NHS
Northern England
Clinical Senate

Wakefield, Calderdale and Kirklees Clinical Commissioning Groups
and
South West Yorkshire Partnership NHS Foundation Trust

Review of Proposals for the Configuration of Older People's Inpatient Services

FINAL Version 1.0 November 2022

Clinical Senates are independent non-statutory advisory bodies established to provide clinical advice to commissioners, systems and transformation programmes to ensure that proposals for large scale change and service reconfiguration are clinically sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care.

Consideration of the implementation of the recommendations is the responsibility of local commissioners, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access. Nothing in the review should be interpreted in a way which would be inconsistent with compliance with those duties.

Northern England Clinical Senate

Version Control

Document Version	Date	Comments	Drafted by
Draft v0.1	June 2022	Initial draft report on the observations following the site visits	J Unwin
Draft v0.2	July 2022	Incorporation of panel comments to site visit observations	J Unwin
Draft v0.3	August 2022	Inclusion of Chair's foreword	A Cant
Draft v0.4	August 2022	Inclusion of comments from the panel	J Unwin
Draft V0.5	September 2022	Revised format and sent to programme team for factual accuracy checks	J Unwin
Final Version 1.0	November 2022	Incorporation of comments from programme team	J Unwin

1. Chair's Foreword

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.

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.

Prof Andrew J Cant
Chair
Northern England Clinical Senate

Dr Suresh Joseph
Acting Chair

2. Introduction

In March 2022 the Northern England Clinical Senate was approached by South West Yorkshire Partnership NHS Foundation Trust and it's commissioners, to review proposals to change the existing configuration of the older adult inpatient wards to deliver specialist care for people with dementia and for those with functional mental health needs..

Specifically, the Clinical Senate was asked to review and comment on:

1. the viability, sustainability and appropriateness of the proposed models of care, and support those that are suitable for implementation
2. 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
3. the alignment of other interdependent services required to make the models effective and safe
4. the robustness of the quality and equality impact analysis associated with the proposed models and the appropriateness of any mitigations identified
5. 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

2.1 Process of the Review

The Senate formed an independent expert clinical panel from the North of England, Yorkshire and Humber and North West Clinical Senate Councils as well as some additional experts in older people's social work, occupational therapy and mental health nursing.

Information about the proposed models, with supporting evidence and travel impact assessments, were provided to the panel on the 31st May 2022 ahead of a virtual meeting to introduce the Senate panel to the programme, held via Microsoft Teams on 9th June 2022.

On 20th June some members of the Senate panel made site visits to the four current inpatient units that accommodate both patients with dementia and those with functional mental health illnesses, to gain an understanding of the geography of the areas being served, the precise location of the units, the proximity of other key interdependent services and to speak with staff members at each site. The itinerary for the visit and review meetings are included in Appendix 3.

The full review session took place virtually via Microsoft Teams on 9th August 2022. The details and short biographies of the full panel can be found in Appendix 1.

3. Overview of the in-scope services

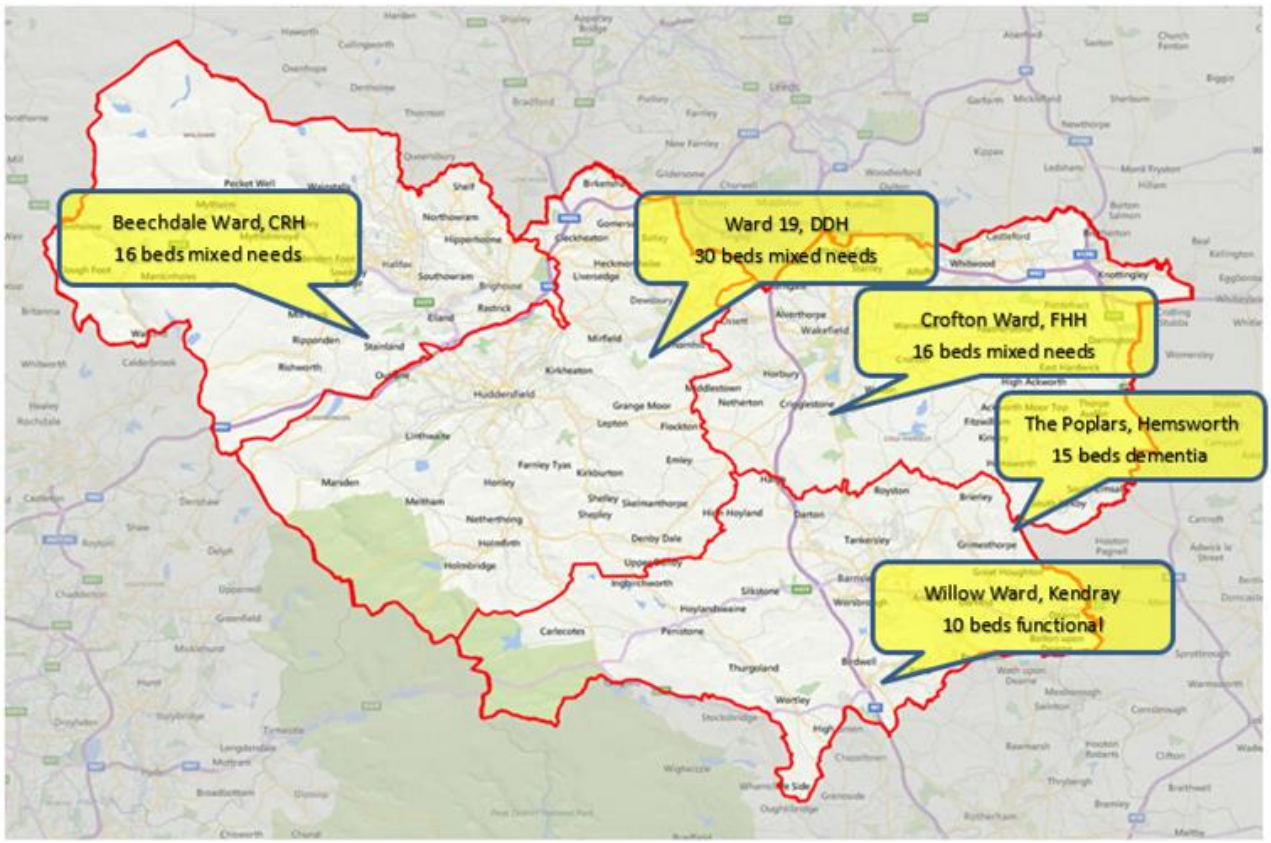
South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield.

The scope of this review covers two groups of older adults who require access to acute mental health hospital care for older people. These are:

1. Older people with dementia, and
2. Older people with functional mental health needs: depression, anxiety and psychosis

Therefore, this review concerns the proposals developed to establish specialist units based on needs from:

- Beechdale ward at Calderdale Royal Hospital
- Ward 19 at Dewsbury District Hospital
- Chantry/Crofton Ward at Fieldhead Hospital, Wakefield
- The Poplars in Hemsworth and
- The Willow Ward in Kendray, Barnsley



Services that are out of scope are working age adult services and community mental health services, although the impact of any changes on these is in scope.

