them.
- Need to be aware of the issues in East and West Wakefield. Real concern /perception that services in the East are being reduced and being moved to the West. For example, maternity services led service at Pontefract are currently being reviewed and MPs and local Councillors are concerned about services being downgraded/removed from East Wakefield. Currently 30 people a day are being moved from Pinderfields Hospital to Dewsbury Hospital. When we go out to engage/consult there will the same concerns on the East/West shift.

Questions

- *Are the right people being referred to the wards – in relation to Length of stay LoS in the Wakefield patch?*
- *How are we going to recruit relevant staff and retain knowledge and experience in functional wards – is it sustainable?*

6.3 Any other comments?

- The model is still not described for functional/dementia offer from a commissioner's perspective. It does not look at numbers (2 people bathe means you have lost those staff off the floor straightaway) 1 patient during a 24-hour period will have many 1 to 1's with staff.
- Older Adults' Mental health inpatient wards needs to be co-located with General Acute Hospitals, to meet the physical health needs of patients in a timely manner.
- New designs for ward need to consider the optimum layout for the therapeutic benefits of patients with both dementia and functional needs and should also support the needs of carers and visitors.

'People *coming into wards are now stronger, fitter and more independent and do not want to play bingo/listen to Vera Lynn*.

The Learning Disability (LD) services look at what patients can do and staff support what they cannot do. If work alongside the LD approach and care planning process to adapt for dementia it would be more diverse, and person centred.

Functional side - Love to see an independent living area with support from staff to help patients grow independence for going back home.'

- Staff wellbeing is paramount, we need to ensure the impact of locating wards in different locations would mean more travel time and cost including parking - this could also impact on staff who are carers.
- Need to continually improve local relationships and the patient journey to support discharge into community and care homes.

- Next steps looking at moving towards a formal consultation process early in the New Year and we will ensure that all our community assets are involved in the process.

Questions

- *If specialist unit, what are gold/silver standards and what would they look like?*
- *What other acute discharge options would be available if beds were full?*
- *Need to consider staff who do not want to work on this new ward or travel to a different area – how will we support staff with these changes?*
- *How do managers lead and support the change, keep the ward running and morale up?*
- *Is there an opportunity to develop specialist positions eg. Nurse prescriber?*
- *How would it be possible to have 30 beds and ensuites – struggle now to staff wards?*
- *What happens next?*
- *Who will ultimately make the decision non the option to go for? Is it SWYFT or ICB?*
- *Can we have copied of the presentations so we can take to read the information presented, reflect, and then give feedback?*

6.4 Questions and comments:

- What do we mean by repurposing? This means we can adapt a building or ward(s) to meet the needs of specific patients, teams and Trust services.
- Some Trust recognise the travel and transport implications and offer accommodation for carers to stay on site, to reduce isolation and this may lead to shorter LoS, see link below:
  Enhanced care: A specialist hospital ward for people who have dementia | Alzheimer's Society (alzheimers.org.uk)
- Any changes seem to take too long, already been working on this for 8 years.
- Do we currently admit patients to closet bed? – No beds are allocated on what is available.

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 4.**

8. Next steps

The findings from the report will be used to further inform the work to develop options to ensure that the voice and views of health and social care stakeholders are fully utilised and inform the options development.

The Trust will deliver a further stakeholder event in Autumn 2022 to share the proposals with a wider group of partners, including political stakeholders, Healthwatch, voluntary and community groups, public representatives and carers and other identified stakeholders.

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 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. Workshop invitation

Sending on behalf of Dawn Pearson, communication, involvement, equality and inclusion lead at the Trust:

Dear all,

Following changes and improvements to older people's community mental health in each of our local places, the Trust, together with our partners, have been considering the transformation of our older people inpatient services. This is for the two groups of older adults who use our older people's mental health inpatient wards:

- 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).

We know through evidence that the needs of these two groups of people are different, and they do not mix well together. As our inpatient ward offer remains mostly mixed, the Trust, alongside our partners, has been developing a proposed clinical model to transform services over the last seven years.

We would like the opportunity to share our proposals to transform inpatient services and gather your feedback further to continue to inform our approach.

The workshop will last for two hours, and we would welcome as many health and social colleagues working in older people's services to attend as possible. You can book your place at the workshop through this private Eventbrite link: www.eventbrite.co.uk/e/join-us-at-a-workshop-for-older-peoples-mental-health-inpatient-services-tickets-411545011207

Please let us know if any questions or queries, and please do forward this to colleagues within your organisation who work within older people's services.

Best wishes,

Dawn

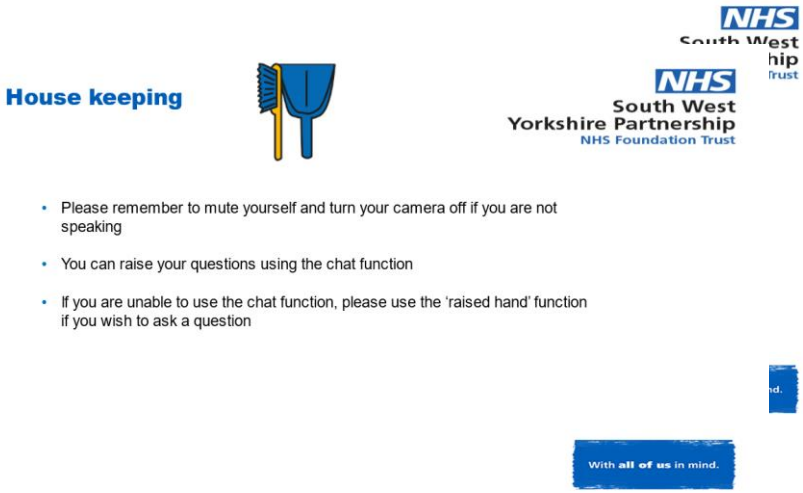
Dawn Pearson she/her

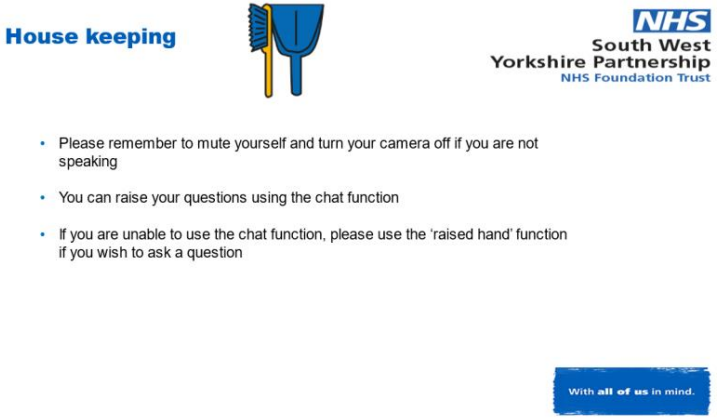
Communication, Involvement, Equality and Inclusion Lead
South West Yorkshire Partnership NHS Foundation Trust
dawn.pearson@swyt.nhs.uk

07867 150663

Be a member! | **We proudly support #hellomynameis**

Appendix 3: Event agenda and presentation slides





John - functional admission on a mixed needs ward

NHS South West Yorkshire Partnership NHS Foundation Trust

With **all of us** in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Our vision for older people's mental health services

With **all of us** in mind.

Diane - functional only ward stay

NHS South West Yorkshire Partnership NHS Foundation Trust

With **all of us** in mind.

Additional considerations and opportunities

NHS South West Yorkshire Partnership NHS Foundation Trust

In addition to improving services for people with mixed and functional needs we want to:

- Ensure we improve our offer to provide cultural and spiritually appropriate care
- Ensure our environments reflect the population we serve
- Ensure the workforce are diverse and understand culturally compassionate care
- Make sure that families and carers are involved in the care of a loved one and that we have the facilities to support this
- That we use interpreters and translation services
- That information is accessible to all

With **all of us** in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

About today

With all of us in mind.

Agenda

NHS South West Yorkshire Partnership NHS Foundation Trust

Time	Item
10am	Welcome and housekeeping
10.05am	Our vision for older people's mental health services
10.10am	Why did we take this journey and where are we now
10.30am	Presentation of proposed clinical model and options
10.50am	Feedback from clinical senate
11am	Break
11.10am	Discussion
11.50am	Next steps
11.55am	Final reflections, close and thanks

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Why did we take this journey and where are we now

With all of us in mind.

