

# Older people's mental health inpatient services

## Public consultation



**Tell us what you think about proposals to create specialist inpatient wards for older people with dementia, and dedicated inpatient wards for other mental health needs, in Calderdale, Kirklees and Wakefield**

**In partnership with:**  
South West Yorkshire Partnership NHS Foundation Trust  
NHS West Yorkshire Integrated Care Board

**This public consultation asks for your views on how we could create specialist inpatient wards for people living with dementia and dedicated inpatient wards for other older people's mental health needs (known as 'functional mental health needs'), in Calderdale, Kirklees and Wakefield.**

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# An introduction from our chief medical officer

**“Our vision to provide outstanding physical, mental and social care in a modern health and care system is at the heart of our proposed changes to older people’s mental health inpatient services.**

“We want people who are diagnosed with dementia, or a functional mental health need such as anxiety, depression or psychosis, to be cared for as close to home as possible. We know that being close to home is better for people’s care and their wellbeing, and is also better for their families, carers and loved ones. Over the last few years, we have worked with our local health and care partners to make sure there is the right clinical and non-clinical support services available in communities. This means that people only need to be admitted to our older people’s mental health inpatient wards when they need more specialist care and support, or if their condition gets worse.

“At the moment, most of our older people’s mental health inpatient wards care for mixed needs, which means people with dementia and people with functional mental health needs share the same ward space. We know that this does not help us provide the best possible care or support the wellbeing of our patients.

“Living with dementia or functional mental health means every person’s daily needs are different. The care and support given to each individual should be tailored, along with the environment and activities on a ward to best manage a person’s condition, wellbeing and recovery.

“From a clinical point of view, there are lots of challenges on mixed needs wards. These range from managing the clinical needs of patients to giving all our inpatients appropriate and stimulating activities.

“It is so important that all our patients get the right care in a safe and supportive environment. Creating separate wards for people with dementia, and those with functional mental health needs, will help us to do this. This considerable investment into our services will give patients the right, evidence-based, high quality care and support for their condition on all our older people’s inpatient mental health wards.

“Families, friends, carers and loved ones make a big difference to the wellbeing of patients on our older people’s wards. I am confident that these proposed changes will give those who have a caring role a more positive experience when visiting their loved ones.

“Thank you for your interest in our older people’s mental health inpatient services consultation. We would really value your thoughts on our proposals. Giving your views will mean our communities, patients, carers, families, loved ones and staff are at the heart of our decision.”

**Professor Subha Thiyagesh,**

*Chief medical officer  
Consultant in psychiatry for older people  
Clinical lead for older people’s  
transformation  
South West Yorkshire Partnership NHS  
Foundation Trust*



# Introduction

**We want to hear what you think about our proposed changes to older people's mental health inpatient services in Calderdale, Kirklees and Wakefield.**

Most people diagnosed with dementia, or a functional mental health need (such as anxiety, depression or psychosis), can be cared for close to home with support from a range of community services. A smaller number of people need more specialist care and support on our older people's mental health inpatient wards.


Our older people's mental health inpatient services care for people who have been diagnosed with dementia, or another mental health need such as depression, anxiety or psychosis, these are often known as functional needs.

At the moment, older people with dementia who need to be admitted as an inpatient are cared for on the same ward as those with functional mental health needs. These are known as mixed needs wards.

Having separate specialist wards for people with dementia, and dedicated wards for people with functional mental health needs, is good practice and can improve both the care and experience for people, their families, carers and loved ones.

We have been working together with local health and care partners, using feedback and experiences from people who use our services, and our staff, to develop options for specialist older people's mental health inpatient wards. We want to know what people think about these options which can be found on page 26 of this document.

Giving your views will help us make the right decision for our communities, patients, carers, families, loved ones and staff.



**In 2022, 237 people over the age of 65 needed an admission to one of our older people's inpatient mental health wards in Calderdale, Kirklees or Wakefield. Of these, 164 people were admitted with a functional mental health need, and 73 people with a diagnosis of dementia.**

**We will be asking you to think about the proposed changes, what's most important to you, how the options might impact you and whether there's anything else we should consider.**

We are looking for the views of people who live in Calderdale, Kirklees and Wakefield who may be impacted by this change, including our staff and key stakeholders. We would like to hear from:

- Anyone who uses our older people's mental health services (community and inpatient services).
- Families, relatives, and carers of people who use older people's mental health services (community and inpatient services).
- Voluntary and community groups who represent, support or advocate for older people, their carers and families.
- Staff who work or have an interest in older people's mental health services, from all health and social care sectors, this may include people who work in hospitals, community services, councils and GP practices.
- Key partners and stakeholders who have an interest in older people's mental health services.
- Anyone with an interest in older people's mental health services.
- People who may use our older people's mental health services in the future.

You can read more about our consultation mandate and plan on our website: [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation)

We will take into account the feedback we receive and carefully consider the responses which will be used to inform a decision about future services.



## In this document you will find information about:



- How we support our older people's mental health patients – our current model
- Why we are proposing to create separate wards – the clinical model
- How we developed the proposed options
- The proposed options that we are asking for people's views on
- The difference the proposed options could make
- How to give your views.

You can give your feedback in a number of ways. Further information about how you can do this can be found on page 39 of this document.

We hope this document gives you the information you need to be able to give your views. More information is available on our website – [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation) - including our business case, quality and equality impact analysis. If you would like to get in touch with us to request any further information, please use the contact details which can be found on page 40 of this document.



## About the organisations delivering this consultation

This consultation is being delivered by South West Yorkshire Partnership NHS Foundation Trust (the provider of services) and NHS West Yorkshire Integrated Care Board (the commissioner of services).

South West Yorkshire Partnership NHS Foundation Trust are responsible for providing community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. This includes older people's mental health services. The Trust also provides low and medium adult secure (forensic) services to the whole of Yorkshire and the Humber. You can read more about the Trust on their website: [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

NHS West Yorkshire Integrated Care Board (ICB) plan and buy healthcare in the West Yorkshire area. The role of the ICB is to join up health and care services, improve people's health and wellbeing and reduce health inequalities. You can read more about the West Yorkshire Integrated Care Board on their website: [www.westyorkshire.icb.nhs.uk](http://www.westyorkshire.icb.nhs.uk)

Within the NHS West Yorkshire ICB, there are three places, known as 'place based partnerships' which are part of delivering this consultation. These are:

**Calderdale Cares Partnership**  
[www.calderdalecares.co.uk](http://www.calderdalecares.co.uk)

**Kirklees Health and Care Partnership**  
[www.kirkleeshcp.co.uk](http://www.kirkleeshcp.co.uk)

**Wakefield District Health and Care Partnership**  
[www.wakefielddistricthcp.co.uk](http://www.wakefielddistricthcp.co.uk)



We work closely with partners across health and social care organisations, including hospitals, councils, and the voluntary and community sector as part of an integrated care system.



# How we support our older people's mental health patients - our current model

Our older people's mental health services include community services and inpatient services. We support people to stay well and help them be independent so they can be cared for in their own home, or usual place of residence.

Since 2015 we have been improving the way our older people's mental health services work in the community so they could better support people closer to home. This has helped improve services in the community where most people are supported in their own home, or usual place of residence by community mental health teams. This means our inpatient wards are only needed by people who need more specialist care. Specialist care is given by a team of health and care professionals with a range of skills and knowledge, known as a multi-disciplinary team. This includes doctors, specialist nursing staff, therapists and support workers.

## Our older people's mental health inpatient services support two groups of older adults:

- people diagnosed with dementia, and,
- people diagnosed with a functional mental health need.

The term 'functional mental health need' covers illnesses such as:

- depression
- anxiety
- psychosis (such as schizophrenia)
- bipolar disorder.

Our inpatient services are mainly used by older adults over the age of 65. Sometimes there are some other groups of patients who may also be admitted to one of our older people's mental health inpatient wards, these are people:

- who have been diagnosed with early onset dementia at a younger age, or
- are under the age of 65 with a physical health issue which would be best managed on an older people's ward.

## On our wards:

- All patients have their own bedroom, some bedrooms are ensuite.
- There are shared dining rooms, therapeutic areas, and lounges.

## When and how people are admitted to our older people's mental health inpatient wards

People are admitted to one of our inpatient wards when:

- their mental health gets worse and their condition means that they need more support than the mental health community team can give,
- to they need specialist support from a number of different health and care professionals, or
- there is a significant risk to them and/or to others of continuing to live in their community.

People can be admitted to an inpatient ward from their own home, a care home, or usual place of residence.

People are referred to our inpatient service in the following ways:

- from community mental health teams, following an assessment from crisis teams,
- following detention under the Mental Health Act due to a mental health crisis, or,
- following an admission to a place of safety used by the police.

Most people are admitted to the ward which is closest to their home. Around 30% of people are admitted to a ward outside of their local area. This is either due to bed availability at the time of admission, or because another ward would be better suited to their condition.

## In Calderdale, Kirklees and Wakefield we have five older people's mental health inpatient wards:

- Beechdale Ward, Calderdale Royal Hospital, Halifax (16 beds), mixed needs and mixed gender
- Two wards in the Priestley Unit, Ward 19, Dewsbury and District Hospital (30 beds; 15 male gender beds and 15 female gender beds, as two separate wards), mixed needs
- The Crofton Ward, Fieldhead Hospital, Wakefield (16 beds), mixed needs and mixed gender.
- The Poplars, Hemsworth, Wakefield (12 beds), a dementia ward, mixed gender

We also have a ward for people with functional needs at Kendray Hospital, Barnsley (10 beds), which we do not plan to change as part of this public consultation.

