

Older People's Mental Health Services Transformation

Inpatient Services Programme

Review of Strategies

June 2023

Review of Strategies – Jun 2023

At the review of options workshop on Tuesday 9 May it was suggested that a small subgroup reviewed the alignment with strategies domains scores and brought scores back to the programme board. This review has taken place with placed based leads from Kirklees ICB, Calderdale ICB, Wakefield ICB and the programme manager from SWYPFT.

This report reflects the position factoring in published strategies as of June 2023. Agreement is in place to revisit on completion of consultation process to factor in any new strategies that have emerged.

Strategies

The main focus in this section is to ensure that the programme aligns (or isn't unaligned) to local, regional and national strategies.


Domain - strategies	What we need to measure against	Measures	Supporting information / comments
Alignment with strategies	Whether the model aligns with strategies.	<ul style="list-style-type: none"> • Demonstrates sufficient flexibility to align with and improve partnership working • Aligns with JNA • Maximise resilience to wider system • Estates strategy alignment 	Strategy summaries (embedded below)

The options scoring criteria is the same as for the other options and inserted at the end of this document.



The following table summarises the different strategies (that are now part of the draft business case). It has the structure of national / regional / local so alignment can be tested at each level. The table includes relevant elements from various strategic documents and summarise how the options align:

Place	Document / Information	Key focus areas	Option 1 No change	Option 2	Option 3	Option 5	Option 9
National	National Picture NHSE, in their document, Acute Inpatient Mental Health Care for Adults and Older Adults: guidance to support timely access to high	National Context <ul style="list-style-type: none"> • Care is personalised • Admissions are timely and purposeful • Hospital stays are therapeutic 	Stay can't be as therapeutic as they should be	Delivers in all options			



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	quality therapeutic care, close to home and in the least restrictive setting possible (October 2022) have set out a vision for effective, good quality care in adult acute inpatient mental health services, which is based on 7 key principles:	<ul style="list-style-type: none"> Discharge is timely and effective Services actively identify and address inequalities Services grow and develop the acute inpatient workforce in line with national workforce profiles  <p>Draft Acute Inpatient Guidance V3.pdf</p>	due to mix. Discharge, particularly dementia is not timely. Workforce has not grown and is inadequate.				
	National	Clinical model, including royal college, Health Education England, analysis of predominant models suggest needs led specialism	Doesn't deliver	Delivers in all options			
	https://www.england.nhs.uk/commissioning/spec-services/highly-spec-services/	NHSE commissioning guidance sets out where specialised and highly specialised services should be used. NHS commissioning » Highly specialised services (england.nhs.uk) sets out that where highly specialist services are required and that centres of excellence should be considered where there are no more than 500 patients year. NHS commissioning » Specialised services (england.nhs.uk) describes the approach to specialist services, stating that "specialised services are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience."	Doesn't deliver fully due to mixed needs	Delivers in all options – meets the principles of this as we have around 300 people per year – approximately 100 with dementia. Not a direct comparison but options align with principles.			
	NHS Confed 2022/23 NHS priorities and operational planning guidance NHS Confederation	Transform and build community services' capacity to deliver more care at home and improve hospital discharge	All options should allow this.				



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		Exploit the potential of digital technologies to transform the delivery of care and patient outcomes					
	National guidance on ward size https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_03-01_Final.pdf	Modelling (DH 2013) suggests 15 beds is an optimum size for clinical and therapeutic engagement	In line	Well above	A little above	In line	In line
WY ICB	https://www.wypartnership.co.uk/application/files/6815/8451/9232/Better_Health_and_Well_being_for_Everyone.pdf	<p>If you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible and that access to care is equal for all. Local hospitals will be supported by centres of excellence for services such as cancer, vascular (arteries and veins), stroke and complex mental health. They will deliver world class care and push the boundaries of research and innovation.</p> <p>In addition, the programme board has tested with the ICB several times and found that there is no activity planned regionally or in partner providers that would impact on the medium term options.</p>		Delivers in all options			
SWYPFT	Trust Priorities  SWYPFT Trust priorities 2022-23.pdf Trust Social responsibility and sustainability strategy  SWYPFT Social Responsibility and sus 2022-27	Deliver safe care including our quality priorities Continually improve the care we provide, ensuring it is responsive, inclusive and timely Spend money wisely and increase value Use our estate to enable effective ways of working to support staff and deliver best care Use digital approaches to deliver best care and support to service users, carers, staff and the wider community Support social responsibility and sustainability	Fails in quality and improvements	One issue linked to large ward in proposed model	Fails in spending money wisely and best use of estates		