Transformation – our original drivers for change

We started thinking about older people's transformation in 2015. At the time, the key drivers were:

National

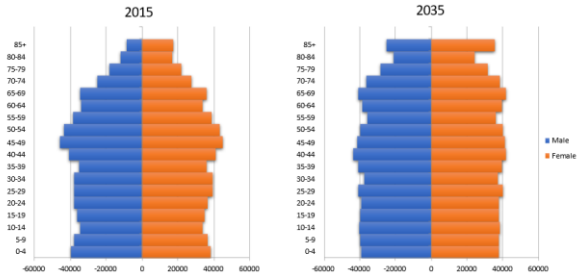
NHS 5 Year Forward Plan –

- Productivity gains required
- New Models of Care
- Flexible models of service delivery tailored to local population and need
- Integration between services – health / social care primary / secondary /mental health services
- Mental Health Payment System

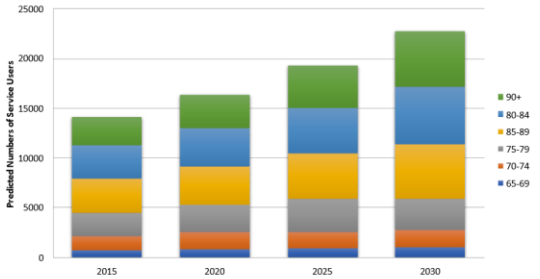
Local

- Vanguards
- STPs (now ICS)
- Provider Alliance Models
- Care Closer to Home
- CCG reviews of service models

Predicted Population Changes



Projected Future Dementia Prevalence



In 10 Years:

43% more people aged 85+ with Dementia

Discovery told us…

- Very different pathways and models across our places, with differing workforce across the organisation.
- Different approaches to inpatient management.
- Some lessons on the need to manage cultural change and how not to transform from an unsettling learning visit.
- Recommended best ways of working that informed our vision, standards and principles.

With **all of us** in mind.

Vision for all of Transformation

- Older People will have a more meaningful, healthy and independent life in their community
- Physical health, mental health and social care needs are met
- Collaborative, integrated and appropriate care in a safe and supportive environment
- Independence throughout the patient journey, including over admission and discharge
- Services are responsive, fit for people and accessible
- The needs of carers and families will be central to all that we do
- Services will be tailored, culturally aware and sensitive

With **all of us** in mind.

Our Objectives:

To ensure we have **safe, person centred, needs led** services that provides specialist care to older people and their families

To be more **equitable and consistent** across our places, based on the needs of the population and evidence based practice

To ensure **sustainable services** that are responsive to predicted demographic changes

More focus on prevention and health and wellbeing i**partnership** with Local Authorities, Primary Care and the Third Sector; this may include development of new partnerships and should include alignment to Vanguard Projects, CC2H and MSCP contracts.

Maximise the use of technology

Support securing business through **partnerships**, avoiding competitive processes where possible

More objectives

To ensure that the Trust is able to more effectively demonstrate **outcomes** for service users

Services should be more **efficient**, demonstrate **value for money** and transformation should generate both cashable and non-cashable efficiencies

Transformation should strengthen the relationship with physical healthcare providers

Community services should be remodelled as needed to ensure they have the capacity and capability to **reduce hospital admission**

The workforce should be modelled to meet the needs of the local population, to deliver the best possible **flexibility, efficiency and skill mix**, both in the community and in inpatient services

What evidence tells us we need

NHS South West Yorkshire Partnership NHS Foundation Trust

age-appropriate specialist mental health services are required to meet the needs of older people.

Comprehensive specialist mental health services for older people must be reconfigured and developed, with an urgent need to provide:

- access to crisis home treatment
- care home liaison
- general hospital liaison
- early diagnosis and intervention
- access to psychological therapies

An equitable distribution of resources within mental health services that takes account of an ageing population

With **all of us** in mind.

What did we need to change

NHS South West Yorkshire Partnership NHS Foundation Trust

- Ensure there are fit for purpose intensive community support services in all areas
- Appropriate specialist workforce across all services
- Improved care home liaison services that reduce unnecessary admissions
- Equitable psychological services for older people
- Needs led inpatient services
- Maximise productivity to support sustainability.

With **all of us** in mind.

What people have told us along the way

NHS South West Yorkshire Partnership NHS Foundation Trust

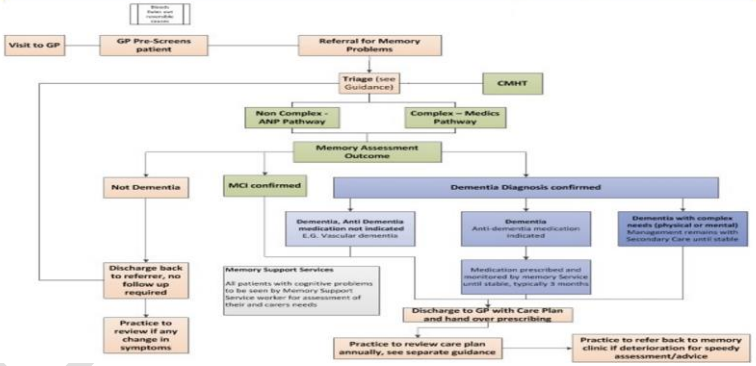
What we did:

- Spoke to service users and carers to ask about 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 practise across the sector
- Held a series of workshops with service users and carers to consider the models of care in more detail
- Visits the wards and spoke with current service users and carers
- Met with commissioners, local authorities and other partners

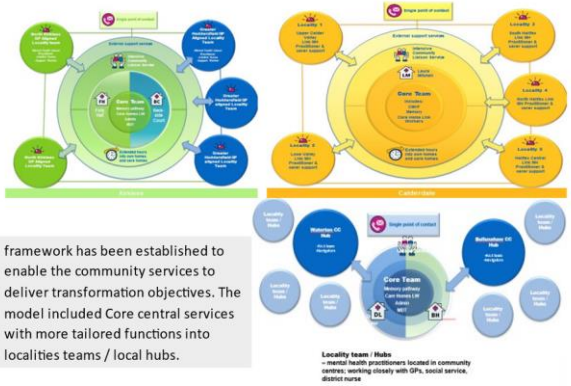
Key themes:
People were generally positive about the community proposals and told us they prefer to be supported to have their **care closer** to home or in the home, for as long as possible.
People were keen to ensure that our **hours of service were appropriate**, with extended hours available for 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 & organic care separately but had concerns about potential extra travel for families.

With **all of us** in mind.

Reviewed and Updated Memory Pathway



The community model framework



framework has been established to enable the community services to deliver transformation objectives. The model included Core central services with more tailored functions into localities teams / local hubs.

What is happening in each of our places - Calderdale

- The core services in Calderdale are based in the Laura Mitchell site.
- Investment has taken place into a specific intensive community support team for older adults as part of the community transformation programme.
- This team is a 7 day service, 8.00am-8.00pm, and became operational in Sept 2020. It is co -located with the adult IHBT team at The Dales on the Calderdale Royal Hospital site.
- The model aligns with integrated care partnerships and the Neighbourhood/ Localities that are developed as part of the Calderdale Cares plans.
- It is hoped that the community transformation will support further work to work in a more integrated way and enable delivery of the full model.

With **all of us** in mind.

What is happening in each of our places - Kirklees

- The core services in Kirklees are based around the 2 'hubs' Beckside Court in Batley and Folly Hall in Huddersfield.
- Teams reach into the localities in Kirklees to offer a more integrated multi provider approach to care.
- The model aligns with the care closer to home approach and integrated care pathways with partners
- Since the models were first established, the Locality has moved from 5 to 7 and now 9 PCN's.
- Work with PCN's and community transformation will support moving to fuller integration with the 9 PCN model and this should align with structures of the community mental health transformation model.
- Intensive Community Liaison Service is known as Kirklees Outreach Team (KOT) and is an Older People's Crisis team 7 day service 8.00am – 8.00pm and work into people's own home & care homes.

With **all of us** in mind.