The map in figure 1 shows where our wards are located.

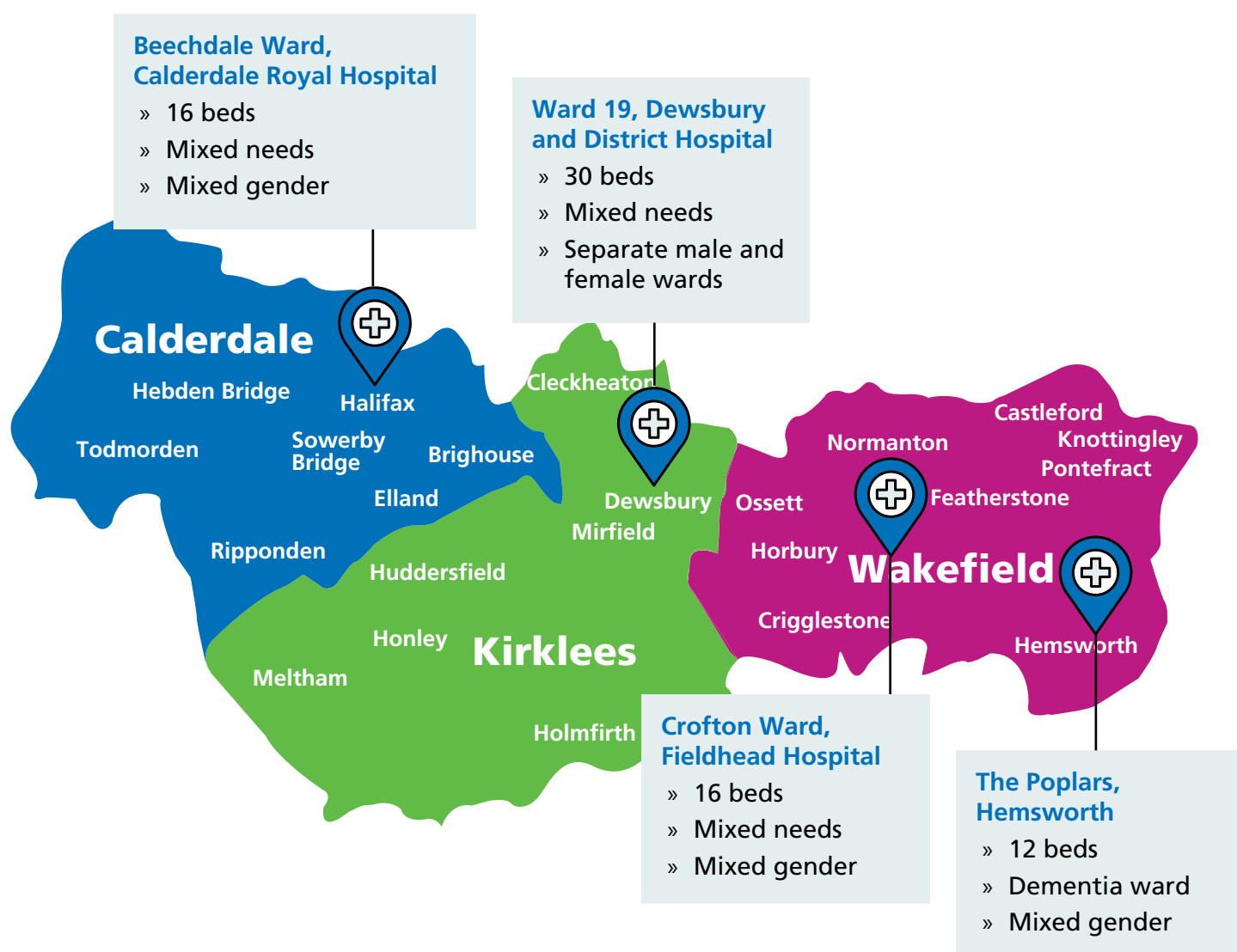


Figure 1 - a map showing the locations of our older people's mental health inpatient wards

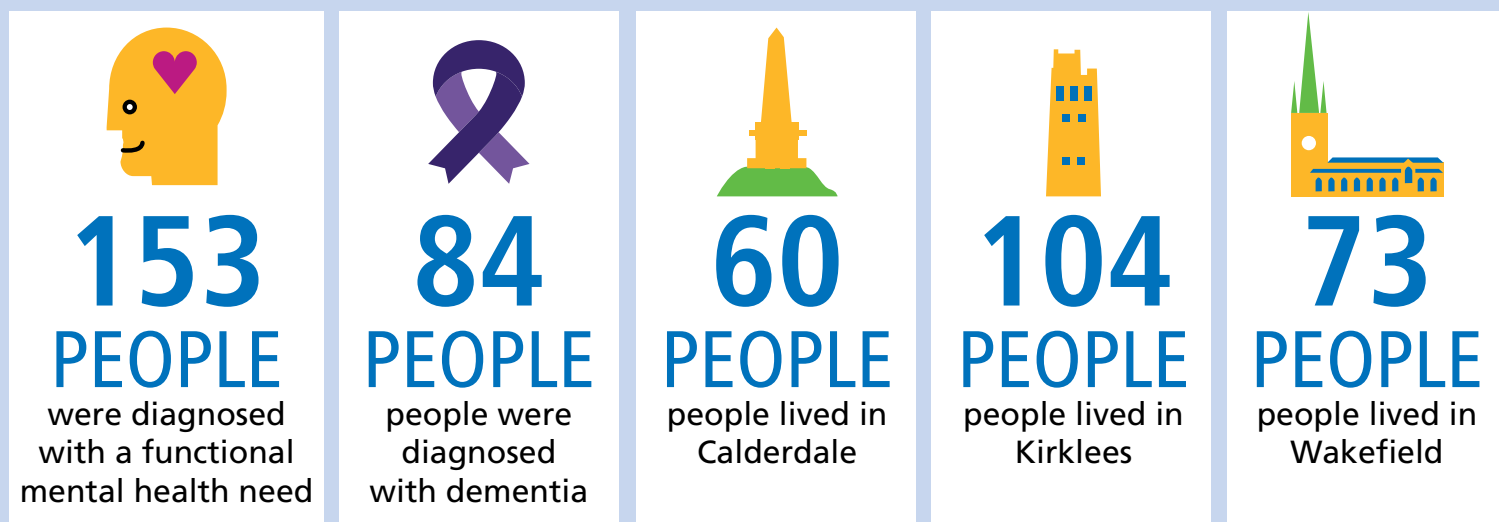
## In summary:

- Four of our five wards are mixed needs, which means that they care for people with dementia and a functional mental health need on the same ward.
- Three out of our five wards are mixed gender, which means that the male gender and female gender share the same ward.
- One ward, The Poplars in Hemsworth, is a mixed gender dementia only ward.
- There are 74 older people's mental health inpatient beds across Calderdale, Kirklees and Wakefield.

The dementia only ward at The Poplars in Hemsworth originally had 15 beds, but now operates at 12 beds. Over the last few years, patients admitted to The Poplars have been living with more severe dementia. This has meant space that was used for bedrooms has been used for a female lounge, a clinical storage room, and in recent years a Covid-19 changing room.

## About our inpatients

On average each year:



Over recent years, on average, **65%** of admissions to one of our older people's mental health inpatient wards are people **diagnosed with a functional mental health need**, and **35%** of admissions are **people diagnosed with dementia**.

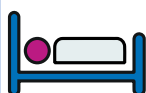


People who are diagnosed with dementia **stay on average for over three months** (over 100 days on average in 2022) on our older people's mental health inpatient wards. People who are diagnosed with a functional mental health need **stay just under three months** on average (80 days on average in 2022).



On average, **59%** of patients admitted to our wards for **functional mental health needs** are **women**.

On average, **54%** of patients admitted to our wards for **dementia care** are **men**.



On average, **85%** of our beds are **used by patients admitted to our wards** from Calderdale, Kirklees and Wakefield. Sometimes our beds are used by patients from neighbouring areas.

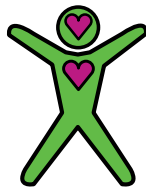
# Why we are proposing to create separate wards – our clinical model

It is important that all older people diagnosed with dementia and functional mental health needs get the right care in a safe, appropriate and supportive environment. For everyone who uses our older people’s mental health services, we want to:

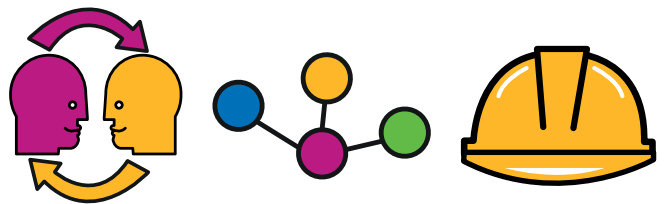
Enable older people to live a **meaningful, healthy and independent life** in their community



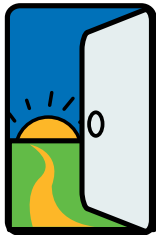
Meet people’s **physical health, mental health and social care needs**



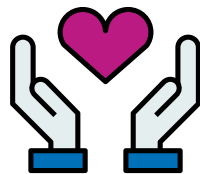
Give collaborative, integrated and appropriate care in a safe and supportive environment



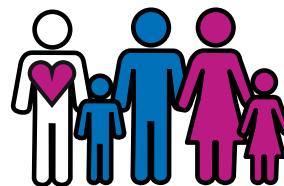
Promote **independence throughout the patient journey**, including over admission and discharge



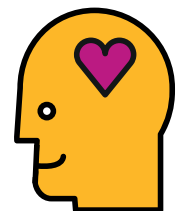
Provide services which are **responsive, fit for people and accessible**



Put the **needs of carers and families** at the heart of what we do



Ensure services are **tailored, culturally aware and sensitive**



Mixed needs wards for people living with dementia and a functional mental health need are not ideal for either group of patients. Having separate wards also follows best practice guidelines and is common in other older people’s mental health inpatient wards in the NHS.