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		<p>Reduce business miles travelled by staff and promote more sustainable methods of Transport including travel by service users, families, carers and friends</p> <p>Reduce emissions from transport, including miles travelled by staff and service users, families, carers and friends; and those for logistics. Examples could include reducing travel demand (e.g. online meetings and appointments) and promoting sustainable modes of transport such as active travel, public transport and electric vehicles.</p>		<p>All transformation options need to be conscious of emissions of extra travel but overall impact is limited</p>			
<p>Place/Local strategies</p>	<p>Wellbeing Strategy Calderdale -</p>  <p>Calderdale Health-and-wellbeing-Living a Larger Life2022-27</p>  <p>inclusive-economy-strategy-v3.pdf</p>	<p>The Calderdale Wellbeing strategy 2022-2027 has 4 core areas, with Ageing Well particularly aligning to this population:</p> <p>The goal of aging well is that older people have strong social networks and live in vibrant communities, including an aim of increasing in the percentage of older people who agreed or strongly agreed that they felt they belonged to their immediate neighbourhood (to be measured in February 2022).</p> <p>It aims to develop and deliver community-based plans to achieve our four priority outcomes across the borough and in neighbourhoods</p> <p>Reviewed the inclusive economy strategic – does reference a specific travel challenge within Calderdale but nothing directly that could be linked to this.</p>					<p>Whilst this has a clear local and neighbourhood focus there is no reference to when anyone need inpatient specialist care. As such there doesn't appear to be anything in this strategy that either supports or detracts from the OPS inpatient strategy.</p> <p>The inpatient model is for the very few people with highest need, it does mean options with an enhanced model the assessment and inpatient stay will decrease in time and mean that people are discharged back to place sooner.</p> <p>Option 3 does have lowest bed numbers so does have lowest resilience increases likelihood of sending people out of area, not aligning with strategies.</p>


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	<p>Kirklees</p>  <p>Kirklees health and wellbeing strategy 2022-2027</p>  <p>Kirklees HCP Health and Care Plan 23-28 v1</p>	<p>KIRKLEES HEALTH AND WELLBEING STRATEGY 2022 – 2027</p> <p>To achieve the 4 outcomes across the life course we will focus on 3 priorities</p> <p>MENTAL WELLBEING</p> <p>Our ambition is that everyone in Kirklees achieves good mental wellbeing and has a good quality of life with purpose and fulfilment throughout their lives.</p> <p>HEALTHY PLACES</p> <p>Our ambition is that the physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice.</p> <p>CONNECTED CARE AND SUPPORT</p> <p>Our ambition is that organisations and professionals across the health and care system work together to ensure people are able to access the right care/support for their needs, when they need it, making the best use of all available resources.</p> <p>WHAT ARE LOCAL PARTNERS GOING TO DO</p> <p>Understand your responsibility around suicide prevention; undertake training to help reduce stigma and know what you can do to help</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will recognise people as experts in their own mental wellbeing, work in partnership with them and support them to self-care <input type="checkbox"/> We will work together so mental ill-health and physical ill-health are viewed equally <p>17</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will have good data, and use it and personal stories to understand people of all ages who live, 					<p>The Kirklees health and care plan references this programme directly as one of the key changes required to deliver improvements.</p>