4. Development of a Central Specialist Dementia Unit in South West Yorkshire.

SWYPFT currently delivers inpatient care for patients with functional and organic mental illnesses from 5 inpatient facilities in the region. Of these there is one unit, the Poplars, that delivers inpatient care solely for older people with organic illness (dementia) and the Willow Ward that exclusively delivers inpatient care for older people with functional illnesses. The other three units in the region are mixed units that deliver inpatient care for both patient groups.

The Trust has an ambition to develop care based on specialism, potentially via the establishment of a central specialist dementia unit to achieve best practice[1,2,] improve clinical outcomes and patient experience by managing older people with organic mental illnesses and older people with functional mental illnesses in dedicated inpatient areas.

The Senate was presented with nine possible models of future service delivery to review within the parameters of the terms of reference:

- **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.

1 https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/old-age-jcp-for-mental-health.pdf?sfvrsn=8242f3c2_4
2 https://www.mwcscot.org.uk/sites/default/files/2020-05/OlderPeoplesFunctionalMentalHealthWardsInHospitals_ThemedVisitReport_April2020.pdf

5. Clinical Senate Review – Ward specific views

A delegation of the Senate review panel visited the four of the five units in the region and met with and spoke to the staff to understand the configuration of the estate and to appreciate the opportunities and challenges associated with each one. The panel did not visit the Willow Ward in Kendray as there are no proposed changes that would affect this unit.

5.1. The Beechdale Ward, Calderdale Royal Hospital, Halifax

The Beechdale ward is a mixed-sex inpatient unit with 16 singe rooms for older people with mental health conditions and for those with dementia. It is situated on the Calderdale Royal Hospital site in Halifax.

The Beechdale ward did not appear to provide an appropriate environment for older people with dementia and instead was more suitable for patients with a functional mental illness. This observation was made based on the configuration of the ward which incorporates narrow, twisting corridors that lead to 'dead ends' thereby causing confusion and upset among older people with dementia.

The ward staff explained that the environment could lead to increased usage of medication to manage the distress of the patients with dementia.

The corridors do not allow the staff to have full line of sight of the whole ward which prevents them from being able to observe patients.

There is on-site access to the Emergency Department (ED) should any patient in the Beechdale ward become physically and acutely unwell and there is access to physicians with expertise in looking after older people.

5.2. Ward 19, Dewsbury District Hospital, Dewsbury

Ward 19, the Priestly Unit, is co-located with a ward for working age adults on the site of Dewsbury District Hospital and provides inpatient assessments and treatments for any form of mental health condition, functional and organic (dementia), for service users, usually over the age of 65 years.

The ward is configured to provide 15 beds for male patients and 15 beds for female patients in separate areas of the ward with dedicated staffing for each area.

The panel members were impressed with the garden areas available for patients to enjoy the outdoors and to take part in gardening activities.

The ward space does not provide a circuitous pathway for patients with dementia however it does have large, wide corridors that converge to a large social space that, the panel heard, will be altered to include dedicated space for an extra care area (ECA).

The panel members felt that the environment in the ward appeared to be dark and sterile and it would benefit from being made brighter and with more stimulation and interesting décor for patients with dementia.

There is on-site access to the Emergency Department (ED) should any patient in the unit become physically and acutely unwell and there is access to physicians with expertise in looking after older people.

5.3 Crofton Ward, Fieldhead Hospital, Wakefield

The Crofton ward, based on the Fieldhead Hospital site in Wakefield, is a mixed sex unit that provides inpatient assessment and treatment for people aged 65 and over who are experiencing mental health problems or dementia, and for people identified with having early onset dementia where appropriate.

The modern unit comprises 16 beds, all with en-suite facilities, and it provides its patients with wide corridors that are circuitous, which is appropriate for patients with organic illness.

The panel members were impressed with the bright and airy environment, the layout and décor of the ward environment. The ward does have a limited number of beds but the panel was informed that there is scope to extend the ward environment into the ward adjacent to the Crofton that is currently being used as office space.

The unit is located on an acute mental health site and emergency and specialist geriatric care is provided from the nearby, but not co-located, Pinderfields Hospital.

5.4 The Poplars, Hemsworth

The Poplars unit for the elderly is a 15-bed mixed sex inpatient assessment and treatment unit purposely built for people over the age of 65 with memory problems and for those under the age of 65 who have been diagnosed with dementia. The unit is located in the community amongst residential housing and is a dedicated dementia unit that provides care to patients from across the whole of the region.

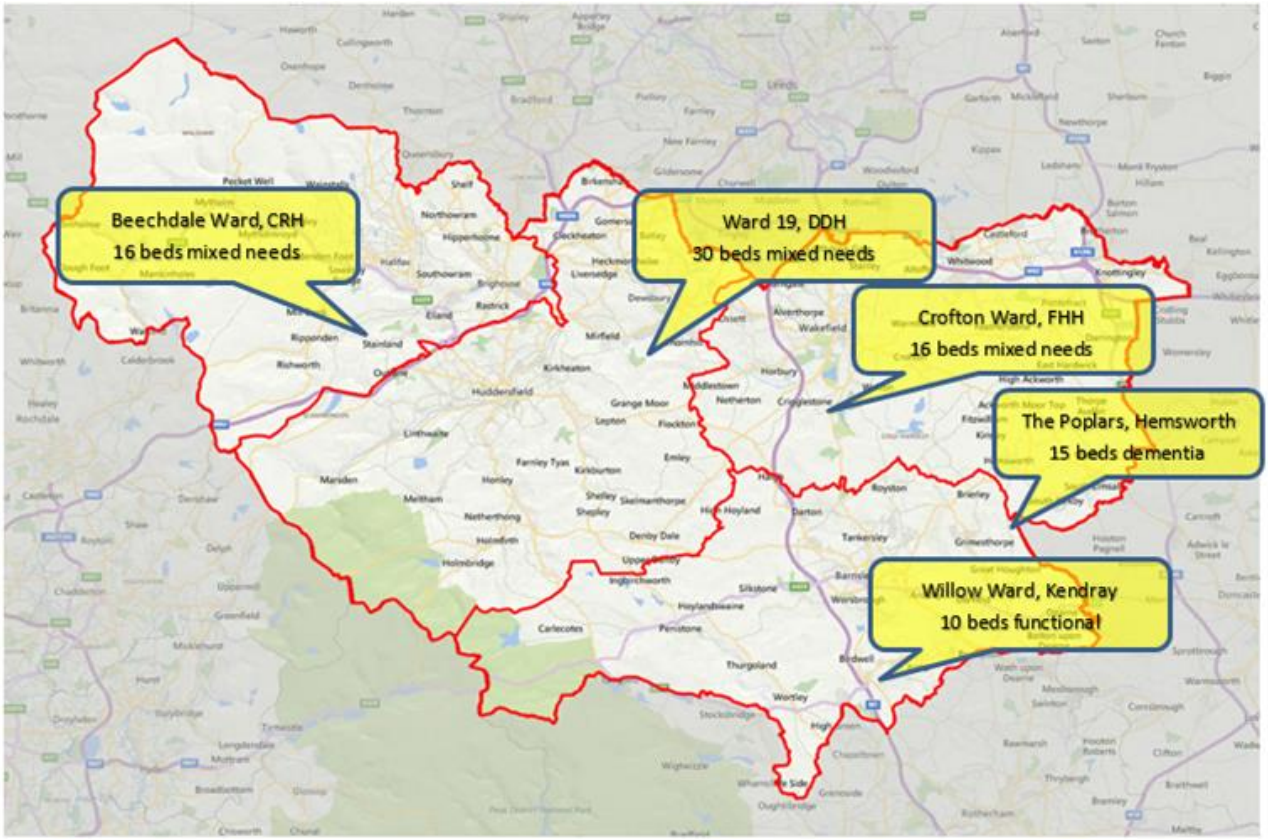
The panel observed that the configuration of the Poplars was well suited to its patient population due to its circuitousness and the panel members were impressed with the therapeutic décor for the patients.