What is happening in each of our places - Wakefield

- Core team services are designed around the hubs in Wakefield and Pontefract.
- Integrated locality activity at the council hubs with scope to enhance integration with multi-providers on this site.
- The model will align with new models of care including Connecting care and Frailty and older peoples pathways.
- The memory pathway has been aligned with the community mental health team (CMHT) to provide a 'core team model' and smooth transfers of care for service users.
- CMHTs and Intensive Home Based Treatment (IHBT) have further developed close working relationships to improve the care pathway.
- The care home liaison model is embedded within each element of the pathway.
- Primary Care MH Navigators are embedded in the Connecting Care Hubs providing a seamless link between primary care and secondary mental health.
- Integrated activity in the connecting care hubs has developed on a locality level. Primary Care MH Navigators have close links with Locality Teams, District Nursing, MY Therapy and other providers in the connecting care hubs. This enables a timely and appropriate response to referrals.
- The Navigators have also provided mental health consultation and training to colleagues within the connecting care hubs and GP colleagues.

Feedback from CQC 2019

The trust was awarded a 'good' rating for inpatient care for older people in our CQC inspection June 2019.

The CQC were aware of our service transformation programme and that we were working with commissioners to explore opportunities to develop 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 the 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'.

With **all of us** in mind.

Inpatient - Current System Challenges

- Whilst there are ongoing challenges in managing a system with mixed functional and organic needs on the wards and there are challenges across the estate, with part of it not being as it should be for modern healthcare: The challenges include:
  - Sites that don't haveen-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 main general or mental health hospital and this leads to challenges such as:
    - Ability to admit high level of acuity
    - Limiting of patient numbers
    - Staff isolation and difficulties gaining urgent / timely support.

With **all of us** in mind.

Evidence for inpatient care based on pathology

Having separate inpatient beds for the two functional and organic groups has been consistently regarded as good practice

People with severe depression, for example, may find that sharing their living space with other people with behavioural problems can make them feel worse.

People with dementia by nature of their condition are often not able to navigate the personal space of other people.

The type of supervision and clinical intervention and workforce skills needed for the two groups may be quite different

The effect on people with dementia of sharing a ward with people with severe depression may also be unhelpful.

On mixed needs wards, providing activities that would be stimulating and meet the needs of each individual was cited as challenging

There are increasing risk of incidents on mixed pathology wards

Delivering good palliative care would be more difficult to address if old age services were either mixed or indeed integrated with younger adults.

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

With **all of us** in mind.

Functional Ward Benefits

Functional admissions will often have some accompanying psychosis and carry a high level of risk. Having separate specialist wards for people with functional needs allow the quality of therapies to be improved, enables staff to have the right skills on the wards.

We know from feedback that people with functional needs can often feel a negative impact of people with dementia sharing the same ward space.

Having functional only units means that staff can dedicate their time to people with these needs. It means that they are not juggling needs of people with dementia who can often take a disproportionate amount of resource and support

We have developed a case study that highlighted some of the benefits that can be achieved on a functional ward.

Ongoing need for inpatient facilities

Although there has been a reduction in the need for inpatient facilities over time we believe that there will always be an ongoing need for some, especially given forecasts of increasing older adult population.

SWYPFT is able to offer a higher level of support than care homes can – staffing levels, skills, medical and other professional practitioner support that other agencies don't have access to.

We have the environments that are purpose designed to support high and complex needs.

Whilst Barnsley has been successful in reducing their dementia bed use, there has been investment in the whole system model and there is still a residual need for dementia beds.

With **all of us** in mind.

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Presentation of proposed clinical model and options

With **all of us** in mind.

Background

NHS South West Yorkshire Partnership NHS Foundation Trust

- Over recent years there has been a lot of work to consider potential options for reconfiguring our inpatient bed base for older people, including establish a specialist dementia ward or wards
- Whilst initial work considered options around a 72 bed model, from 2020 we have been less focussed on bed numbers and more on delivery of a model that we are confident can deliver the required activity level

With all of us in mind.

How many beds do we need and the functional / dementia split

The clinical view in 2018 was that **we need to support up to 72 inpatients across the system,** that this would be a safe number to have in the future model, and does allow for the increasing older people's demographics and demand on the system over time.

When the work on the proposals was picked up again in 2020 there was more of a focus on whether the overall split and breakdown remained valid to support further options work.

This has meant that the options have included a range to support the required activity, from 75 to 82 beds in total.

In terms of division of need, there continues to be more people with functional needs admitted to inpatient services than people with dementia, which we believe a reasonablerange would be 61%/39% to 65%/35%.

With all of us in mind.

Demand and Capacity

NHS South West Yorkshire Partnership NHS Foundation Trust

The table below shows the demand for beds against our overall capacity over recent years:

Data to May 2022:

Year	Available Bed Days	OBD inc Leave	Occupancy Rate (Inc Leave)	Typical beds in use (inc leave)	OBD Exc Leave	Occupancy Rate (Exc Leave)	Typical beds in use (exleave)
2022	10440	9359	90%	78	8620	83%	72
2021	31755	27954	88%	76	25936	82%	71
2020	31842	25471	80%	69	23092	73%	63
2019	31755	27246	86%	75	24895	78%	68
2018	31755	27662	87%	76	25500	80%	70

With all of us in mind.

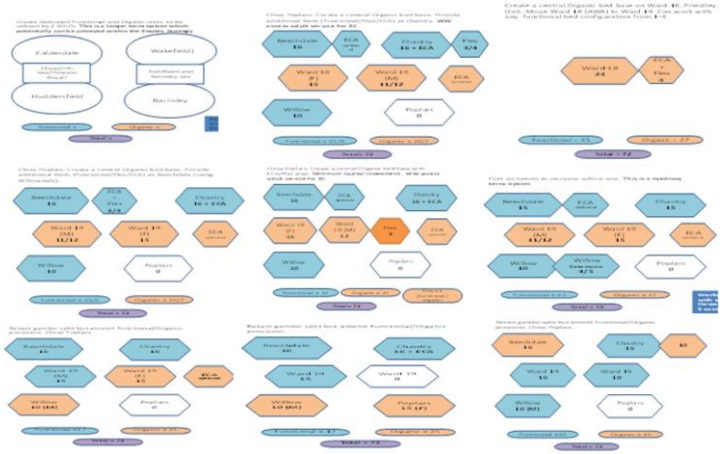
NHS South West Yorkshire Partnership NHS Foundation Trust

This table shows ward bed use over recent years:

201921	Available Bed Days	OBD inc Leave	Occupancy Rate (Inc Leave)	Ave beds used (inc leave)	OBD Exc Leave	Occupancy Rate (Exc Leave)	Ave beds used (ex leave)
Beechdale	17536	17927	102%	16.4	16039	91%	14.6
W19	32880	30018	91%	27.3	27330	83%	24.9
Willow	10960	9095	83%	8.3	8131	74%	7.4
Crofton	17536	13417	77%	12.3	12239	70%	11.2
Poplars	16440	10088	61%	9.1	10021	61%	9.1
Total	95352	80545	84%	73.4	73760	77%	67.3

With all of us in mind.

Some of the options initially explored



The Opportunities for establishing a specialist dementia

NHS South West Yorkshire Partnership NHS Foundation Trust

New Build

- Best long term outcomes
- Highly specialist environments
- Improve safety
- Develop highly skilled teams
- Minimises restrictive practice and promote independence.
- Most expensive and would be dependent on ICS capital allocation
- Need to ensure the right location is found.

Refurb of existing site

- Could deliver many of the benefits of the new build but there will be some compromise (£10M estimated cost)
- Limited options to locate this– Fieldhead doesn't have capacity for refurb, ward 19 (Priestley) appears to be only valid option but doesn't align with longer term estates plans and levels of investment required are likely to prohibit this being taken forward.

Medium term options

- Likely to involve some additional beds at Fieldhead (relocated from Poplars)
- This would enable a specialist site at fieldhead (functional) and Dementia site at W19 (up to £2.5M estimate)
- Whilst this would potentially deliver some benefits (i.e. highly skilled team), there would only be limited improvements to the ward environment.
- Longer term solution therefore still sought.

With **all of us** in mind.