This section looks in more detail at the reasons why separate older people’s mental health inpatient wards improve care.



## *What people who use our services say*

**John, aged 77, has a functional mental health need. He was admitted to one of our older people's mental health inpatient wards for people with mixed needs.**

John has given us permission to share his story, his name has been changed to protect confidentiality.

"My first experience of being with people with dementia was on my very first day on the ward. I was at my most unwell but I got a real surprise and shock at lunchtime when I was sharing the dining area with people who weren't really aware of what was happening and were struggling to eat. I saw someone trying to pour salt on their dessert.

"Every day was the same, it felt a bit like groundhog day. Other than mealtimes and medication, I didn't have anyone to talk to and I didn't have anything to do. For a while there was one chap with who I could chat

with but then he was discharged, and I went back to being alone. I couldn't even go and make myself a cup of tea as everything was locked away.

"The staff were great, I couldn't really fault them, they were a different level to others I had come across before. When they had time, they would take me for walks and the chats we had really helped, however they didn't always have time as there were lots of people with dementia who needed help.

"As I started getting better, I also started noticing more of what was happening on the wards. Times when people were being aggressive. I saw somebody being really aggressive to a nurse, and I tried to help but I'm 77.

"If I could have stayed on a ward with people without dementia, people similar to me, it would have been a much better experience."



**Specialist inpatient wards for people with dementia and dedicated wards for people with functional mental health needs can improve care, and give a better experience for our inpatients, carers, families and staff.**

On mixed needs wards we know that:

- The clinical and personal needs of patients can be very different.
- It is challenging to provide activities that are stimulating and appropriate for all patients.
- The ward environment and surroundings do not help patients be independent.
- There is more risk of incidents.

The information below explains each of these in more detail.

### **The clinical and personal needs of patients can be very different**

Because of this, there can be challenges when sharing a ward space, such as:

- Patients living with dementia need more specialist nursing time, and often have more complex needs which means that other patients do not always get the one-to-one support they need.
- Providing the best, and most appropriate, types of individual and group therapy is challenging on mixed needs wards.
- The type of observation and input needed is different for both types of patients, such as managing the risk of self-harm or injury.

We know from feedback and observation that mixed needs wards do have an impact on the wellbeing of patients, for example patients with a functional mental health need can:

- Find the behaviours of people with dementia disruptive or distressing.
- Find noisy environments overwhelming, often choosing to stay in rooms, becoming more socially isolated and inactive.
- Feel that their clinical needs may be less significant than patients who have severe dementia.

We also know that patients with dementia find it difficult to recognise the personal space of others. For example, they may wander into bedrooms, use other patients' belongings or act in a way that a person with a functional mental health need may find inappropriate.

### **It is challenging to provide activities that are stimulating and appropriate for all patients**

Having activities on a ward is important to support independence, improve care and provide a positive experience. On mixed needs wards it is hard to run activities for both groups of patients:

- Both dementia and functional patients have different concentration levels. This means group sessions can often be disrupted.
- Behaviours during group activities can vary which can often be hard to manage.
- The ways to coordinate and run sessions for each group is different, which means patients may not get the specialist activities they need.
- Physiotherapy and occupational therapists use corridors to support patients with activities, but sessions can be interrupted by disorientated patients.



## Making sure the environment and surroundings support independence

It is important that we promote independence for our inpatients. On our mixed needs wards patients:

- With a functional mental health need cannot make a hot drink on their own, as hot water and kettles are a risk for patients with dementia.
- Sometimes do not want to leave their bedrooms as they may be fearful of the noise on the ward, or other patients being in their personal space.
- With dementia do not have access to items which can help better manage their condition, such as memory boxes or sensory rooms. It is not possible to have these on a ward when caring for patients with a functional mental health need due to safety concerns.
- With dementia need a low stimulus environment.
- Do not always feel comfortable moving around the ward space on their own. For patients with a functional need this may be due to a lack of personal space, and for patients with dementia this can be because it is difficult to find their way around the ward.

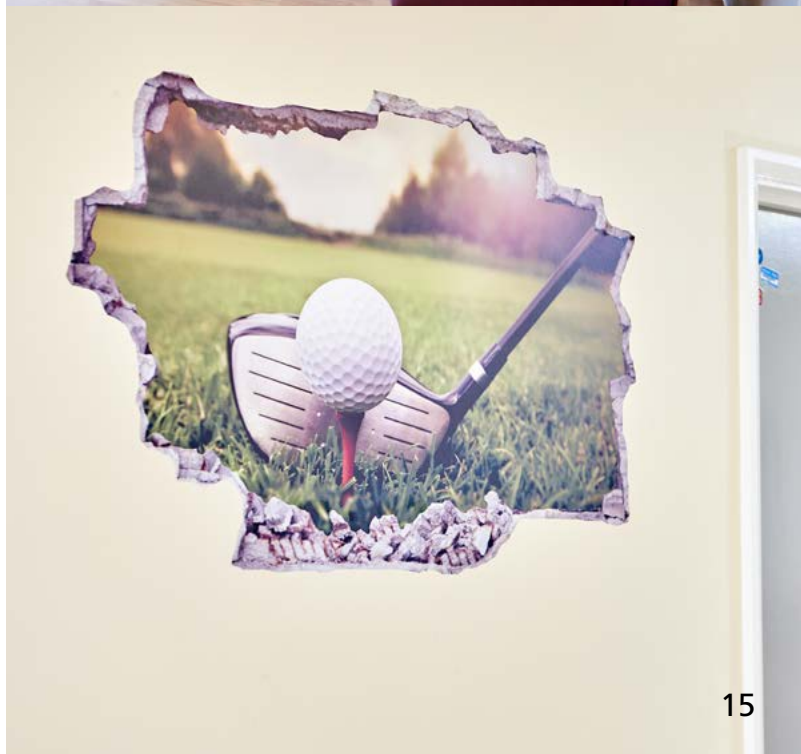
## There is an increased risk of incidents

The challenges described in this document so far which look at the clinical and personal needs of patients, activities, and the ward environment, can lead to an increased risk of incidents on mixed needs wards.

Incidents on our mixed needs wards also happen because of falls, or violence and aggression. We know that these incidents are higher for people living with dementia, as this is often part of their condition.

Not all our wards have an extra care area to be able to manage patients who may become aggressive or violent.

Three of our five wards are also mixed gender, where men and women stay on the same ward. This can also become complicated to manage when patients can misunderstand relationships with one another.





## What our staff say

**Lyndsey Hall-Patch, a consultant clinical psychologist, works on Ward 19, our mixed needs ward at Dewsbury and District Hospital:**

“It can be hard for people who are diagnosed with significant depression, or other functional mental health needs, to see and understand the impact that dementia has on some of our inpatients, and it can be very upsetting and challenging. Our functional patients find that they are sometimes reluctant to get out on the ward as much as they would like to.

“We like to support our inpatients with group activities which complements the clinical work we do. But it is hard on a mixed needs ward to find specialist activities which are pitched at the right level for everyone which means neither of our dementia or functional patients fully benefit from these activities.”

**Helen Dowd is the ward manager on Beechdale Ward, our mixed needs ward at Calderdale Royal Hospital:**

“We give great care to patients and their families, and it feels like we make a difference. Due to the nature of the condition, our patients with dementia do take more time to look after which means that sometimes those with a functional mental health need may miss out on the time they need with staff. For example, at mealtimes, we dedicate more time to patients with dementia as they often need additional support with swallowing food.

“We try and put on a variety of activities on the ward, such as quizzes, but often our dementia patients can struggle to tolerate noise generated by questions and answers and may not be able to focus for this length of time. Planning shared activities to benefit both groups of patients can be hard.”

## Moving people between wards

We expect that creating specialist wards for older people diagnosed with dementia and dedicated wards for functional mental health needs will mean that people are not moved between locations and wards as much as they are now.

**People diagnosed with dementia move between wards more often. Across Calderdale, Kirklees and Wakefield:**

- nearly half of inpatients diagnosed with dementia move wards at least once during their stay on our wards.

- one in five patients diagnosed with a functional mental health need move wards at least once during their stay on our wards.

Many people who are admitted to Crofton Ward in Wakefield with dementia will move to The Poplars, which is our mixed-sex dementia ward in Hemsworth. This is because Crofton Ward can manage people when they are at their most unwell. People are admitted to Crofton Ward and then assessed to make sure that they are suitable to be moved to The Poplars, which is less able to manage the most unwell patients because it is located away from other services.

## What people who use our services say

**One of our patients with a functional mental health need who was admitted to a mixed needs ward has given us permission to share what they told us:**

“It was very upsetting and worrying for me coming in to contact with someone with dementia for the first time. I was worried all night hoping the person could not get into my room.”