The unit is isolated in its current location with the nearest emergency department and access to specialist medical help being 20-30 minutes drive away, at Pinderfields hospital. The panel heard that this isolation could lead to delays in patients receiving medical input, especially out of hours. Similarly, from a nurse staffing perspective there is no onsite backup available as there would be when such a unit is co-located on a site with other interdependent services. This was particularly relevant when considering the complexity of the patients being cared for in the unit which requires more enhanced nurse staffing ratios.

The panel heard that the nearest train station, for staff and any visitors that require it, is a 20 minute walk away which the unit manager felt negatively impacts on recruitment of staff and could impede relatives from visiting.

6. Clinical Senate Review – Review of Options

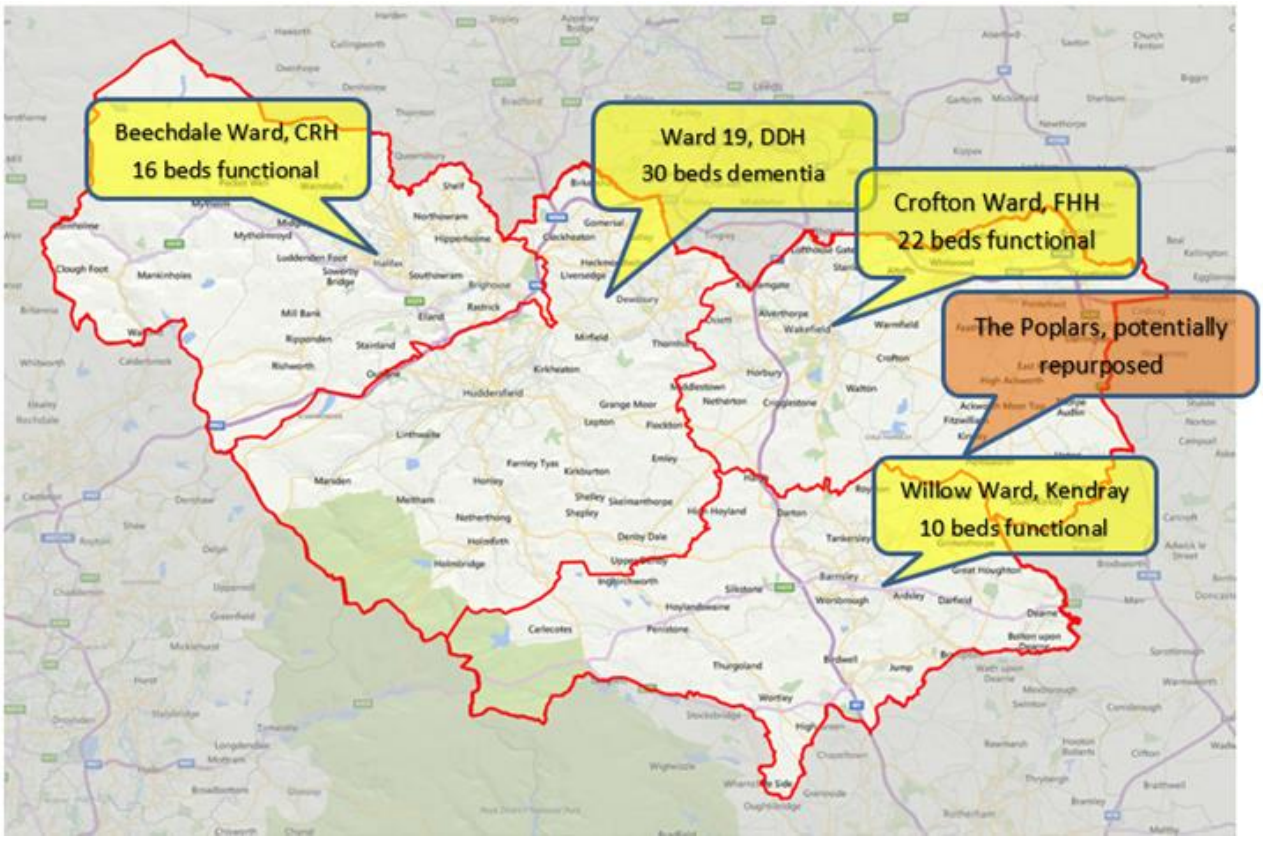
6.1. Option 1 - No change to the current way of delivering services with three mixed units, one functional only unit and an organic only unit in the region with an overall inpatient bed number of 87.



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.

6.2 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.



The Clinical Senate review panel felt that option 2 was a viable option:

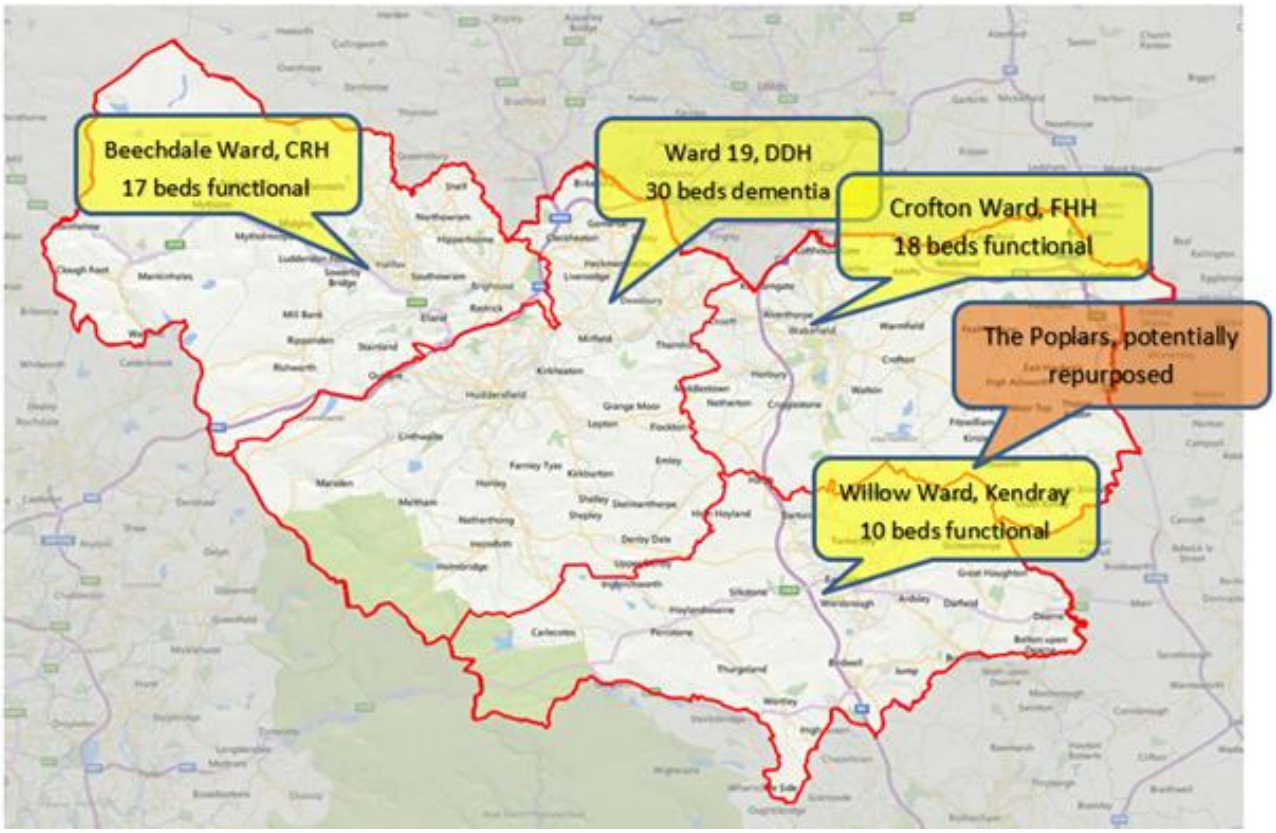
- It satisfies the ambition to develop a central specialist dementia unit with the potential to centralise and consolidate specialist skills and expertise
- It addresses the risks and issues associated with mixed wards
- It mitigates the clinical risks attached to the current ways of working at The Poplars 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.

The panel also noted that this option meant that the Crofton Unit would offer a 22 bedded ward environment which the SWPFT team felt may be too large.

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.

6.3 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.

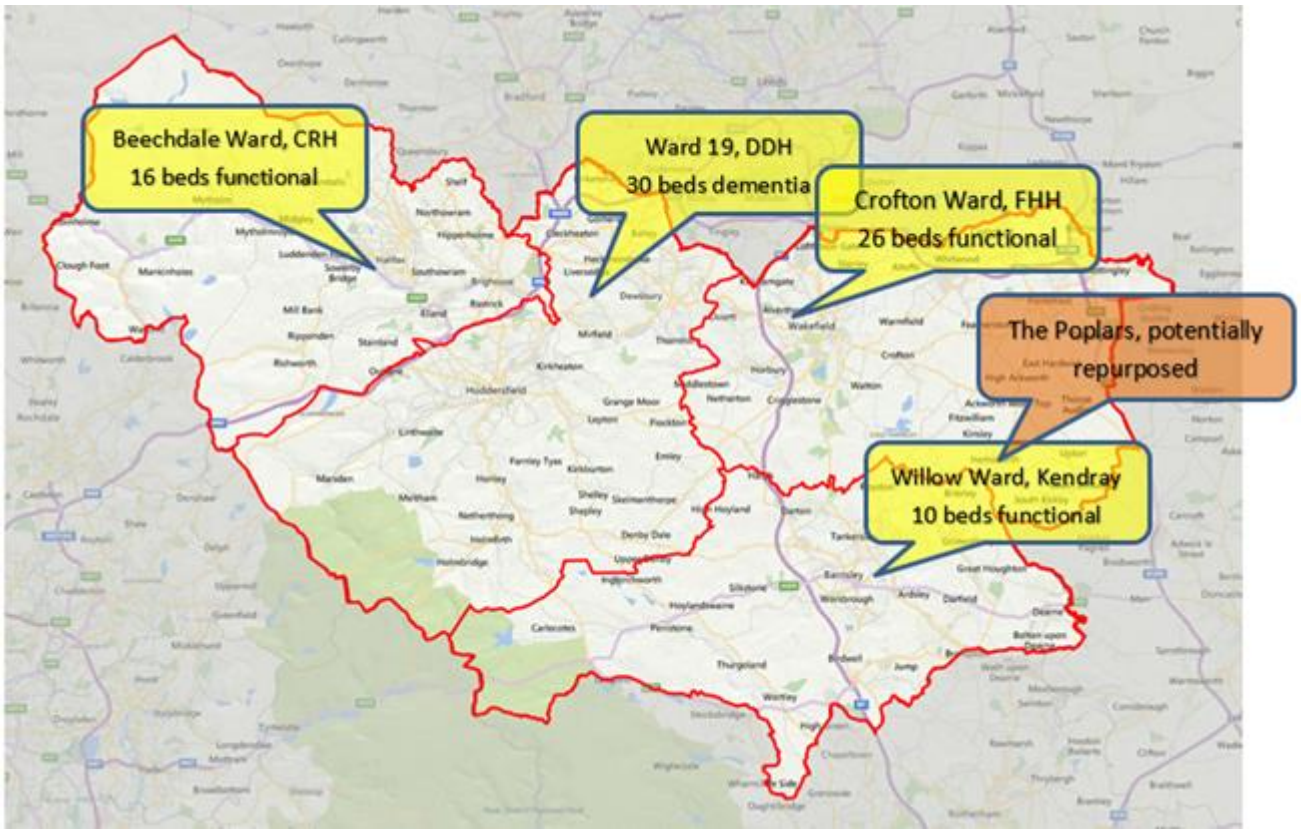


As with Option 2 the Clinical Senate felt that Option 3 was viable on the grounds that:

- 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.

The panel noted that option 3 has 3 fewer beds than option 2 and 12 fewer that the current situation. As with option 2, the SWPFT team envisage a reduced length of stay in options that involve dedicated specialist units, thus reducing the need for as many beds.