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		<p>work or study in Kirklees to inform evidence-based approaches to tackling mental wellbeing</p> <p><input type="checkbox"/> We will work together so support and services provided are easily accessible to meet the needs of those that require them the most and, where possible, are available in local communities</p> <p>The Kirklees Health and Care Plan references this programme as one its key changes to deliver improvements:</p> <ul style="list-style-type: none"> • Implement transformation of older people’s Inpatient services, following consultation • On-going implementation and transformation of older people’s inpatient services 					
	<p>Wakefield</p>  <p>Wakefield-District-Health-and-Wellbeing-Strategy</p>	<p>☐ We will ensure the whole health and care system works well together to help people live in good health for longer and reduce the need for people to be admitted to hospital.</p> <p>☐ We will work with voluntary and community organisations to help people stay connected with their communities to prevent loneliness, which can affect people’s mental and physical health and make them more dependent on services.</p> <p>☐ We will also invest in technology to support people to live independently for longer, including aids to reduce the risk of injury caused by falls.</p> <p>☐ We will enhance support to the thousands of informal carers in the district, including children and young people, to enable them to continue the</p>	<p>Whilst this has a clear local and neighbourhood focus there is no reference to when anyone need inpatient specialist care. As such there doesn’t appear to be anything in this strategy that either supports or detracts from the OPS inpatient strategy.</p> <p>The inpatient model is for the very few people with highest need, it does mean options with an enhanced model the assessment and inpatient stay will decrease in time and mean that people are discharged back to place sooner.</p> <p>Option 3 does have lowest bed numbers so does have lowest resilience increases likelihood of sending people out of area, not aligning with strategies.</p>				

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		<p>vital role they play in looking after family members and friends with disabilities or health conditions.</p> <p>☐ Intensive support to care homes and home care services that we put in place during the pandemic will continue and we will maintain housing support coordinators in hospitals to stop housing issues being a barrier to people being discharged.</p> <p>☐ People will have more choice, control and support to live independently with less reliance on services. Where people do need support from services, health and care will be more joined up and organised around the needs and preferences of the individual, their carers and family.</p> <p>Mental ill-health is a concern for many people and suicide rates in the district are higher than the rest of the country, so we will invest time and money into helping people stay emotionally well, tackling the underlying causes of mental illness and supporting people who have mental health problems.</p>					
<p>Acute Hospitals</p> <p>CHFT</p>	 CHFT-strategy-Final_090323Update.pdf	<p>Within the strategic plan there is mention of a reconfiguration of clinical services by 2027.</p> <p>(NB It is important that local pathways reflect collaborative and partnership working to ensure that older people have access to the appropriate clinical services (mental or physical health or both) and that clinical teams work for the common purpose of providing holistic physical and mental health care appropriate to their assessed needs, regardless of their inpatient setting.)</p>	<p>There is an opportunity to transform services enabled by estate development (taken from this document)</p>				

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Mid Yorks	 MY-Clinical-Services-Strategy-2023-28-MYc  Delivering MY Future 2023-28 MYd206374 \	<p>Services will be designed to provide and evidence excellent patient outcomes.</p> <p>This will include (where required) combining expertise from within the Trust and from our partners to establish joint working arrangements. Purpose-built facilities will be used to create centres of excellence and facilitate optimal clinical outcomes, patient safety and experience. Patients will be involved in co-designing what we do in the best interests of their individual care and that of the community.</p> <p>Dewsbury & District Hospital Dewsbury Hospital will continue to provide urgent and emergency care services through its Type-1 ED, CAU, and Dewsbury Acute Care of the Elderly Unit (DACE). Through this strategy, we will increase the provision of planned care services on the site and introduce specific centres of excellence.</p> <p>The Dewsbury site includes:</p> <ul style="list-style-type: none"> • Emergency Department (ED) (Type-1) with Integrated GP Walk-in Centre • Acute Care of the Elderly Unit (DACE) • Palliative Care Day Support and Therapy Unit (Rosewood) <p>Pinderfields Hospital, Wakefield – Major Acute Hospital Pinderfields Hospital is the acute and emergency care centre for the Trust. It is the focus of the main patient flows, particularly for sicker and more complex patients. This will continue and be enhanced through the delivery of this strategy.</p> <p>The Pinderfields site includes:</p>					<p>Mid Yorks model aligns well with SWYPFT proposals for transformation, both in terms of delivery of centres of excellence models and aligning their older people’s wards in Wakefield and Dewsbury with our proposed wards in the Transformed model which by collaborative working will ensure patient flow is maintained.</p> <p>(NB It is important that local pathways reflect collaborative and partnership working to ensure that older people have access to the appropriate clinical services (mental or physical health or both) and that clinical teams work for the common purpose of providing holistic physical and mental health care appropriate to their assessed needs, regardless of their inpatient setting.)</p>