**We know that when people diagnosed with dementia, or a functional mental health need, are moved between wards it can:**

- Impact on the continuity of care - patients need time to get used to being cared for by a new team, to build relationships with staff, and be reassessed.
- Increase the amount of time a person spends as an inpatient, and therefore can have a negative impact on their wellbeing.
- Have a negative impact on the wellbeing of people living with dementia - moving to a new ward can increase confusion and lead to disorientation as patients get used to a new layout and routine.
- Delay care and treatment, as patients, staff, and the wider care team get to know one another and rebuild relationships.
- Prevent access by carers, family members, friends and loved ones, as they may need to travel further and get used to different visiting arrangements on a new ward.

## **The design, layout and location of our wards**

We want to make sure that we use the space we have in our buildings in the best possible way. Our wards should be designed well and create an environment which can improve patient care and experience. Most of our ward sizes are in line with best practice guidance for bed numbers.

**We know that some of our older people's mental health inpatient wards do not have the right environment for modern, therapeutic care. For example:**

- there are narrow, twisting corridors which lead to dead-ends and mean it can be hard for patients to find their way around,
- staff do not have a full line of sight of the whole ward,
- it is not possible, due to space, to make all bedrooms en-suite,
- there is little access to quiet spaces,
- patients with a functional mental health need may not feel comfortable or safe in communal areas,
- there is no extra care area.

### ***What our staff say***



**Marcio Santa Rosa is a physiotherapist who works on Beechdale Ward, our mixed needs ward at Calderdale Royal Hospital:**

"Transferring patients between wards can be a trigger which leads to aggressive behaviour. It is also upsetting for families when a patient may need to be moved further away from home."

**Kirsty Brooke is the ward manager at The Poplars, our dementia ward in Hemsworth, Wakefield:**

"Because of our isolated location, we can't accept direct admissions. This has an impact on patients with dementia because it means they get admitted to another ward for the initial part of their assessment, before then transferring to us once it is felt we can safely support someone. People with dementia can become distressed and increasingly confused with several changes of environment. It would be better if people could be admitted directly to a ward where they can be assessed, treated and supported without needing to move until they were ready for discharge."

It is important that we can provide our inpatients with the right environment. We know that it can support people's care and management of their condition. The table below gives a summary of the improvements that could be made to the design and layout of our wards:

Facilities	Dementia ward	Functional ward
A layout and design that supports therapies	✓	✓
Better sound absorbance to support communication	✓	✓
Bedrooms with en-suite facilities that can be personalised by inpatients	✓	✓
Good lines of sight for staff	✓	✓
Access to outside space from communal areas	✓	✓
Facilities that help social stimulation, occupation and activity	✓	✓
A safe environment to minimise risk of self-harm and injury	✓	✓
Corridors which lead to meaningful places	✓	
Clear signage using pictures graphics, and landmarks to help people find their way around the ward	✓	
A focus on reducing the risk of falls with extra handrails, grab rails and hoists	✓	
Focus on preventing falls, activity sensors and quiet spaces	✓	
Facilities to support patients to do things for themselves such as making a hot drink		✓
Facilities that support one-to-one and group therapies.		✓
Focus on ligature safety, and the right environment for therapy and support		✓



## What our staff say

**Susan Narowski, an advanced nurse practitioner, works on Ward 19, our mixed needs ward at Dewsbury and District Hospital:**

“Patients with dementia and functional mental health needs would benefit from being in an environment which is focused on their needs. A specialist ward for dementia care would mean that staff working on that ward can also be specialists in end-of-life care.

“On Ward 19 we do have the space and room to manage patients with dementia. But there are things we can easily do to make it an ideal therapeutic environment such as adding sensory rooms and memory boxes to help people navigate around the ward. Unfortunately, with mixed wards, we can’t offer these in the ward environment as it could be unsafe for our functional patients.”

**Marcio Santa Rosa, a physiotherapist who works on Beechdale Ward, our mixed needs ward at Calderdale Royal Hospital, said:**

“Inpatient stays on mixed wards can deskill our patients. For example, in communal areas it is hard for functional patients who do not always like heightened noise or patients with dementia being in their personal space. This means patients can often spend more time isolated in their bedrooms.

“I run groups on the ward to help patients with pain, balance and exercise, which due to space on the ward has to be done in the corridor. Unfortunately, these groups often get unintentionally interrupted by our dementia patients which means our functional patients don’t get the full benefit from this therapeutic activity.

“With specialist ward space I can see us being able to better support people to be independent wherever possible and create the right spaces for therapeutic activities.”

## Supporting our staff to give high quality care

People with dementia and functional mental health needs should expect to receive care which is tailored to the unique and often complex nature of their condition. We know that our staff want to give all our patients high quality, personalised care.

Giving patients, carers, families and loved ones a personal experience when working on a mixed needs ward can be difficult. This is because there are some differences in

how people with dementia and how people with a functional mental health need are best cared for. These differences include the types of activities, therapies, and the amount of one-to-one care which is needed to best manage and support people.

When working on a mixed needs ward, our staff need to spend more of their time caring for people with dementia, which can mean that patients with a functional mental health need do not always get the right amount of personalised care.

## We think that specialist wards will allow staff to:

- improve the quality of therapies on each ward,
- better tailor activities to meet people's needs,
- give the right amount of support to both patients with dementia and functional mental health needs,
- have the right mix of skills for the patients they care for,
- develop new skills,
- become more fulfilled in their role.

## It will also help our service become:

- a more attractive place to work, improving staff wellbeing and morale,
- somewhere where staff want to work and in turn help us to recruit and retain staff.

Four out of our five older people's mental health inpatient services are based at a main general hospital or a mental health hospital.

## This means that patients on these wards:

- are likely to be able to access appropriate and timely urgent and emergency support when they need it,
- get care from the right mix of health, care and support staff, and from colleagues working in other departments if needed,
- are admitted to a ward which has the right support for people more severe/ acute mental health needs.

Our dementia ward, which is based at The Poplars, in Hemsworth, Wakefield is not located alongside any other hospital service.

## At The Poplars:

- the nearest emergency department, or access to specialist help, is on average a 30 minute car journey away at Pinderfields Hospital, Wakefield or at Barnsley Hospital.
- there may be a delay in patients receiving specialist medical input, especially during the night and over weekends.
- the team on the ward are away from support which means in the case of an emergency they can't call on staff from neighbouring wards to help.

The location of The Poplars, away from other hospital sites was also [highlighted by the Care Quality Commission \(CQC\)](#) during their visit to the ward in 2022.

## What our staff say



**Elaine White, a healthcare assistant for more than 20 years, works on Beechdale Ward which is our mixed needs ward at Calderdale Royal Hospital:**

"I have worked on separate dementia and functional mental health needs wards in the past, there was much more time for activities and one-to-one time with patients.

"It was better being able to work on separate wards, it helps prevent staff from feeling overwhelmed, and we are more able to use our skills in the right way to help our patients."

**Tina Metcalfe is an occupational therapist who works on Crofton Ward, our mixed needs ward at Fieldhead Hospital, Wakefield:**

"It's not a good mix, it's hard to run groups for patients with dementia and functional patients because they need different things. It's difficult to give patients with dementia things to occupy their time. It would be better if the ward was more designed for people with dementia. We could make some reminiscence areas or some sensory areas."

## What the last CQC inspection said

In June 2019, our Trust was rated 'Good' for mental health inpatient care for older people by the Care Quality Commission (CQC). Although they saw evidence of good care for patients with dementia, they also saw the challenges in managing wards where there are patients with dementia and functional mental health needs.

Following their inspection, the CQC gave our Trust an action to 'ensure that staff are supported to manage the mix of organic (dementia) and functional patients, and that dementia care is appropriate'.

The CQC also visited Ward 19, our mixed needs ward at Dewsbury and District Hospital, and The Poplars, our dementia ward in Hemsworth, Wakefield, in 2022.

### Following their visit to The Poplars, they said:

- The location of The Poplars meant that staff were isolated for access to urgent support or cover for unplanned staffing issues.
- They were concerned that the distance from The Poplars to other trust locations would impact on out of hours medic assessments.

We are committed to improving care for older people on our inpatient wards. We will do this in line with our Trust values to improve and aim to be outstanding, putting the person first and in the centre, knowing that families and carers matter.

You can read the CQC inspection for our Trust in full on the CQC website: [South West Yorkshire Partnership NHS Foundation Trust - Overview - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/inspections/2019/2019-06-19-01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000)

## Older people's mental health inpatient services in other areas of the country

Most other NHS mental health Trusts in England have separate inpatient wards for people with dementia and those with a functional mental health need. Only 11% of Trusts have only mixed needs wards.

This shows that our proposed changes are in line with what happens in similar services across the rest of the NHS.



# How we developed the proposed options

We heard from staff, patients, carers, families and stakeholders from across health and care, including voluntary and community organisations over eight years. We have listened to the voice and views of nearly 1,000 people from across our local areas to help shape our proposals. Our activity included:

- conversations with people who use our services, including carers, families and their loved ones.
- conversations with a range of staff who provide inpatient care.
- feedback from other public sector and NHS organisations.
- workshops to share information and feedback.
- a stakeholder event to test the proposed options.
- further developing the proposed options through a range of conversations and a workshop.

Our journey map (figure 2) tells you more about what we did.