Decision to focus on medium term solution

NHS South West Yorkshire Partnership NHS Foundation Trust

- Whilst there is a preference to establish new build facilities the Trust also acknowledges that any such solution is likely to take several years (5-10 years) at the earliest to implement
- Any major development of estate in Calderdale and Kirklees is also tied into longer term aspirations for the inpatient estate and issues such as the PFI site in Calderdale (which we sub purchase from CHFT acute Trust) would need to be unpicked
- A standalone new build was estimated at more than £10M (2020, likely to be much more now) but developing a new build estate for Calderdale and Kirklees inpatient services is likely to be in the hundreds of millions
- Therefore the focus of recent options work has been on what is the most appropriate medium term solution that can be sustainable for 5-10 years

With **all of us** in mind.

What we did

- Had expert panel of SWYPFT clinical and operational leads, as well as partners.
- Established and used scoring criteria
- used what people had told us from all the engagement activity against the criteria for options development.
- Options have been developed with the voice of staff, people who use services and stakeholders to ensure their voice and influence is part of the process.
- Some of the things we've been told and factored in are:

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

Distance to travel and transport routes

Gender- Male/female privacy

Person centred

A safe and supportive environment

Quality of direct care and support

Physical and mental health needs are met

Services that are responsive and accessible

Access to physical health care and other clinical support

Access for carers which include flexible visiting times

With **all of us** in mind.

Quality of Care Criteria that options were considered against

NHS South West Yorkshire Partnership NHS Foundation Trust

Quality and equality considered over four areas:

1) 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
- Asset based approach
- Gender - male/female privacy
- Highly personalised care and support
- Ensuite facilities – both functional and dementia wards
- Other Private space

With all of us in mind.

Access to Care Criteria that options were considered against

NHS South West Yorkshire Partnership NHS Foundation Trust

Quality and equality considered over four areas:

- Access to the right treatment in the most appropriate setting
- 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
- Activities
- Specification is dementia specific and an exemplar
- Exemplar environment for functional wards
- No requirement for step down/seamless service
- 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

With all of us in mind.

Options review

NHS South West Yorkshire Partnership NHS Foundation Trust

- The following slides give a summary of the key rationale for options that we are considering taking forward
- It focusses on the options that are felt to be clinically viable
- More detail on this can be made available if required

With all of us in mind.

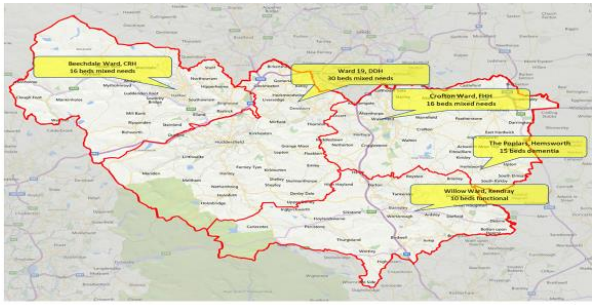
Options reviewed

NHS South West Yorkshire Partnership NHS Foundation Trust

- **Option 1**- No change to the current way of delivering services with three mixed units, one functional only unit and an organic only unit in the region with an overall inpatient bed number of 87.
- **Option 2** – A dedicated central specialised dementia unit developed on Ward 19 with functional bed capacity increased on Beechdale ward and the Crofton ward which would become specialist functional units only and an overall inpatient bed number of 78. The Poplars site would be potentially re-purposed for other community uses.
- **Option 3** – A dedicated central specialised dementia unit developed on Ward 19 with a variation on the distribution of the functional bed capacity at Beechdale ward and the Crofton ward and an overall inpatient bed number of 75. The Poplars site would be potentially re-purposed.
- **Option 4** – A dedicated central specialised dementia unit developed on Ward 19 with a variation on the distribution of the increased functional bed capacity at Beechdale ward and the Crofton ward and an overall inpatient bed number of 82. The Poplars site would be potentially re-purposed.
- **Option 5** – A dedicated central specialised dementia unit developed on Ward 19, all other estate maintained as now but with The Poplars becoming a unit for functional illness patients only and with an overall bed number of 82 beds.
- **Option 6** –Dementia inpatient care delivered from Beechdale and The Poplars with the Crofton ward remaining as a mixed facility whilst all other beds across the region are functional.
- **Option 7** – Dementia inpatient care delivered from Beechdale ward and a dedicated ward area on the Crofton ward. The Poplars, Ward 19 at Dewsbury, Willow ward and a ward on the Crofton ward would provide functional inpatient beds.
- **Option 8** – Dementia inpatient care delivered from Beechdale ward and a dedicated ward area on the Crofton ward. Functional beds would be provided from Ward 19 in Dewsbury, in a separate ward area in the Crofton ward and in the Willow ward. The Poplars would be re-purposed.
- **Option 9** – A purpose built specialised new build unit.

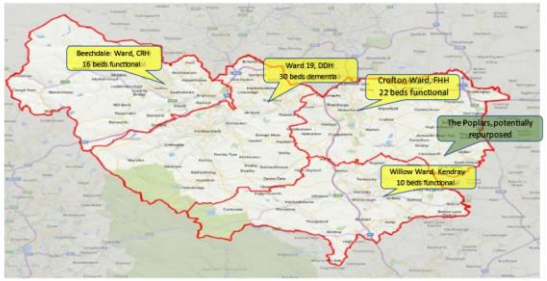
With all of us in mind.

1. Current Provision



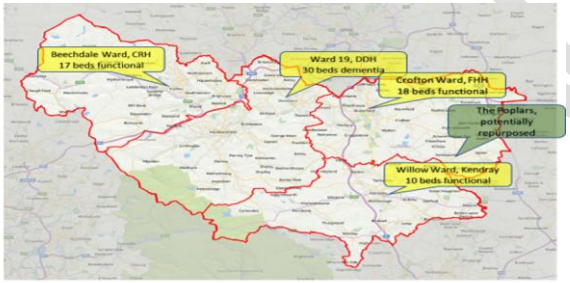
Quality 4 out of 10	Able to deliver good services overall (CQC) in spite of some challenges across the wards. There is more than one key challenge with the current structure, including • the lack of the specialism and • the challenges with the location of the Poplars ward.
Access 4 out of 10	Also various access issues that won't be resolved, including ECT challenges at W19, Poplars location, delays in pathway and long LOS.

2. Proposed option: Central Specialist Unit in Dewsbury with 4-6 extra functional beds at Crofton



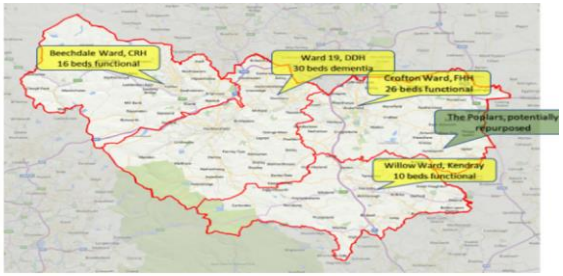
Quality 4 out of 10	Delivers an organic and functional split it, the size of the proposed ward at Crofton is a barrier to scoring hi quality of care and access as the ward size is bigger than current good practice. As such this only received the same score as the existing model and there is current uncertainty whether a r only felt to be about as appropriate as the existing model should be taken to consultation. To note **this would score much better if beds at Crofton were managed as 2 separate wards.**
Access 4 out of 10	**Poplars site** – A planned and phased approach would be taken to repurposing of Poplars and options could rem still be considered in terms of using the site into the longer term, whether and how it could be used as a lo Will cost between £500K and £1.1M capital depending on the works and likely to be 2 years before capital is

3. Potential Variation: Central Specialist Unit in Dewsbury with Crofton having 2 extra beds and Beechdale 1 extra



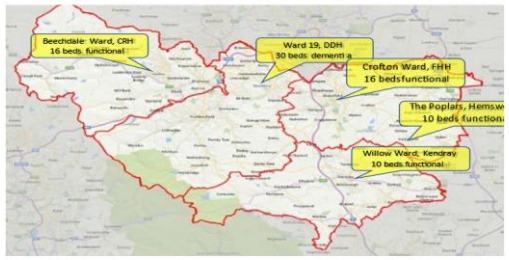
Quality 7 out of 10	This scored much better than the option above in terms of quality as it achieves the separation of needs and specialism without going over the accepted ward sizes. However it score lower for access as this has fewer beds (particular fewer functional beds with 45 in total than has been modelled.
Access 4 out of 10	The estimated cost to establish a 1 bedroom e/s on the Beechdale PFI site is £300K, though questions have been raised about the viability to even achieve this since the initial options work took place. The cost of 2 rooms in Crofton being repurposed would be approximately £200K **Poplars site as above**