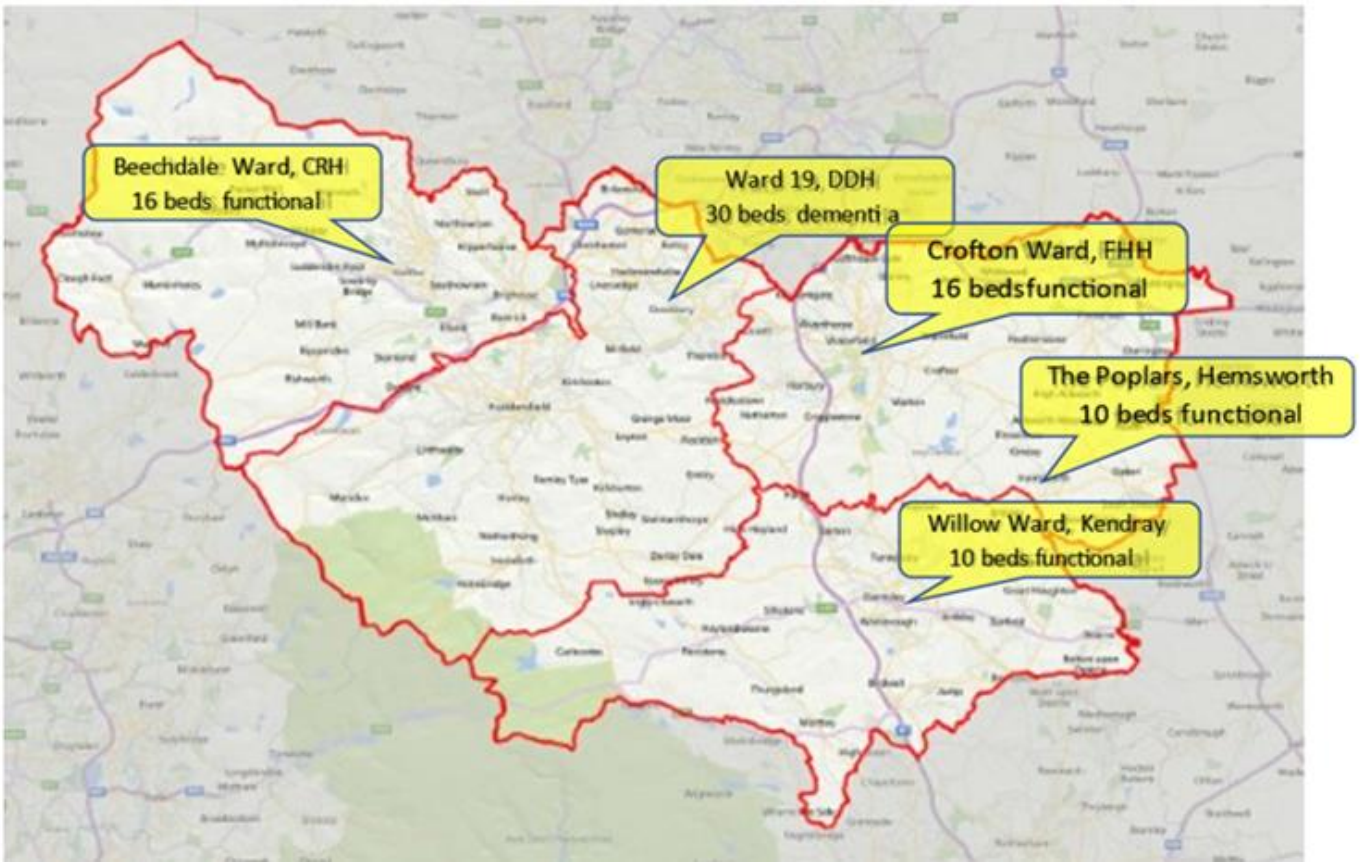
6.4. Option 4 – A dedicated central specialised dementia unit developed on Ward 19 with a variation on the distribution of the increased functional bed capacity at Beechdale ward and the Crofton ward and an overall inpatient bed number of 82. The Poplars site would be potentially re-purposed.



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 the Beechdale ward.

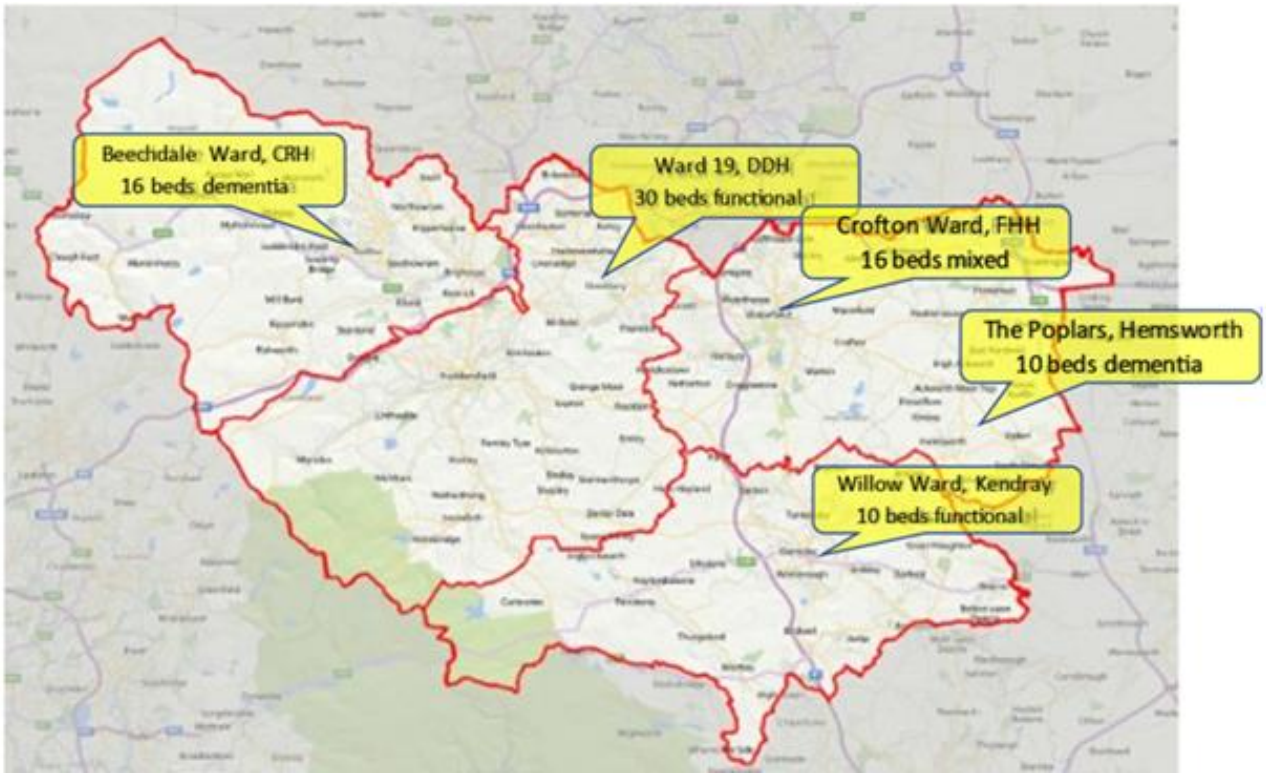
6.5 Option 5 – A dedicated central specialised dementia unit developed on Ward 19, all other estate maintained as now but with The Poplars becoming a unit for functional illness patients only and with an overall inpatient bed number of 82 beds



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.