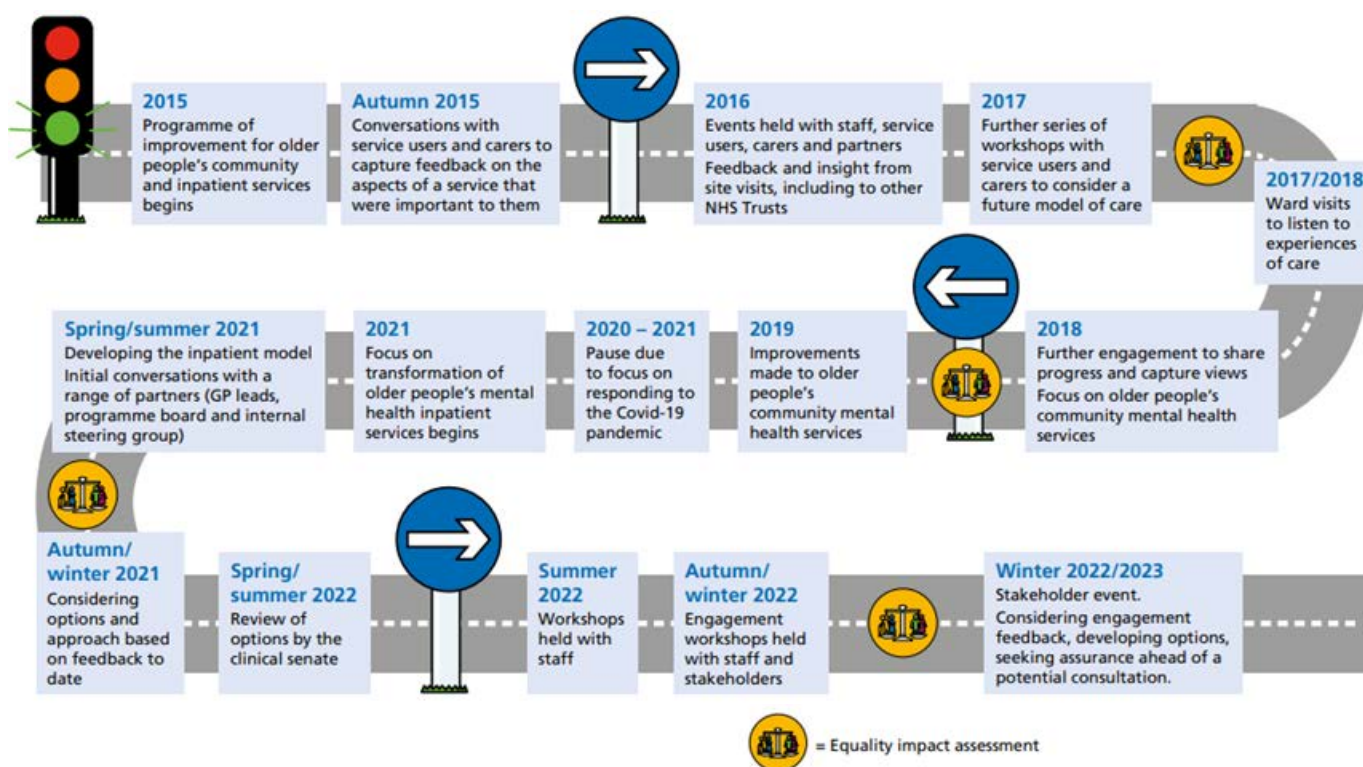


Figure 2 - our journey of how we have engaged with people so far

Considering equality has run through all our work. We use a tool called an impact assessment which tells us who our population are, who uses services now, and what we need to do to improve them. Making sure our services are safe, effective and high quality is driven by a quality impact assessment. This assessment also tells us what good practice looks like, using national standards, good practice and guidance.

All the proposed options have been carefully considered using all this information. The aim is that each proposed option can best meet the needs of the people we serve including our staff and the local population.

## A short summary of what people told us

### From patients, families and carers we heard that in general, people supported having specialist wards.

When we spoke to people on our older people's mental health inpatient wards, over 70% of people rated their current care and treatment as 'excellent' or 'good'.

#### They also said:

- staff working on our wards are caring, hard-working, and that they 'couldn't do enough for them'.
- they would prefer to be on a specialist ward which is gender specific.
- a specialist ward would be calmer and better for patients diagnosed with dementia.
- locations of a specialist ward might be further away from home and they might need to travel further.
- we could look at ways to help and support people who might need to travel further.
- there are alternative ways to see family members and loved ones on a ward that they could use such as video calls.
- we could offer more flexible visiting times.

The North England Clinical Senate also reviewed our proposed options. They are an independent body who give independent advice and review plans when services propose a change. Their aim is to make sure that proposed changes have the best interests of people who use our services, their families, carers and loved ones at the centre. This includes a focus on improving the quality and safety of care. The North England Clinical Senate findings told us:

- we could not continue to deliver care in the way that we do now.
- no change was not an option.
- we should be making changes so that services meet the needs of everyone in the future.

They support the proposed options and strongly agreed that patients with dementia and a functional mental health need should be cared for in separate, dedicated wards.

### From our staff we heard that having specialist wards would mean that inpatients would get better care and treatment.

#### We heard how our staff think that:

- specialist care could make better use of their skills and as a result improve care.
- patients could spend less time on our wards and be discharged sooner than they are now.
- there is the opportunity to have 'dementia friendly' environments, which can have a positive impact on people's health and wellbeing.
- treatment could be more focused.
- our older people's mental health inpatient service would be more person-centred.

### Our health, care and third sector organisations also supported having specialist wards.

#### We heard about:

- travel and transport, including thinking about public transport, parking, and visiting times.
- the layout of wards, including how wards could be adapted to better support people diagnosed with dementia, and building in space for families and carers of people who need end of life care.
- making sure that our proposed options are suitable for the predicted rise in the numbers of older people who might need to use mental health inpatient services in the future.
- working together with other organisations who provide health, care and support to older people in Calderdale, Kirklees and Wakefield.

If you want to read more about all the conversations and feedback, please visit our website: [www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/](http://www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/)

## Deciding on the options

This section of the document looks at the steps taken to decide on the options for how we might create specialist older people's mental health inpatient wards.

### What we did

#### Looked at good practice:

- talked to people who use our services, and carers, to find out what is important to them,
- looked at guidance and best practice in clinical care for older people's mental health,
- learnt from other NHS Trusts who are examples of good practice, and,
- talked to our staff about their experiences.

#### Explored and listened to our communities:

- we listened to experiences of care on our wards,
- used what people had already told us from past engagement,
- had conversations with other health, social care, and voluntary and community sector organisations, and,
- looked at equality impact.

#### Developed and tested the options:

- used all the information we received to inform our options, including feedback from our engagement and equality impact assessment,
- tested these options against a list of criteria including what people had told us, and,
- worked together with our health and care partners, and clinical experts to test and assess every option.





## The criteria we used

We scored every potential option for how services could change against a set of evaluation criteria.

Our evaluation criteria looked at whether the option would:

- improve clinical quality and safety,
- give better access to care,
- be deliverable and sustainable,
- work with local plans and strategies,
- be value for money.

Each of these criteria is described in more detail below.

### Improve clinical quality and safety

This looked at if the option would:

- Achieve best practice standards.
- Give better quality assessment, care and support.
- Give the specialist care to meet the needs of both groups of patients.
- Develop staff skills and improve recruitment.
- Create gender specific wards.
- Be informed by feedback from service users, families and carers, and our equality impact assessment.

### Give better access to care

This looked at if the option would:

- Give patients continuity of care.
- Be easier to access for our staff and partners.
- Help attract the right people to work in our services.
- Have an impact on travel, transport and parking.
- Be able to meet future demand for care.
- Help to reduce the amount of time people need to stay on an inpatient ward.

### Be deliverable and sustainable

This looked at if the option would:

- Be a robust way to deliver care over five to ten years.
- Be delivered in a short amount of time.
- Be cost effective.
- Have the potential to be a medium-term plan, which could be part of a long-term vision for excellence.

### Would work with local plans and strategies

This looked at if the option would:

- Align with national, regional and local plans and strategies.
- Be value for money
- Be affordable.
- Make the best use of the resources that we already have.
- Create economies of scale (the cost benefits of having a more efficient way of delivering care).

In the next section, you can read more about the options which have been put forward in this consultation.

## The options for consultation

Two options met our evaluation criteria for where specialist older people’s mental health inpatient wards could be located. The first option can be done in two ways, named as option one (a) and option one (b).

No decision has been made about the proposed options. We are keen to hear what you think and if we have missed anything when we were developing our proposed options. You will find information about how you can give your response at the end of this document.

If you would like a reminder of our current services, this can be found on page 10 of this document. The proposed options are:

### The dementia service



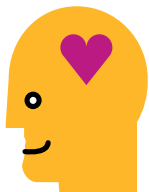
## OPTION ONE

A dementia service on Ward 19, Dewsbury and District Hospital

Two separate male and female wards

30 beds

### The functional mental health needs service



There are two ways we could have a functional mental health needs service in option one:

#### Option 1a

- On Crofton Ward, Fieldhead Hospital, Wakefield, two separate male gender and female gender wards, 26 beds, and,
- On Beechdale Ward, Calderdale Royal Hospital, one mixed gender ward, 16 beds.
- There would be 42 beds for a functional mental health needs service in total.

#### Option 1b

- On Crofton Ward, Fieldhead Hospital, Wakefield, one mixed gender ward, 22 beds, and,
- On Beechdale Ward, Calderdale Royal Hospital, one mixed gender ward, 16 beds.
- There would be 38 beds for a functional mental health needs service in total.
- This is 4 less beds than in option 1(a).
- There would be all mixed gender wards for functional mental health needs.