4. Proposed option: Central Specialist Unit, more functional beds (10 aligned to Crofton)



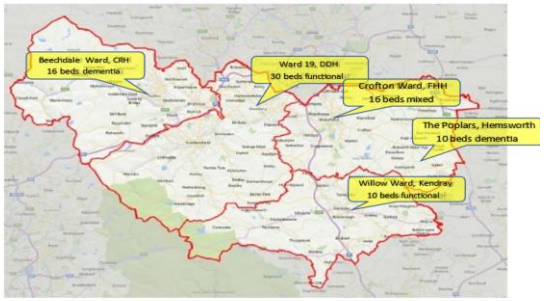
Quality 7 out of 10	Additional beds would form a separate ward for Crofton (not a 26 bedded ward). Achieves the separation and specialism; is within the modelled numbers for both functional and organic; addresses issues with location of the Polars site whilst maintaining (broadly) the existing and required bed numbers. Best scoring medium term option in terms of clinical quality and access to care.
Access 7 out of 10	Most expensive option (estimated £1.9M) and capital spending constraints mean it is likely to be 2 years before the 10 bed option at Crofton could be implemented. Most expensive revenue costs.

5. Retain all wards in existing size, Poplars becomes functional



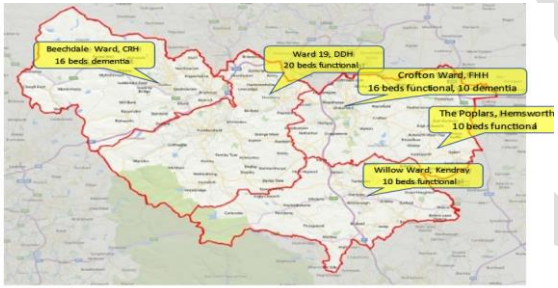
Quality 3 out of 10	*Issue of the feasibility of Poplars becoming a functional unit given all current challenges which result in an inability to support people with higher levels of acuity.*
Access 4 out of 10	*Would need to invest in staffing and changes to the environment for it to be effective for people with functional needs.* **Significant risk with the Poplars unit in this option means we'd be introducing more risk into the system.**

6. Changing the mix in Calderdale and Kirklees only



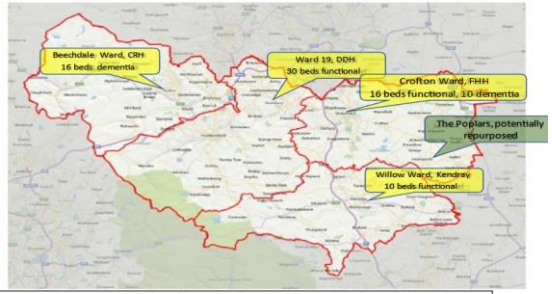
Quality 3 out of 10	key areas of concern are: Beechdale not being appropriate for dementia Poplars continuing as is – current location challenges Mixed needs in Crofton.
Access 2 out of 10	Wouldn't give right access to care because it would be difficult to manage numbers on these wards (for example, difficulties forBeechdale to be safe if full). ECT challenges with this model – wards not aligning with access to ECT.

7. East / West Dementia split (1)



Quality 2 out of 10	As with options above, the viability ofBeechdale as a unit purely for people with organic needs is questionable. This is due to the environment which means that it is not safe for people with higher levels of need and ward 19 has to be used. The building has been accepted as not fit for purpose longer term for older people; consideration has been given in the past to providing extra care facilities in some office space but this proved cost prohibitive due to the PFI arrangement. Too many functional beds with this scenario also and no flex beds. Also, too many problems with Poplars as a functional unit
Access 2 out of 10	

8. East / West Dementia split (2)



Quality 3 out of 10	As with options above, the viability ofBeechdale as a unit purely for people with organic needs is questionable. This is due to the environment which means that it is not safe for people with higher levels of need and ward 19 has to be used. The building has been accepted as not fit for purpose longer term for older people; consideration has been given in the past to providing extra care facilities in some office space but this proved cost prohibitive due to the PFI arrangement. Too many functional beds with this scenario.
Access 3 out of 10	

9. New Build Opportiunity

NHS South West Yorkshire Partnership NHS Foundation Trust

- Best long term outcomes
- Highly specialist environments
- Improve safety
- Develop highly skilled teams
- Minimises restrictive practice and promote independence
- Most expensive and would be dependent on ICS capital allocation
- Need to ensure the right location is found

With all of us in mind.

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9. New Build Opportunities	Quality 9 out of 10	When assessed in 2020 consensus that this would achieve the best longer term outcomes for people with organic needs whilst enabling services for people with functional needs to be reconfigured into specialisms. It would enable acomplete new design to create a highly specialist environment tominimiserestrictive practice, promote independence and retention of skills as far as possible, whilst improving safety. It would also enable development of highly skilled teams and a shift from a medical model of care, to one which is asset based. With this option, the right site and location will be of vital importance, ensuring any specialist dementia as centrally located/accessible as possible and accessible for carers. This is a costly option from a capital perspective but is a sustainable one, providing a new Trust asset, and developing a reputation for excellence.
	Access 8 out of 10	

With all of us in mind.

Current viability of new build opportunities

NHS South West Yorkshire Partnership NHS Foundation Trust

- Whilst there is a preferred model to establish new build solutions, particularly for the dementia specialism, there are wider factors that make this option not immediately viable or affordable. These include:
- Constraints around accessing the capital and ICS approaches needed
- A longer term estates strategy is in development to consider the opportunities for estates opportunities but as it stands there is no capital yet available to deliver solutions, which are realistically felt to be – 10 years away from delivery

With all of us in mind.

Ongoing work

NHS South West Yorkshire Partnership NHS Foundation Trust

- There is still some ongoing work to test the options for viability from a value for money and sustainability perspective
- Whilst Trust capital funding would be available for any development work, ICS spending constraints may mean that it is two years before any capital spend can be taken forward on the programme

With all of us in mind.

Future inpatient model

Based on current evidence and whilst acknowledging other potentially viable options, we believe there is a good case for the establishment of the dementia specialist unit, in line with the options set out.

- It will support people with Dementia in a clinically appropriate, specialist dementia friendly environment
- supports new ways of working, enhanced skills mix on the wards and promotes better outcomes
- We are considering how we can support people that might need to travel further

With all of us in mind.

Feedback from clinical senate

With all of us in mind.

Foreword from chair

The staff of the South West Yorkshire Partnership Foundation Trust **are to be 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 review panel was also impressed by the **commitment and enthusiasm shown by so many of the staff in all the current inpatient units** .

National guidance and established practice across the UK seek to ensure that patients with organic and functional conditions receive care specific to their needs in dedicated **units. To achieve this in South West Yorkshire means there has to be a degree of centralisation, the current numbers of patients and resources available pointing to a single unit for patients with dementia; only 4 of the options the Senate panel were presented with achieve this.** Furthermore, option 9 is not possible in the short to medium term timescale during which these changes really should be implemented.

With all of us in mind.

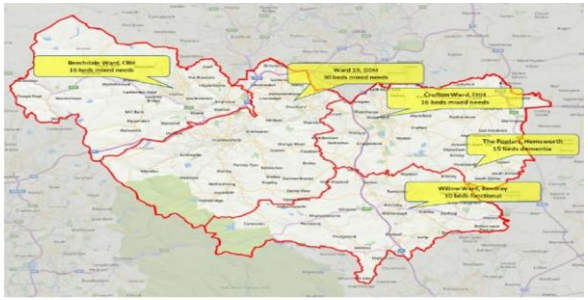
Foreword from chair

Of the remaining 3 options, all envisage centralising dementia care on Ward 19 of Dewsbury District Hospital which the Senate Review Team supports. The best use of beds on the remaining sites would seem to be best addressed in the light of local operating issues which the review team felt was best left to the local team. We would however **question the viability of the Poplars Unit** , given its isolation from both acute medical and mental health services. We would also recommend further consideration of the impact of the viable options on family access and health inequalities so that the most effective mitigations can be put in place.