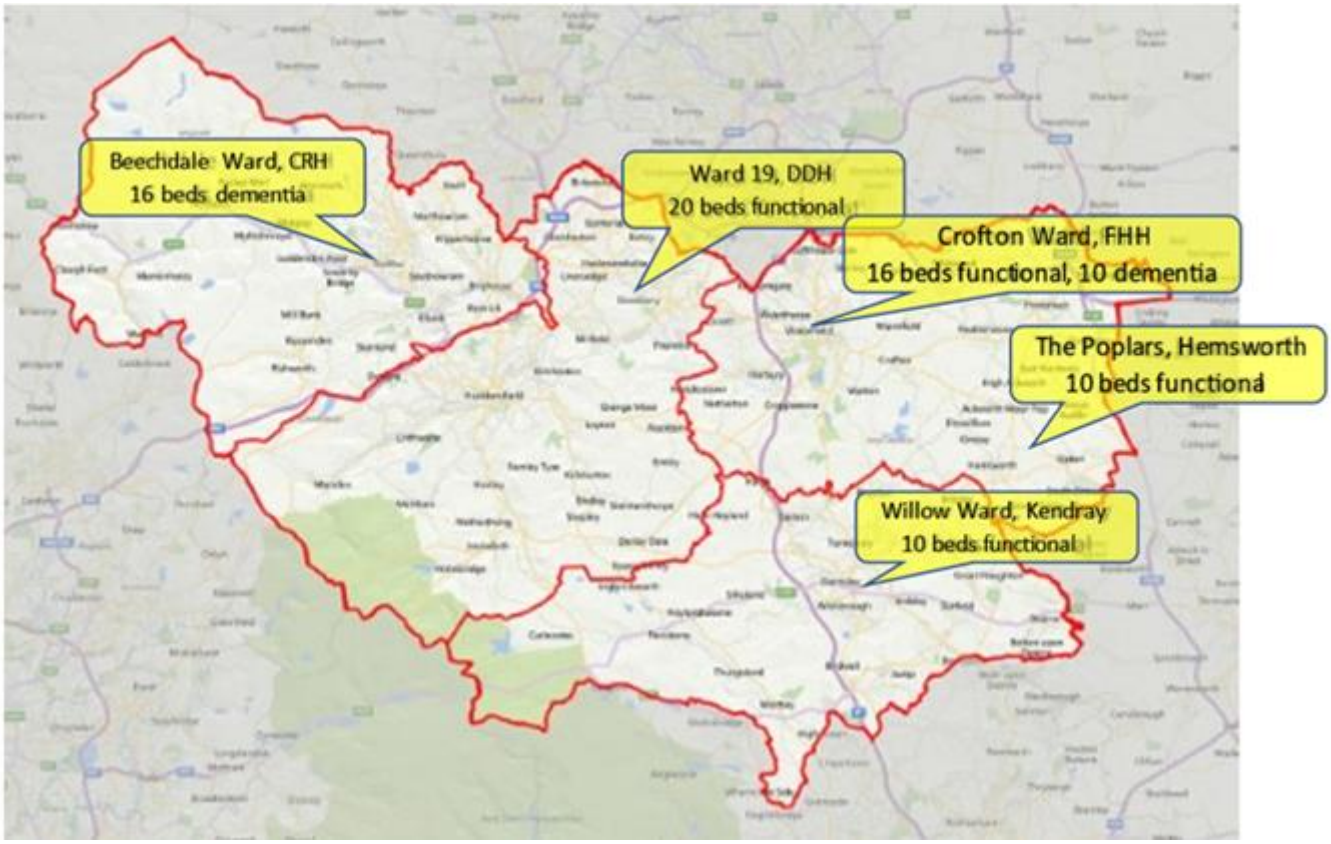
6.6. Option 6 - Dementia inpatient care delivered from Beechdale and The Poplars with the Crofton ward remaining as a mixed facility whilst all other beds across the region are functional.



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.

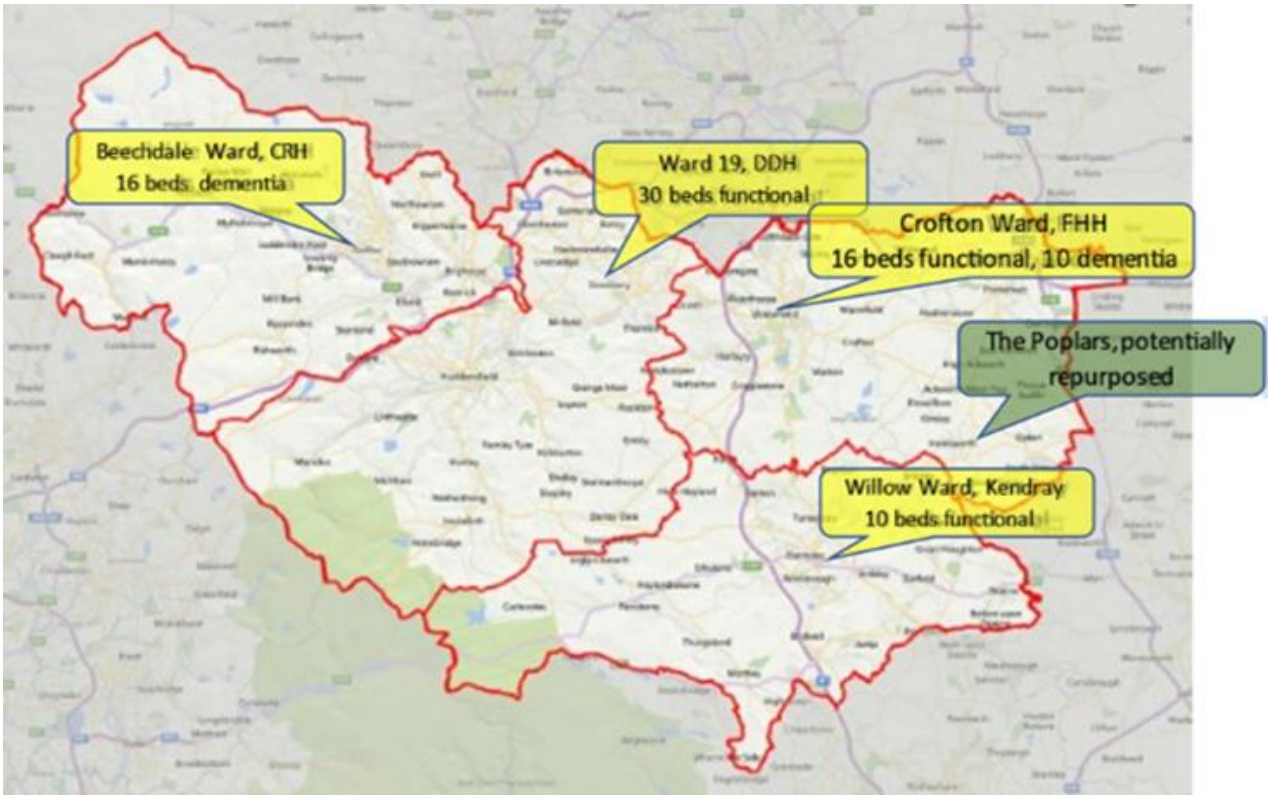
6.7. Option 7 – Dementia inpatient care delivered from Beechdale ward and a dedicated ward area on the Crofton ward. The Poplars, Ward 19 at Dewsbury, Willow ward and a ward on the Crofton ward would provide functional inpatient beds.



Option 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

6.8. 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.



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

6.9. 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.

7. Clinical Senate Recommendations

The Senate commends the immense amount of work done over the years and that the programme team has worked hard at the Older Person's Services programme. The review team strongly concurs that patients with functional and organic disease should be cared for in separate distinct and dedicated units. The panel also recognised that there is still further work required to refine and clarify the financial, operational and system-wide capacity and demand implications of the options under consideration.