Total beds

72

68



Cost to set up

£8.2m

£5.5m



Cost to run each year

£9.1m

£8.2m

## OPTION TWO

A dementia service on Crofton Ward, Fieldhead Hospital, Wakefield

Two separate male and female wards

26 beds

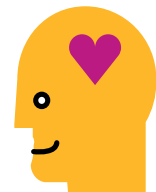
### The dementia service



A functional mental health needs service would be:

- On Ward 19, Dewsbury and District Hospital, with two separate male and female wards, 30 beds, and,
- On Beechdale Ward, Calderdale Royal Hospital, with a mixed gender ward, 16 beds.
- There would be 46 beds for a functional mental health needs service in total.

### The functional mental health needs service



72

Total beds



£8.2m

Cost to set up



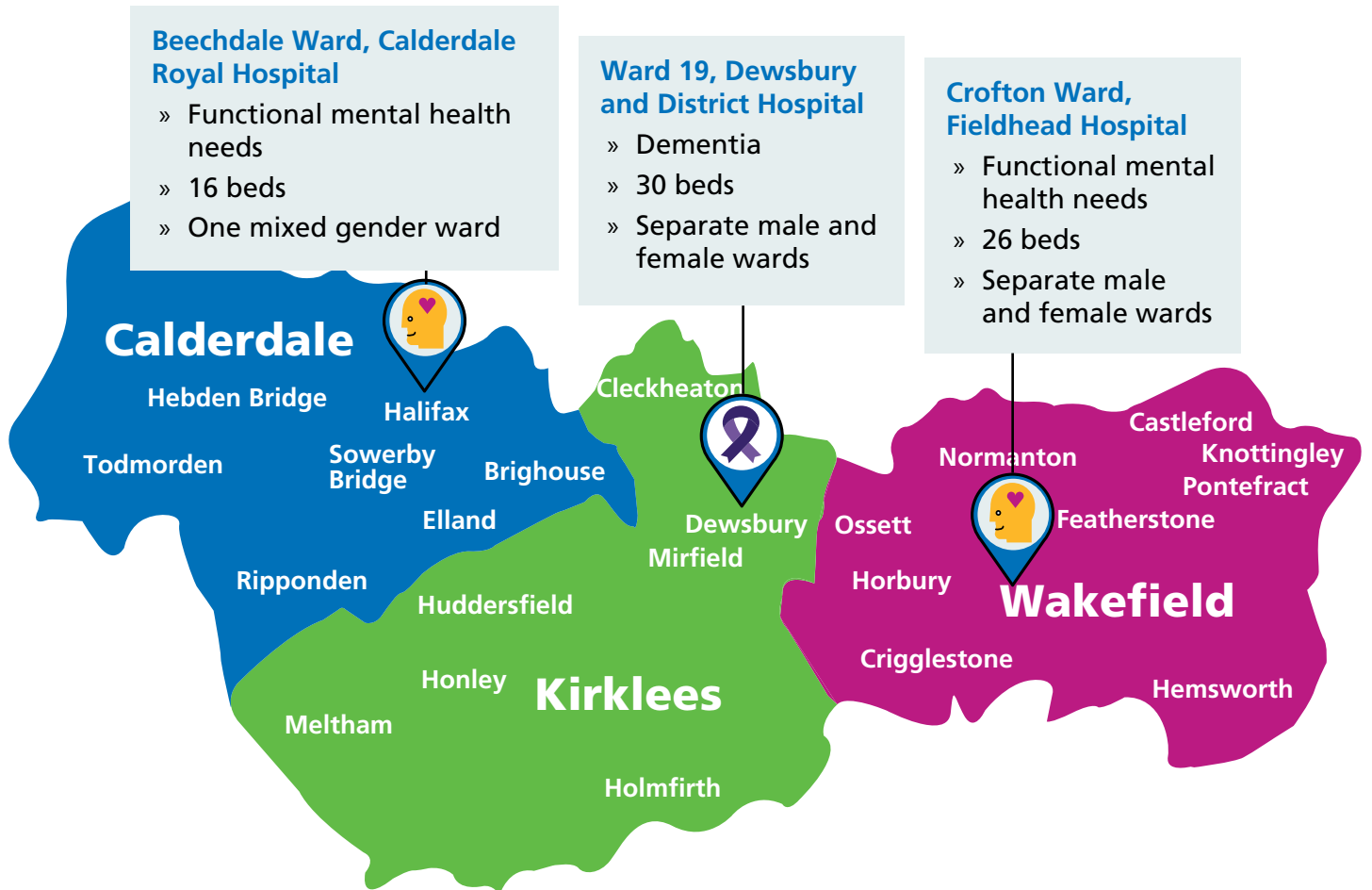
£9.3m

Cost to run each year

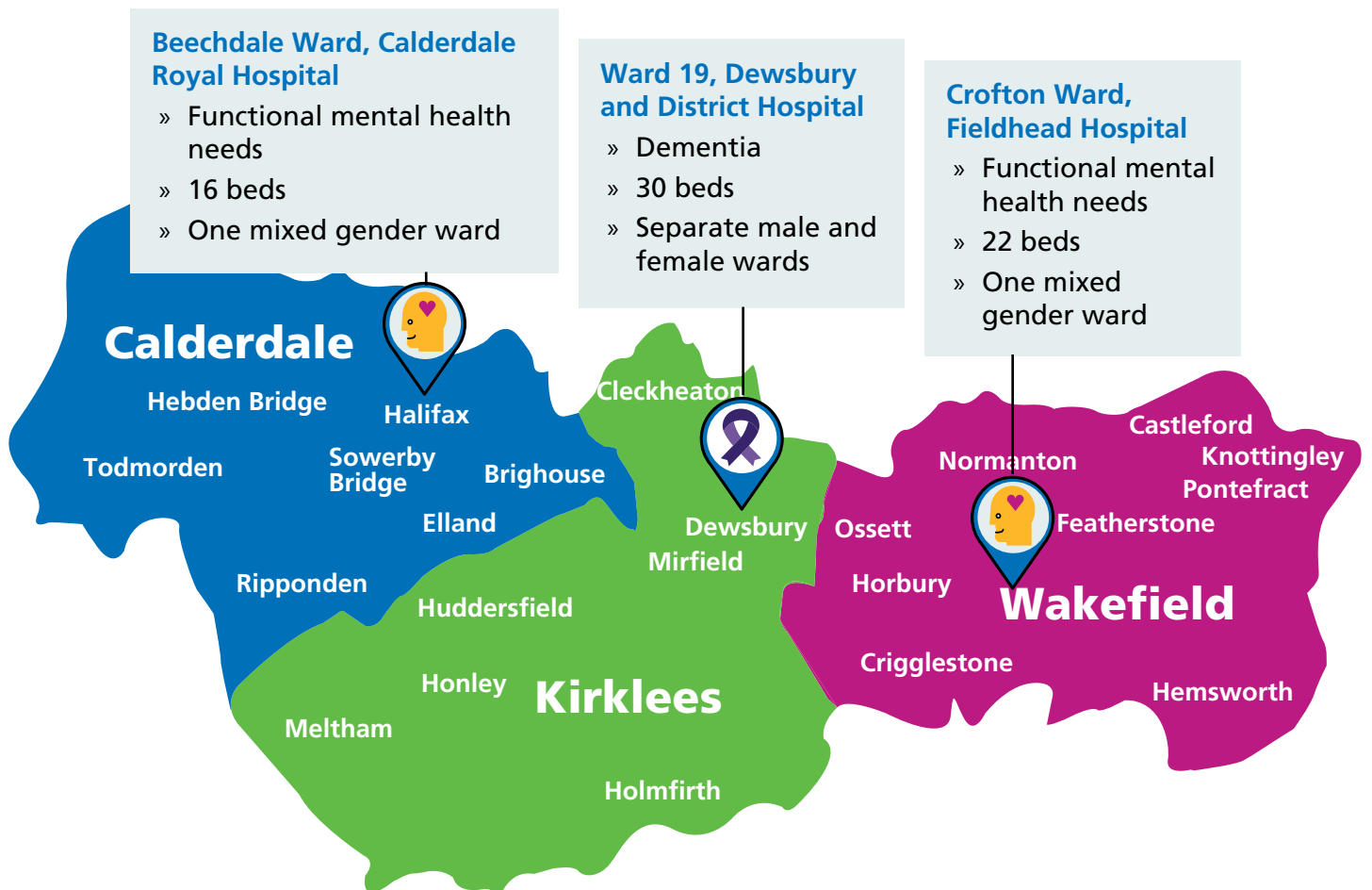


## Maps of our proposed options

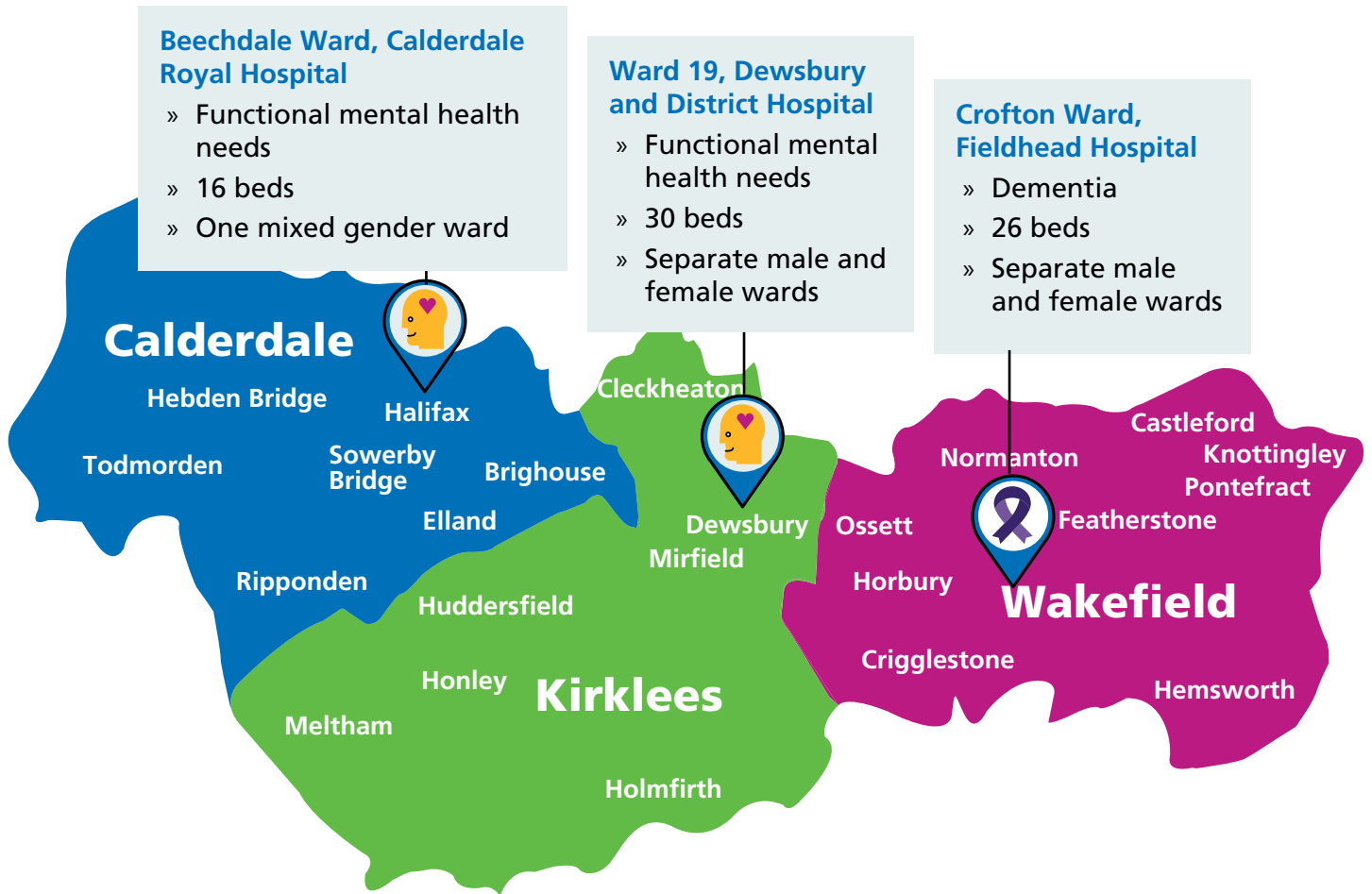
### Option 1a





**Option 1b** Option 1b has all mixed gender wards for functional mental health needs and 4 less beds.



## Option 2



 Functional mental health needs service

 Dementia service

If you would like to read our full business case and impact assessments, please visit our website [www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/](http://www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/)

? Questions 4, 5, 6 and 7 of the consultation survey will ask you about the proposed options

## The Poplars, Hemsworth, Wakefield

As the proposed options were developed, it became clear that The Poplars site did not fulfil the criteria for specialist mental health inpatient services, which includes people who are severely unwell with dementia. The criteria we used can be found on page 25 of this document. The Poplars is in an isolated location in Hemsworth and does not have good access to a main general or mental health hospital which was an important consideration for all options.

However, the Poplars site is still owned by the Trust. Whilst it is not part of the future model for specialist inpatient services, we will be working closely with our health and social care partners to look at how the site could be used to deliver other health and care services in the future.

## Using Beechdale Ward as a specialist dementia ward

All of the proposed options include using Beechdale Ward, Calderdale Royal Hospital, as a dedicated ward for functional mental health needs. The ward did not meet many of the criteria for a specialist dementia ward. This is because the ward layout, design and environment are unsuitable for patients diagnosed with dementia.

## Current planning applications

Our Trust is progressing a planning application with Wakefield Council which asks for extra beds at Fieldhead Hospital. The plans outlined in our application can be used to support any of the options proposed in this public consultation. We have put in our planning application now so that any decision made as an outcome of this public consultation can happen in a timely way. Should the outcome of the consultation lead to a change to our proposals, the planning application may be changed or withdrawn.

You can read the planning application on the Wakefield Council website: [www.wakefield.gov.uk/planning/](http://www.wakefield.gov.uk/planning/)



# Making a positive difference

**Our proposals mean that people will get the specialist care that they need, in a safe and supportive environment. This means:**

- clinical care will be tailored to the specific group of patients on that ward, including appropriate activities and interventions, better levels of supervision, observation and clinical input.
- patients will be in the right place for their needs, first time, which means that they will stay on the same ward from admission through to discharge.
- the length of time that people need to stay on our wards will be shorter, as patients can build better therapeutic relationships with staff, and be given more timely support and confidence to help them to live well in their community following discharge.
- care can be more coordinated with other organisations who are able to support patients, carers, and families, once people are discharged, such as voluntary and community groups.

**We can make the environment on our wards tailored to each patient group to better support people's care. This means wards will:**

- be safer, by making better use of space to create lines of sight for staff, help patients find their way around more independently, and installing more measures to reduce injury from falls, and the risk of self-harm.
- be more supportive of people's wellbeing, with high quality, safe and attractive communal spaces, clear signage which uses images, and features which can support therapeutic care, such as a quiet ambience.
- promote independence, with space to encourage people to move around, facilities that support occupation, activity and social stimulation, and better privacy with space that is more accommodating of personal space.
- have the right numbers of staff with the right skills and training, with specialist roles such as advanced clinical practitioners and psychology assistants.