Lastly, we would also recommend more consideration as to how the ambience of Ward 19 at Dewsbury District Hospital can be further developed into a warm, bright, interesting and reassuring place for dementia patients.

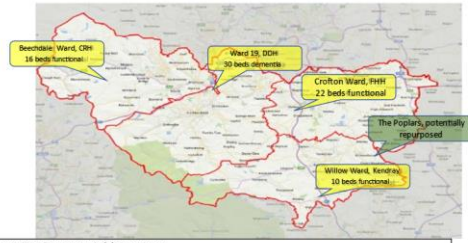
With all of us in mind.

1. Current Provision



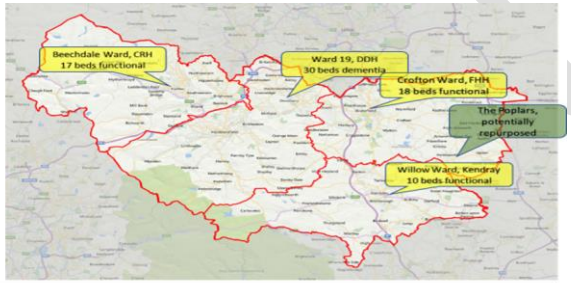
Quality 4 out of 10	The Clinical Senate review panel did not feel that option 1 was a viable option: It does not achieve the ambition to develop a central specialist dementia unit It maintains the current position of mixed wards which can negatively impact on patient experience and outcomes It is well recognised that patients with organic disease benefit from a therapeutic environment dedicated solely to their needs. The same is true for patients with functional disease. National guidance and established practice in most centres has led to reconfiguration of services to achieve this. Maintaining mixed wards is thus not acceptable. It maintains the clinical risks associated with the current ways of working at The Poplars and in the Beechdale ward.
Access 4 out of 10	

2. Proposed option: Central Specialist Unit in Dewsbury with 4-6 extra functional beds at Crofton



Quality 4 out of 10	The Clinical Senate review panel felt that option 2 was a viable option: It satisfies the ambition to develop a central specialist dementia unit with the potential to centralise and consolidate specialist skills and expertise It addresses the risks and issues associated with mixed wards It mitigates the clinical risks attached to the current ways of working at The Poplars and on the Beechdale ward. However, the panel noted that option 2 has 9 fewer beds than is currently the case and it heard that is the SWPFT team envisage a reduced length of stay in options that involve dedicated specialist units, thus reducing the need for as many beds. In this option, and all other options that involve the Poplars potentially being repurposed, the panel understood that this would be done via a planned and phased approach and it could potentially be used as a community mental health facility in the longer term.
Access 4 out of 10	

3. Potential Variation: Central Specialist Unit in Dewsbury with Crofton having 2 extra beds and Beechdale 1 extra

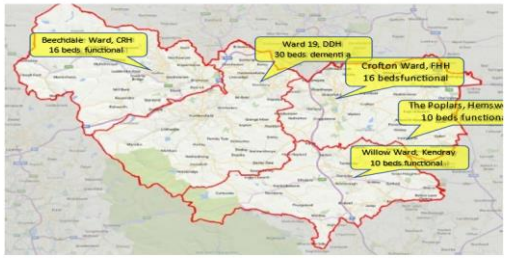


Quality 7 out of 10	As with Option 2 the Clinical Senate felt that Option 3 was viable on the grounds that: It satisfies the ambition to develop a central specialist dementia unit and offers an opportunity to centralise and consolidate specialist skills and expertise. It addresses the risks and issues associated with mixed wards It mitigates the clinical risks attached to the current ways of working at The Poplars and on the Beechdale ward.
Access 4 out of 10	

4. Proposed option: Central Specialist Unit, more functional beds (10 aligned to Crofton)

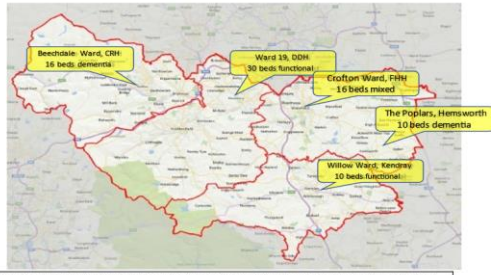
Quality 7 out of 10	The Clinical Senate felt that Option 4 was a viable option, in line with Options 2 and 3 in that: It satisfies the ambition to develop a central specialist dementia unit with centralisation and consolidation of specialist skills and expertise It addresses the risks and issues associated with mixed wards It mitigates the clinical risks attached to the current ways of working at The Poplars and on theBeechdale ward.
Access 7 out of 10	

5. Retain all wards in existing size, Poplars becomes functional



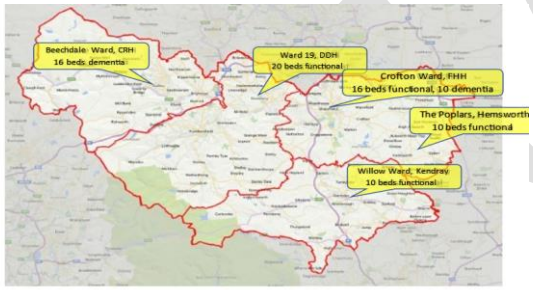
Quality 3 out of 10	The Clinical Senate found that whilst Option 5 did create a dedicated specialised dementia unit and it did achieve dedicated inpatient units for patients with functional and organic illness, it was not felt to be a viable option given that: The Poplars unit is suboptimal for patients that have a higher level of acuity, associated with functional illness, given its remote location. The circuitousness of the Poplars unit means that it is not suitable for patients with a functional illness as this makes it difficult to observe patients.
Access 4 out of 10	

6. Changing the mix in Calderdale and Kirklees only



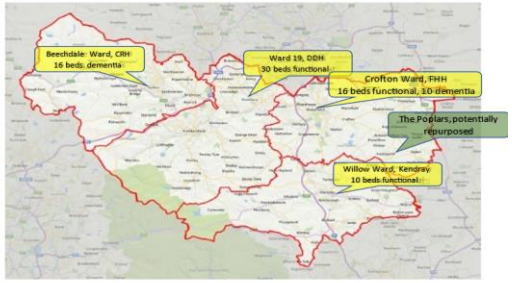
Quality 3 out of 10	The Clinical Senate feels that Option 6 does not provide a viable solution to the clinical case for change because: It does not deliver a centralised specialist dementia unit and as such it does not provide the benefits of such a unit in terms of centralisation and consolidation of specialist skills and expertise It maintains The Poplars and all of the described risks, not least its isolated location and lack of interdependent services It maintains a mixed ward at Crofton which is not best practice and is detrimental to patient experience and outcomes.
Access 2 out of 10	

7. East / West Dementia split (1)



Quality 2 out of 10	Option 7 is not considered to be a viable option by the Clinical Senate: It does not deliver a centralised specialist dementia unit and as such it does not provide the benefits of such a unit in terms of centralisation and consolidation of specialised skill and expertise The Beechdale ward is not a suitable environment for dementia patients due to the physical configuration of the ward The Poplars is maintained as a functional unit which does not provide a satisfactory environment for patients due to the risks and issues with location, estate and lack of interdependent services.
Access 2 out of 10	

8. East / West Dementia split (2)



Quality 3 out of 10	The Clinical Senate finds that option 8 is not viable: It does not deliver a centralised specialist dementia unit and as such it does not provide the benefits of such a unit in terms of centralisation and consolidation of specialist skills and expertise The Beechdale ward is not a suitable environment for dementia patients due to the physical configuration of the ward.
Access 3 out of 10	

Option 9 – A purpose-built specialised new build unit.

The SWPFT programme team described the benefits that an optimally sited, purpose -built new build could offer in the long term. These were the opportunity to develop highly specialist clinical and therapeutic environments, staffed by highly skilled teams which would improve safety and clinical outcomes for the patients that the Trust provides care to.

The Clinical Senate agreed that this option had the potential to offer the best long-term solution to the challenges that the SWPFT team face in delivering dedicated and specialist services in optimal environments. However, the Senate panel members agreed with the programme team that, even if capital monies were made available for such a development, the timescales associated with the build would not deliver a short or medium term solution to the challenges of the current service configuration. Therefore, given one of the asks of the Senate, within the terms of reference, was to evaluate the extent to which the proposed models are likely to be sustainable in 5 -10 years, this option is not considered to be viable.