In modern health care the model of patients travelling to the hospital or facility that can provide the treatment and care they need rather than their nearest hospital, such as for specialist care, is well established. However, the Senate panel suggested that further work would be necessary to assess the impact of all the options on health inequalities in the region to ensure that any possible impact is mitigated.

The Senate was not clear that any equality and impact assessment had considered the implications of single sex accommodation and how gender identity could be managed within the old age setting. Further consideration may need to be given to this when planning the operational delivery of care.

8. Conclusion

The request of the Senate, as set out in the Terms of Reference was to review and comment on:

1. *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.

2. *the extent to which the proposed models are likely to:*
    - *e) Deliver improvements in the quality of care*
    - *f) Impact on access to services*
    - *g) Be sustainable for a period of 5-10 years*
    - *h) 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.

3. *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.

4. *the robustness of the quality and equality impact analysis associated with the proposed models and the appropriateness of any mitigations identified*

It is understood that the quality and equality impact assessments have been undertaken however the Senate panel was not presented with the outputs of these to comment on. It is recommended that further work be undertaken in this area to ensure that any potential negative impacts associated with the options are known and mitigated for.

5. *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.

APPENDICES

Appendix 1

LIST OF INDEPENDENT CLINICAL REVIEW PANEL MEMBERS

Professor Andrew J Cant, Chair - Northern Clinical Senate, Consultant in Paediatric Immunology & Infectious Diseases, The Newcastle upon Tyne Hospitals NHS Foundation Trust.
Andrew Cant is Chair of the Northern England Clinical Senate, an arm's length body of NHS England whose senior doctors and nurses give independent critical scrutiny to major service changes and developments. Andrew is Professor of Paediatric Immunology at Newcastle University and as a Specialist Paediatrician, set up one of two national centres to treat children with rare immune disorders by stem cell and gene therapy. The Unit receives worldwide referrals. An international expert in his field, he set up 5 thriving research groups as well as serving as President to two International Medical Societies, leading major pan-European medical scientific projects and instigating the successful bid for an EU reference network for Rare Immune Disease, then co-ordinating exchange of knowledge, training and uprating of services for patents with these conditions across the EU. He led the creation of the Great North Children's Hospital and the network of regional and national medical services it delivers.

Dr Suresh Joseph,
Suresh Joseph is a psychiatrist with wide ranging experience of working in the NHS. Throughout his career, he has taken a particular interest in medical education, professional development, medical leadership and service development. He has held a number of roles in the erstwhile Northern Deanery (medical education) and the Royal College of Psychiatrists (professional leadership and development). Suresh served as Medical Director of Northumberland Tyne and Wear NHS FT between 2007 and 2013. At present he retains a limited clinical role and also works for HM Courts and Tribunal Service as a Mental Health Tribunal medical member.

Rachel Hargreaves, Community Team Manager and Registered Occupational Therapist, Harrogate Community Mental Health Team
Rachel Hargreaves has over 20 years experience working within Older Adults Mental Health Services in community, inpatient and day hospital settings.

Lynne Tweedy, RMN Clinical Operations Manager, Queen Elizabeth Hospital, Gateshead Health NHS Foundation Trust
Lynne Tweedy has been a qualified nurse since 1986 and she currently has operational responsibilities for two Older Person's inpatient Units and an Older Person's Psychiatric Liaison Team. Both these teams are situated in an acute hospital.
Prior to this post, Lynne worked as a Community Clinical Manager in a large Mental Health Trust, managing the Older Person's Community Treatment Team, day hospital, Early Onset Dementia Team and Memory Protection Service.

Dr Mehran Javeed, Consultant Old Age Psychiatrist, Clinical Lead for Older Adult Services, Salford
Mehran Javeed is a Consultant Old Age Psychiatrist in Salford, Greater Manchester. Additionally, he is the Lead Consultant for Older Adults in Salford.

Dr Tolu Olusoga FRCPsych.; MSc. Clinical Neuroscience; MMedSc. Clinical Psychiatry; MBBS; PGCert. In Innovation and Improvement, Consultant Psychiatrist and Group Medical Director -North Yorkshire, York and Selby Care Group, Tees, Esk and Wear Valleys NHS Foundation Trust
Tolu Olusoga is an Old Age Psychiatrist who has worked in the Yorkshire region for the last 18 years with extensive experience and interest in medical management and leadership roles as well as interest in service quality improvement. He currently works in a memory clinic in Knaresborough

and is currently the Group Medical Director for (North Yorkshire and York locality) in Tees, Esk and Wear Valleys NHS Foundation Trust.

Elaine Addison, Senior Social Worker/AMHP, Mental Health Services for Older People, North Tyneside General Hospital

Elaine Addison works as a Senior Social Worker within a community mental health team for older people based within a general hospital which has two psychiatric inpatient wards for people aged 65 years old and over. One ward is for those experiencing organic mental health difficulties and the other is for those with functional mental health difficulties. The social workers work closely with patients on the ward in attending MDT's and facilitate discharge planning.

Elaine is also an Approved Mental Health Practitioner (AMHP) and therefore spends time on different wards in and out of borough in both functional and organic wards.

Appendix 2

PANEL MEMBERS' DECLARATION OF INTERESTS

There were no declarations of interest from any panel members.

Appendix 3

ITINERARY FOR THE REVIEW

Senate Review Scene Setting Meeting – 9th June 2022 – 12:00 – 13:00 via Microsoft Teams

Agenda:

• Introductions
• Introduction slides and summary of key points
• Video introduction to the estate
• Discussion / any other information that the group might need

In attendance:

Andrew Cant
Tolu Olusoga
Mehran Javeed
Lynne Tweedy
Rachel Hargreaves
Jeanette Unwin

Itinerary for Senate Review Site Visit – 20 June 2022

Time	Activity	Venue	People	Notes
08:45 am to 9:00am	Arrive	Fieldhead Hospital reception	Ryan Hunter Lianne Harrison	
9:00am to 9:15am	Welcome	Large Conference Room	Dr Subha Thiyagesh, Medical Director Ryan Hunter	
09:15am to 10:00am	Ward Visit	Crofton Ward at Fieldhead	Debbie Parkin Coates	Lianne to chaperone between Large Conference room and Crofton ward, to ensure lunches are collected and everyone that has the barrier code. **Everyone to be on the bus for 10:15am at the latest.**
10:05am to 10:30am	Travel	to Hemsworth, Pontefract WF9 4LX		
10:30am – 10:45 to 11:30pm – 11:45	Ward Visit	The Poplars ward, Hemsworth	James Waplington, General Manager Kirsty Brooke, ward manager	If available use front lounge for team to sit / have conversations. Use Kirsty's office if lounge not available **Everyone to be on the bus for 11:45am at the latest.**
11:45pm To 12:30pm	Travel Tribunal room to use for lunch	to Priestley Unit at Dewsbury District Hospital WF13 4HS		
12:30pm to 1:00pm	Lunch	Tribunal room, Priestley Unit,	Alison Gibbon, General Manager	Alison to meet and welcome people from the bus. If time has slipped we can compress this to finish at 1.00pm
1:00pm to 2:00pm	Visit W19 at Priestley Unit		Alison Gibbons Kim Osborn (ward manager)	Alison and Kim **Everyone to be on the bus for 2.00pm at the latest**
2:45pm To 3:45pm	Ward Visit	Beechdale	Lee Wakefield (Matron) Helen Dowd (ward manager)	Use of MDT room when not on ward Alison might need to head across as it's Lee's first day back in and we need to check his availability.
3:45pm to 4:30pm	Travel back to Wakefield			Lianne and/or Ryan to be on site for return.