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		<ul style="list-style-type: none"> • Emergency Department (ED) (Type-1) – Adults and Paediatrics • Acute Care of the Elderly Unit (PACE) • Acute and Emergency Surgery • Acute Medical Services 					

Summary scores

The table below summarises proposed revised scores following review and the rationale for any changes. It supports the previous analysis that options 5 and 9 do align well with strategies, though does propose increasing scores of option 2 and 3, acknowledging that the issues identified with these options do persist.

Number	Option	Co-Dependencies with other strategies (3 breakout groups)				Key discussion points
		Previous score	Agreed Y/N	Alternate suggested score	Agreed score	
1	No Change	4	Y		4	<p>Agreed that option 1 remains at 4 due to not delivering the key elements of a specialist model. Does support people in home locality but keeps people away from their community for longer.</p> <p>Option 2 does have one key area not met – the ward size which leads to a score of 5.</p> <p>Option 3 increases from score of 3 to 5 but still has key concerns links to resilience to support people locally and SWYPFT priorities.</p> <p>Option 5 and 9 – increase by one as align well with the vast majority of local, regional and national strategies. Travel</p>
2	W19 dementia unit, 6 extra beds at Crofton,	4	N	5	5	
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale,	3	N	5	5	
5	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards)	7	Y		8	

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Number	Option	Co-Dependencies with other strategies (3 breakout groups)				
		Previous score	Agreed Y/N	Alternate suggested score	Agreed score	Key discussion points
9	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	7	Y		8	impact would be very limited (in terms of sustainability strategies).

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Options Scoring Criteria

Score	Description	Summary	Viability
10	meets fully and exceeds	This gives us everything we'd expect from a model and more. A new build, for example, might allow an innovative environment that goes beyond some of our existing good practice models.	Viable
9	meets fully	This would fully meet requirements across all wards – for example, all wards would be en-suite, have good private space, strong male and female privacy etc.	Viable
8	meets the vast majority of requirements	This would meet the vast majority of requirements across all parts of the system. There might be some minor issues – for example meets single sex requirements but there is limited space for extra clinical activities – i.e. might be limited open space rooms.	Viable
7	meets the vast majority of requirements with additional work required	This could meet all but a small number of areas which could potentially be addressed over time without too much impact on the model – for example if not all bedrooms can be en-suite but that we can mitigate or wards with some space challenges, Single sex met, but needs management, etc.	Viable
6	meets most with more work required	Similar to above but there are more issues that require adjustments and management. For example, the overall environment is good, there are a few things that could be better across the system but we can still make it work safe and effectively	Viable
5	meets most but a key area not met	One of the key areas of delivery of the model can't be met. So this might be single sex accommodation can't be managed effectively everywhere or it might be delivery of the fully needs based model.	Viable but further considerations of how to improve the key area should be considered
4	meets some parts not others with key areas not met	This would be where a more than one key area can't be met. Viable but sub optimal. For VfM scoring any option that is financially viable would score 4 or above	Viable – but need to consider how to improve model
3	limited criteria met with several key areas not met or one significant risk	Where there are enough challenges that mean either the essence of a good service model can't be delivered or that something leads to a significant risk in the system. For VfM scoring this would be if we can't reach level of assurance that the models are financially viable.	Not currently viable – need to consider whether any changes could make the option viable
2	meets very few criteria well with many key areas not met / significant risks		Not viable
1	does not meet criteria		Not viable