**Our staff will be better supported to give patients the specialist care they need, as they will be able to:**

- better utilise their skills to improve care
- access support from a wide range of health and care teams
- have specialist training and develop skills around dementia or functional mental health
- spend more time caring for the patients on their wards
- build better therapeutic relationships with their patients, carers and families.

# The difference these proposals could make to patients, their carers and families

In this section you can read a case study of the journey of one of our patients through our older people's mental health inpatient service. It describes what happened, from both a patient and carer point of view, and what could have been different if they were admitted to a specialist service. Names have been changed to protect confidentiality.

Peter, aged 72 from Calderdale, had been living independently on his own for over 20 years. A retired manual worker, Peter was fit and healthy and loved gardening, a drink with his friends and reading. A quiet man who liked to be on his own, he had a relationship with June who lived a short journey away.

Peter first came into contact with the older people's mental health inpatient service when he was detained under the Mental Health Act. Peter was living in a care home in Calderdale at the time where he was being supported following a deterioration in his health due to his dementia. Peter was admitted to Beechdale Ward, Calderdale Royal Hospital, a mixed needs and mixed gender ward.

June was made aware by the care home that Peter was unwell and that he would be admitted to hospital because he had hit someone, and staff in the care home could not manage his behaviours. This had been ongoing for months, but June was worried because it was the first time she had heard there was a problem.





## Staying at Beechdale Ward, Calderdale Royal Hospital

### What happened

Peter expressed that he did not like the noise and being with other people. He said a woman was 'chasing him' and he wanted to be left on his own. He said there was too much noise.

June visited Peter, the room for visits was small and not very welcoming.

June was also upset that Peter talked about a woman trying to kiss him. She saw him once arm in arm with the woman. This upset June and she felt she was losing her partner, not only to his health but also the relationship they shared.

### What could be different

A specialist dementia ward would allow for movement as well as space for people to be on their own.

Noise levels could be reduced using the ward environment to create spaces for both activities and areas which were calm and quiet.

A specialist dementia ward would be a dementia-friendly environment. This means it would be a calmer and more engaging space.

Space for visitors, and communal spaces could be tailored and made more appropriate for patients with dementia and their families, carers and loved ones.

There would be better staffing levels on a specialist dementia ward. This would improve support and the activities available for patients.

A specialist dementia ward would be gender specific ensuring care is respectful and dignity is maintained.

A gender focused ward specialising in dementia would be more suited to gender specific approaches and activities. It will also make it less likely that patients could misinterpret relationships with one another, and make it easier to manage should this happen.

Patients who identify as gender neutral or transgender would be offered a choice of gender environment through their care planning.

## Move to Ward 19, Dewsbury and District Hospital

Following an episode of behaviour that resulted in Peter becoming aggressive towards another female inpatient, Peter was moved to Ward 19 in Dewsbury where he was on a male only ward. Peter said he was happy here. He liked the fact he was with work mates and men only. He also was glad he did not have to see 'the woman who chased him'.

June could drive in her local area but found the journey to Dewsbury daunting to start with. Family helped drive to visits until June felt confident to drive independently. June said that Peter seemed much calmer and happier at Ward 19 in Dewsbury. The visiting area was pleasant, and she was happy to travel knowing he was well cared for.

## Peter's fall whilst on Ward 19, Dewsbury and District Hospital

### What happened

During the night Peter had a fall and was transferred by ambulance to Pinderfields Hospital, Wakefield for treatment for his fall. Peter was confused by this change and asked to see June constantly. Peter was cared for as an inpatient on a general ward at Pinderfields Hospital for two weeks.

The care Peter received was good. He had his own room, but his mood was up and down. June could not travel to Wakefield on her own as she did not like to travel too far and did not like using motorways. Because of this June had to rely on friends and family to take her. This meant she could not go as often as she would have liked. Staff also reported Peter was calmer and happier when she was there, but June could not get there apart from evenings and weekends because she relied on others to take her.