In attendance:

Andrew Cant
Lynne Tweedy
Rachel Hargreaves
Jeanette Unwin

Apologies:

Tolu Olusoga
Mehran Javeed

Senate Review Meeting – 9th August 2022 – 13:00 – 16:00 via Microsoft Teams

Older Peoples Transformation
Clinical Senate

Tue 9 August 2022 13.00 – 16.30 MS Teams

Agenda

1	Brief refresh of model, reasons, options.	13:00
2	Engagement / consultation plan (brief)	13:20
3	Discussions – learning from visit The options Exploring any additional information Q&A	13:30
7	Panel discussion time	15:30
8	Feedback	16:00

In attendance:
Suresh Joseph
Lynne Tweedy
Tolu Olusoga
Mehran Javeed
Elaine Addison
Jeanette Unwin

Apologies:
Andrew Cant
Rachel Hargreaves

Appendix 4

Northern England
Clinical Senate

CLINICAL REVIEW

TERMS OF REFERENCE

TITLE: South West Yorkshire Partnership Trust – Older People's Services

NHS England and NHS Improvement – North East and Yorkshire

Sponsoring Organisation:

South West Yorkshire Partnership Trust and NHS Kirklees CCG and NHS Wakefield CCG.

Clinical Senate:

NHS England & Improvement regional office: North East and Yorkshire

Terms of reference agreed by:

Prof Andrew Cant

on behalf Northern England Clinical Senate and

Michele Ezro, NHS Wakefield CCG and Paul Howatson, NHS Kirklees CCG

on behalf of sponsoring organisation

Date: 18/05/2022

Clinical Review Team Members

- Review Chair – Prof Andrew Cant

- The Clinical review team is made up of:
- Dr Suresh Joseph, Consultant Psychiatrist
- Dr Mehran Javeed, Consultant Psychiatrist
- Dr Tolupe Olusoga, Consultant Psychiatrist
- Rachael Hargreaves, Senior Occupational Therapist
- Lynne Tweedy, RMN
- Elaine Addison, Senior Social Worker

Aims and Objectives of the Clinical Review

The Clinical Senate has been asked to provide an independent clinical assessment of the models of care developed by South West Yorkshire Partnership Trust that are currently under consideration by a range of stakeholders across the partnership as part of pre consultation engagement.
The models developed include proposals to change the existing configuration of the older adult inpatient wards to deliver specialist care for people with dementia and other needs. Specifically, the Senate is asked to:

6. To assess the viability, sustainability and appropriateness of the proposed models of care (and support those that are suitable for implementation)

7. To give an independent view on the extent to which the proposed models are likely to:

    i) Deliver improvements in the quality of care

    j) Impact on access to services

    k) Be sustainable for a period of 5-10 years

    l) Be in line with the drivers for change

8. To assess the proposed models of care and the alignment of other interdependent services required to make the models effective and safe

9. To test the robustness of the quality and equality impact analysis associated with the proposed models and the appropriateness of any mitigations identified

10. To consider whether they are any other options that might be workable, 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

Objectives of the clinical review (from the information provided by the commissioning sponsor):

To provide independent clinical assurance to SWYPFT and its commissioners with respect to best practice, quality and safety, sustainability and equity of access on the proposed models of care/options, which may be subject to a public consultation.

Scope of the Review

The review will cover the following service/specialty areas:

- Older people with dementia and people with other mental health needs such as depression, anxiety and psychosis who require inpatient care on the older adult mental health inpatient wards at SWYPFT.

The following services are **out of scope**:

- Working age adults / any other inpatient wards
- Community Mental Health services – although the impact of any changes on these is in scope.

Methodology

- The clinical review team will review the case for change and all data and information provided by the programme team.
- The review team will receive a presentation of the outline case for change on 9th June.

- The Clinical review team will carry out a site visit of the current estate and meet staff members in South West Yorkshire on 20th June.

- The review panel will receive a presentation of the case for change by members of programme team. This session is to clinically test out the case for change and models of care.

- Key members of the programme team will be supporting the review process and will be present, as required, for the Panel presentation and discussions.

Timeline

Pre view meeting – 9th June, 2022
Site visit – 20th June, 2022
Formal Senate review – 9th August 2022

Report

The draft Senate report will be shared with the commissioners for factual accuracy purposes, by 13 September 2022

Factual accuracy checks will be undertaken by Ryan Hunter and shared with the Northern England Senate Manager by 01 October 2022

The final report will be completed by 15 October 2022

Clinical Senate Internal Reporting arrangements

- The clinical review team will report to the Northern England Clinical Senate Council which will oversee the governance of the conduct of the senate review panel process

Communication and Media Handling

- The arrangements for any publication and dissemination of the clinical senate assurance report and associated information will be decided by the sponsoring organisation

Resources

- The Northern clinical senate will provide administrative support to the review team
- North West Women and Children's Transformation will provide a named lead to coordinate the advance circulation of documentation and data as well as support the arrangements for the necessary discussion and visits

Accountability and Governance

- The clinical review team is part of the Northern England Clinical Senate accountability and governance structure
- The Northern England Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation
- The sponsoring organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals

Functions, Responsibilities and Roles

The **sponsoring organisation** will:

- provide the clinical review panel with the question to be addressed, together with relevant background and current information, identifying relevant best practice and guidance. Background information will include relevant data and activity, internal and external reviews and audits and any other additional background information requested by the clinical review team
- respond within the agreed timescale to the draft report on matter of factual inaccuracy
- undertake not to attempt to unduly influence any members of the clinical review team during the review process

Clinical senate council and the sponsoring organisation will:

- agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements

The senate council will:

- appoint the clinical review team (this may be formed by members of the senate, external experts, and / or others with relevant expertise) and agree the review chair
- will endorse the terms of reference, timetable and methodology for the review
- consider the review recommendations and report (and may wish to make further recommendations)
- provide suitable support to the team and
- submit the final report to the sponsoring organisation

The senate review team will:

- undertake its review in line the methodology agreed in the terms of reference
- provide the sponsoring organisation with a draft report to check for factual inaccuracies
- keep accurate notes of meetings

Clinical review team members will undertake to:

- commit fully to the review and attend all briefings, meetings, interviews, panels etc that are part of the review (as defined in methodology).
- contribute fully to the process and review report
- ensure that the report accurately represents the consensus of opinion of the clinical review team
- comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally, they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review
- undertake to be objective and not unduly influenced by any 3rd party

Appendix 5

EVIDENCE PROVIDED FOR THE REVIEW

Description of Current Model
Evidence to support changes to models of care
'What the data shows us'
Travel Impact Analysis
Summary of Options Appraisal