Findings

the viability, sustainability and appropriateness of the proposed models of care, and support those that are suitable for implementation

The Senate found that options 2, 3, 4 and 9 were clinically viable, sustainable and most clinically appropriate.

Findings

the extent to which the proposed models are likely to:

a) *Deliver improvements in the quality of care*
b) *Impact on access to services*
c) *Be sustainable for a period of 5- 10 years*
d) *Be in line with the drivers for change*

The Senate panel agreed that options 2,3,4 and 9 would deliver improvements in the quality of care and were in line with the drivers for change.
The panel received information relating to the travel impact assessments of options 2, 3 and 4 where it was evident that there would be some degree of impact and the programme team are advised to continue to consider mitigations for this.
Options 2, 3 and 4 appeared to be sustainable for a period of 5 -10 years however, option 9 did not. Option 9 would require a significant capital investment and the timescales associated with this are unclear.

Findings

The alignment of other interdependent services required to make the models effective and safe

The panel agreed that options 2, 3 and 4 addressed the requirement to have interdependent services in proximity to the older people's inpatient services. The Poplars presented the largest challenge in terms of isolated services and lack of onsite support for the staff and patients which is addressed by the options that potentially repurpose that unit.

Findings

NHS South West Yorkshire Partnership NHS Foundation Trust

Whether they are any other options that might be workable and to provide any additional information or suggestions that the programme may find helpful in improving the quality of the proposed models or would aid effective implementation once a decision is made.

The Senate panel acknowledged the scale of the programme and the challenges that are inherent within it. It was also acknowledged that no single solution is ideal and each will require a degree of compromise that will need to be managed. There is also a potential for investment to operationalise and optimise each environment.

The panel questioned whether the option for the central specialised dementia unit being sited at the Crofton Ward at Fieldhouse Hospital could be considered as an additional option. This is proposed given the unit's proximity to interdependent services and its optimal environment for patients with dementia.

To note: we've only recently received this feedback so will consider this option over the coming weeks

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Time for discussion

With all of us in mind.

Time for discussion

NHS South West Yorkshire Partnership NHS Foundation Trust

You will shortly be moved into break up rooms and will have 40 minutes to discuss the following points.

- Your thoughts on the proposals?
- Is there anything we should have/need to consider?
- Any other comments?

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Next steps

With all of us in mind.

Next Steps

NHS South West Yorkshire Partnership NHS Foundation Trust

- To pull together what we have heard today into a report
- To use the findings to further inform the options
- To host an event on 17 November 2022 9:30-1pm to share the options
- To progress towards consultation in Winter/Spring 2023

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Final reflections and closing remarks

With all of us in mind.

NHS South West Yorkshire Partnership NHS Foundation Trust

Thank you

With all of us in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

With **all of us** in mind.

With **all of us** in mind.

Appendix 4: 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
0	0	0	1	1	**2**

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	0	1	0	1	**2**

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	0	0	1	1	**2**

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	1	0	0	**1**

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	1	1	0	**2**

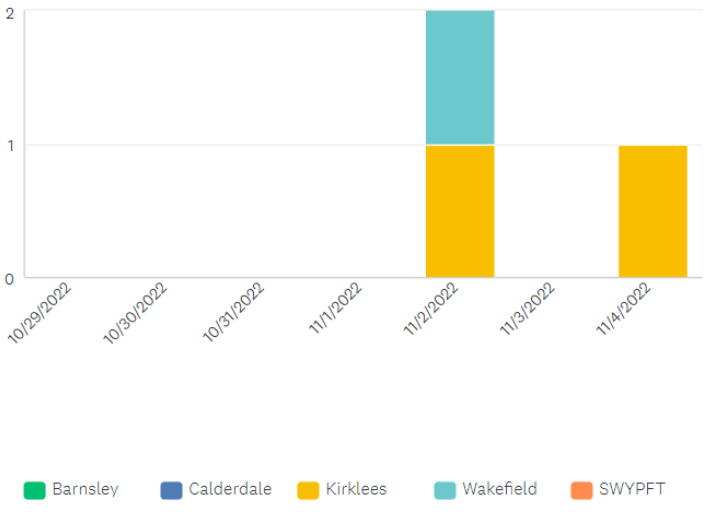
Question 6: Were you able to provide your feedback in an effective way using the scale 1-5 (1 being not able to give feedback to 5 being able to give enough feedback)

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

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

- *Good to know what is happening. Would like to be informed of final decisions.*

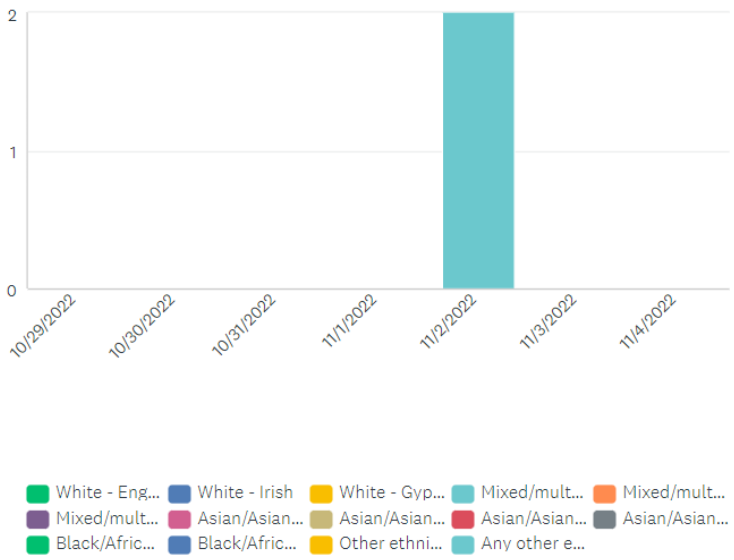
Question 8: Tell us which place you represent?
Answered: 2 Skipped:0



Question 9: Date of birth
Answered: 1 Skipped: 1

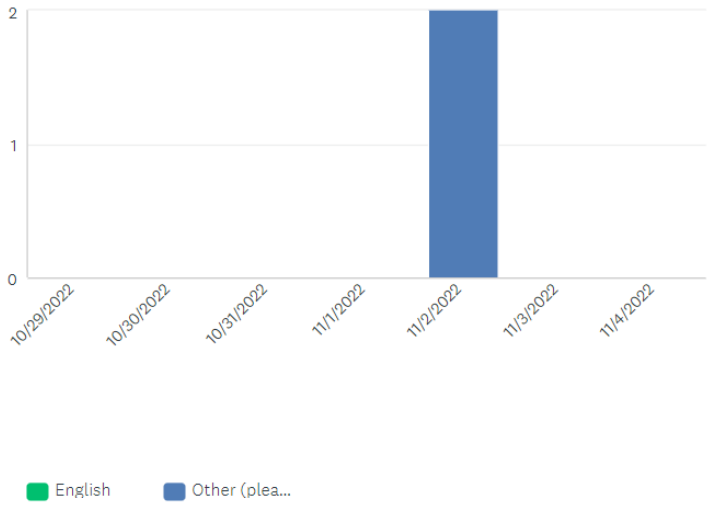
26/07/1979

Question 10: Race
Answered: 1 Skipped:1



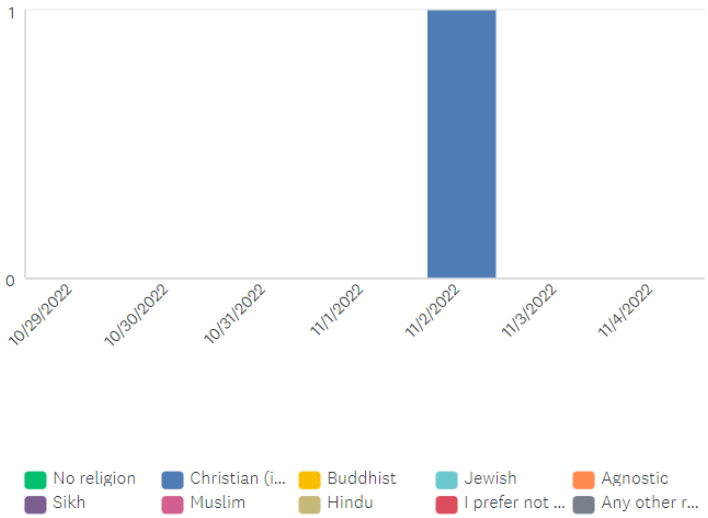
Question 11: What is your language?
Answered: 1 Skipped: 1