### What could be different

A specialist dementia ward would have additional provision built into the ward environment to prevent falls which is more common in patients who have been diagnosed with dementia.

Ward staff would also have additional knowledge and skills around falls prevention, as well as more capacity to observe people who are a falls risk.

Improved management of falls risk could prevent admission to another hospital or ward for treatment.

## Move back to Beechdale Ward, Calderdale Royal Hospital

### What happened

On discharge, the family asked if Peter could be transferred back to Beechdale Ward, Calderdale Royal Hospital which was agreed by his care team and was closer to home.

The transfer back to Beechdale Ward for Peter was not a happy one. He did not like the mixed wards and expressed that the woman who chased him was still there. He wanted to leave and go home.

Peter was near home which meant June could visit nearly every day. The contact helped them both. June came nearly every day and Peter seemed happier and calmer. Despite the improvement, June did feel that Peter needed less of a hospital environment and wanted him to move back to a care home.

### What could be different

A specialist dementia ward would have given Peter the right treatment in a gender specific ward.

More could be done to understand what the support that families and carers who may find it difficult to travel need.

There would be continuity of care which means that patients are not moved to different wards.

Specialist care in the right ward would mean that people can be discharged home, or to their usual place of residence sooner.

## Moving back to a care home

Following a period of eight months Peter is now living in a local care home in Calderdale. Peter is much happier, and June gets to see him very often.

# Travel, transport and parking

**We know that any proposed changes can have an impact on travel, transport and parking.**

We want to understand what the impact would be for people getting to and from our services. We are keen to hear your views so we can capture your feedback on any impacts this may have. This will help us think about solutions so we can make sure families, carers and visitors are supported.

Below is information about which hospitals people are likely to be admitted to for both options. There may be times where people may be admitted to another ward because of clinical reasons or high demand for beds at their nearest ward.

Option 1a and 1b - a dementia ward based at Dewsbury and District Hospital	Option two - a dementia ward based at Fieldhead Hospital, Wakefield
All people living in Calderdale, Kirklees and Wakefield diagnosed with dementia who need to be admitted to an inpatient ward would be admitted to Ward 19, the specialist ward at Dewsbury and District Hospital.	All people living in Calderdale, Kirklees and Wakefield diagnosed with dementia who need to be admitted to an inpatient ward would be admitted to Crofton Ward, the specialist ward at Fieldhead Hospital, Wakefield.
People with a functional mental health need living in Calderdale are likely to be admitted to Beechdale Ward, at Calderdale Royal Hospital.	People with a functional mental health need living in Calderdale are likely to be admitted to Beechdale Ward, Calderdale Royal Hospital.
People with a functional mental health need living in Wakefield are likely to be admitted to Crofton Ward, at Fieldhead Hospital, Wakefield.	People with a functional mental health need living in Wakefield are likely to be admitted to Ward 19, Dewsbury and District Hospital.
People with a functional mental health need living in Kirklees are likely to be admitted to Beechdale Ward, Calderdale Hospital or Crofton Ward, Fieldhead Hospital, Wakefield.	People with a functional mental health need living in Kirklees are most likely to be admitted to Ward 19, Dewsbury and District Hospital, though some people may be admitted to Beechdale Ward, Calderdale Hospital.

**? Questions 10, 11, 12 and 13 of the consultation survey will ask you about travel, transport and parking.**

Usually, patients are not well enough to travel to an inpatient ward using public transport. Most patients are brought to the ward by an ambulance, a patient transport service, or driven by a family member, carer or loved one.

For people travelling to our wards by car, there are parking charges at Dewsbury and District Hospital (one of the proposed options for a specialist dementia ward) and Calderdale Royal Hospital (which could be a ward for functional mental health needs only).

Although the journey that people may take to get to our wards could be different, we will be looking at what support we can give to those who might need it. This may include:

- working with families, carers, loved ones, and staff to find and access appropriate transport support, including public transport options, and support which might be available from local voluntary, and community organisations.
- working with our voluntary and community organisations to explore if there is other support available.
- giving people clear, easy to understand and accessible information about how to travel to our wards.
- continuing to use our 'CHATpads' to support people in speaking to loved ones using technology.
- regularly reviewing travel and transport with families, carers, loved ones and staff to make sure we are giving them the right support.

A detailed analysis of travel, transport and parking can be found in our business case document, which is available to read on our website: [www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/](http://www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/)



# Sustainability

It is important to think about the impact of our proposed options on sustainability and the environment. Our Trust has two strategies which are our commitment to being sustainable. These are our social responsibility and sustainability strategy and our green plan and estates strategy. These look at how we monitor the impact we make on the environment and do things in a sustainable way wherever we can. Copies of our strategies can be found on our website: [www.southwestyorkshire.nhs.uk/about-us-2/performance/social-responsibility-and-sustainability-strategy/](http://www.southwestyorkshire.nhs.uk/about-us-2/performance/social-responsibility-and-sustainability-strategy/)

**We have looked closely at the impact of our proposed options against sustainability and included this in our evaluation criteria. For our proposed options, we found:**

- In the long term there will be a positive difference in the way we use our buildings, technology and pharmacy services, as well as less waste.
- Some families and carers may need to travel further to our wards.

**Our Trust is working on ways that we can be more sustainable across our services, this includes:**

- Working on green travel, including our staff, service users, families and carers.
- Installing low energy lighting across our Trust.
- Increasing how we use renewable energy such as use of solar energy.
- Improving how we manage waste.
- Buying from local suppliers and businesses where we can.

**? Question 8 of the consultation survey will ask you about sustainability.**

## Creating an inclusive service

People living in Calderdale, Kirklees and Wakefield come from a wide range of backgrounds, ethnicities and cultures. As part of this consultation, we want to hear from all groups of people about their views. You will be asked to complete an equality monitoring form when responding. This information will be used to help us understand if there could be a different impact of our proposals on our communities. This will help us make a decision and make sure that we meet the needs of our communities, and that people are not unintentionally impacted by our proposals.

You can read more about what we have already done to think about the needs of our communities in our equality impact assessment which can be found on our website: [www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/](http://www.southwestyorkshire.nhs.uk/opsconsultation/resources/related-documents/)

# Giving your views

We want to know what you think about our plans to create specialist inpatient wards for older people with dementia, and other mental health needs, in Calderdale, Kirklees and Wakefield.

Your views will be taken forward and used to help us decide what to do.

There are a few ways you can give your views:

## Complete a survey

We are asking people to fill out our consultation survey, you can do this by:

- Filling out the consultation survey online: [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation)
- Posting a copy of the survey to our freepost address (you do not need a stamp). This address is printed on our consultation survey.

If you need any support or help to complete the survey, call us on our freephone number - 0800 587 2108 - and someone will be in touch to help you.

## Come and talk to us at an event

We are holding consultation events at venues across Calderdale, Kirklees and Wakefield. We are also having online events for those who cannot come along in person. You can find the details of these and how to attend on our website: [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation)

## Talk to one of our community groups

You can give your views to a local community group in your area. You can find the details of which groups you can talk to and how to get in touch with them on our website: [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation)

# Further information

## Next steps

Your views are important in helping us make sure we reach the right decision for our patients, families, carers, loved ones and our staff.

Once the consultation closes we will look at all the feedback we have received to help us make a decision.

We will share information about how we have reached our decision, and how people's feedback was used in this process.

Further information is also available on our website. Visit [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation) or scan the QR code below:



## Getting this information in another format

This consultation document is also available as a summary document and a text only page on our website: [www.southwestyorkshire.nhs.uk/opsconsultation](http://www.southwestyorkshire.nhs.uk/opsconsultation)

If you need this document in an alternative format or language, please email: [opsconsultation@swyt.nhs.uk](mailto:opsconsultation@swyt.nhs.uk)

إذا كنت تحتاج إلى نسخة من هذه المعلومات بأي تنسيق أو لغة أخرى، فيرجى الاتصال بـ Trust. (Arabic)

اگر شما به یک نسخه از این اطلاعات در هر قالب (فرمت) یا زبان دیگری نیاز دارید، لطفاً با بنیاد (Trust) تماس بگیرید. (Farsi)

Ha a jelen információk másolatát más formátumban vagy nyelven szeretné megkapni, akkor kérjük, hogy lépjen kapcsolatba a tröszttel. (Hungarian)

ئەگەر پوونوووسی ئەم زانیاریانەت بە هەر زمان یان فۆرماتیکی دیکە پێویستە تکایە لەگەڵ ئیمە پێۆهندی بگره. (Kurdish Sorani)

Jeśli potrzebują Państwo uzyskać kopię niniejszej informacji w innym formacie lub języku, prosimy o kontakt z Funduszem Zdrowia. (Polish)

Se necessitar de uma cópia destas informações em qualquer outro formato ou idioma, entre em contato com a Fundação. (Portuguese)

جے تہانوں ایس جانکاری دی اک کاپی دی کسے ہور فارمیٹ یا بولی وچ لوڑاے تے مہربانی کر کے ٹرسٹ نال رابطہ کرو۔ (Punjabi Pakistani)

Dacă aveți nevoie de o copie a acestor informații în orice alt format sau limbă, vă rugăm să contactați Trustul nostru. (Romanian)

اگر آپ کو اس معلومات کی ایک کاپی کی کسی دوسرے فارمیٹ یا زبان میں ضرورت ہو تو براہ مہربانی ٹرسٹ سے رابطہ کریں۔ (Urdu)