English and Polish

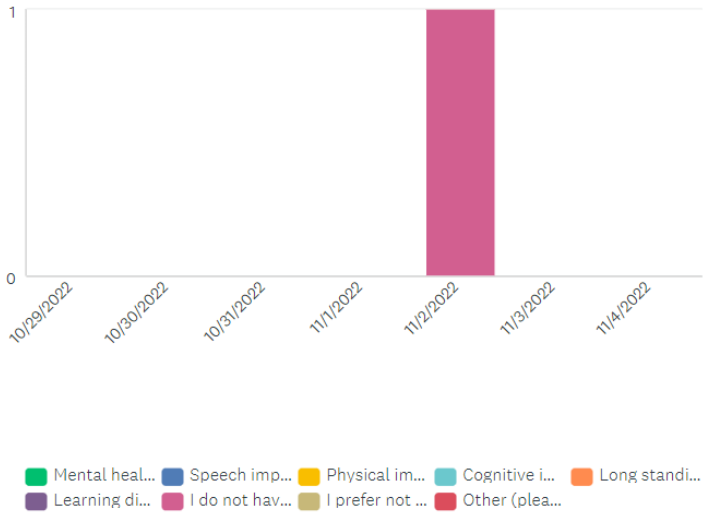


Question 12: How well can you speak English?
Answered: 0 Skipped: 2

Question 13: Religion / belief (please select from the list)
Answered: 1 Skipped: 1

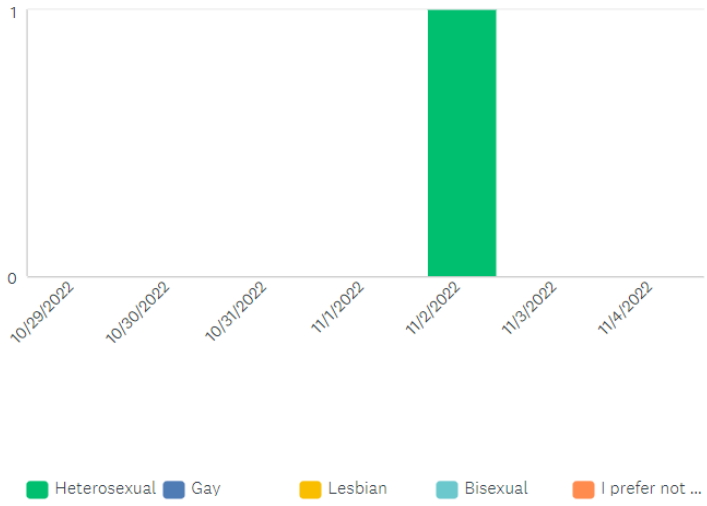


Question 14: Do you consider yourself to have any of the following? (Please tick all that apply)
Answered: 1 Skipped: 1



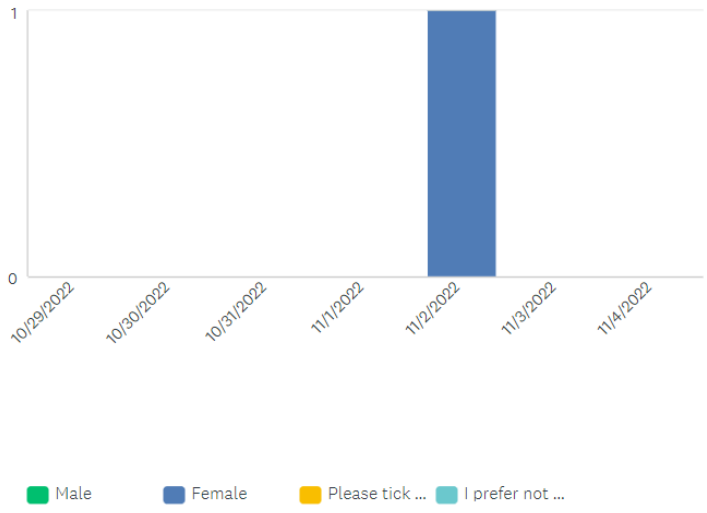
Question 15: What is your sexual orientation?

Answered: 1 Skipped: 1

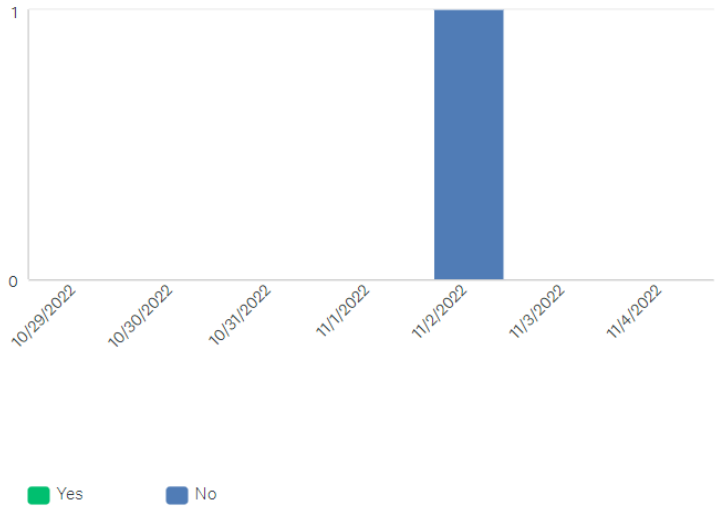


Question 16: What is your sex?

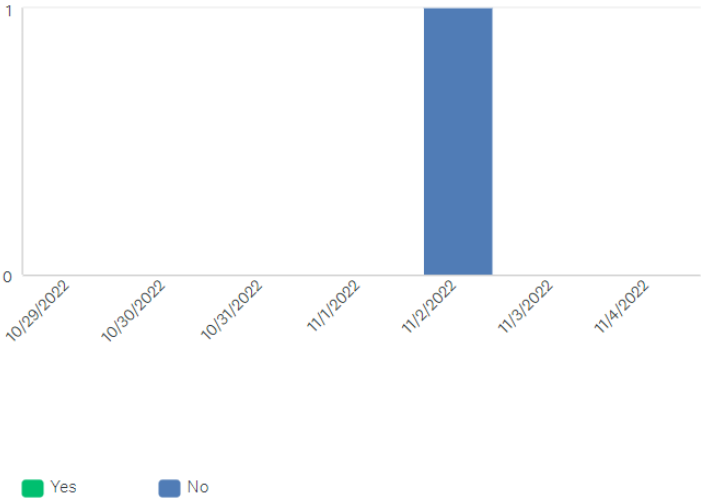
Answered: 1 Skipped: 1



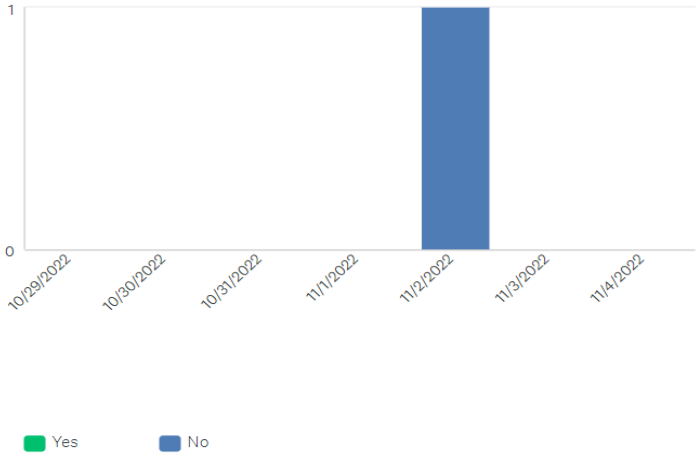
Question 17: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?
Answered: 1 Skipped: 1



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



Question 19: Have you had a baby in the last 12 months?
Answered: 1 Skipped:1



Question 20: Marriage and civil partnership (please tick one box)
Answered: 1 Skipped: 1