

To: Rob Webster CBE
Chief Executive
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Board

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Dear Rob

Re: Outcome of NHS England (NHSE) stage 2 service change assurance review of proposed changes to West Yorkshire ICB's (ICB) older people's mental health inpatient services

I am writing to outline the outcome of a stage 2 service change assurance review of proposed changes to older people's mental health inpatient services across three of West Yorkshire Integrated Care Board's (ICB) places. The review has been undertaken by the North East and Yorkshire regional NHSE team, in line with national NHSE service change guidance¹. It builds on the strategic sense check undertaken in 2021 and assesses the level of assurance received in relation to the ICB's three proposed options for how inpatient beds provided by the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) could best be configured to deliver clinical improvements for patients.

Assurance

A clear case for change has been demonstrated by the programme team and NHSE recognises the clinical quality and experience challenges posed by the mixed-needs nature of the current five older people's inpatient wards. It is evident that the Trust is fast becoming an outlier in maintaining this model and the system has demonstrated that the proposals stand to enhance staff specialist skills and improved ward environments for patients, likely to lead to less pharmaceutical intervention, fewer ward transfers and shorter lengths of stay.

NHSE acknowledges that the isolated nature of the Poplars site has been raised in both Care Quality Commission² and Northern England Clinical Senate (2022) reports, presenting some risks around staffing and access to out of hours' assessments.

¹ ['Planning, assuring and delivering service change for patients'](#) (NHS England: 2018, with 2022 addendum)

² ['Wards for Older People with Mental Health Problems: Inspection Report, SWYPFT'](#) (Care Quality Commission: 2022)

From available evidence and discussions, the programme has demonstrated:

- A strong partnership approach to the development of the proposals with support across both provider and commissioner organisations;
- Clinical support for the proposed care model from the Northern Clinical Senate which advocates a model that separates out functional and organic care;
- Consideration of the views of the Yorkshire and the Humber Clinical Network for Mental Health and reflection of the network's feedback in the change proposals and process;
- Significant work to harness the lived experience of service users and carers, as well as the views of staff and wider stakeholders, which has informed both the proposals and the criteria against which these have been assessed, with more recent involvement activity undertaken to sense-check the relevancy of previous feedback whilst being mindful of maintaining a trauma-informed approach;
- Capacity and demand modelling that has considered relevant best and worst case scenarios, with tolerances built in accordingly, and enhancements to community mental health services (as part of the first phase of the mental health service review) and work with Primary Care Network integration underway to further support reduced admissions and length of stay and substantiate the small potential bed reduction;
- Learning from other Trust inpatient clinical models and configurations has been harnessed as part of the service review process;
- Due regard has been paid to statutory responsibilities with an iterative equality impact assessment in place that encompasses health inequalities and is aligned to engagement and consultation planning; a sustainability impact assessment and a travel and transport impact assessment;
- A consultation plan which sets out a clear understanding of stakeholders and aligned communications and consultation approaches;

Evidence supplied suggests that the best practice service change checks and the following five tests for service change³ (where applicable) have been proportionately satisfied, given available information at this stage of the change process:

- Test 1 – Strong patient & public engagement
- Test 2 – Consistent with choice
- Test 3 – Clinical evidence base
- Test 4 – Support of GP commissioners
- Test 5 – Hospital bed-based reduction

It is recommended that relevant evidence is compiled into a single 'Five Tests Self-Assessment' document to strengthen internal and external assurances at the decision-making stage of the process. Full satisfaction of Test 1 – Strong patient and public engagement - will only be fully confirmed upon conclusion of planned discussions with the recently-established JHOSC about the consultation plan, together with further work to strengthen the consultation narrative and planned process, as outlined below. It is recommended that communications peer support/review is obtained to help with this.

³ [Planning, assuring and delivering service change for patients](#) (NHS England: 2018, with 2022 addendum)

The challenges of running the consultation in a year when there may be significant election activity are duly noted. It is clear that, while a consultation and decision-making timeline straddling local and mayoral elections is not ideal, a range of options have been considered and risk-assessed in reaching this proposed timeframe. The ICB is strongly encouraged to keep this under review and exploit all opportunities, including a potentially shorter consultation period, to mitigate any potential political and legal risks.

The ICB has confirmed that it will prioritise the proposed changes from a capital and estates expenditure perspective, with capital costs to be met by SWYPFT's 2024/25 and 2025/26 operational CDEL capital allocations. However further assurance is required to demonstrate that this scheme is prioritised for system capital across all conflicting priorities in West Yorkshire, not limited to place. Prioritisation continues to apply within the wider system mental health context, where there are competing priorities and pressures on the system CDEL capital budget. NHSE understands that the view of the WY MH&LDA Collaborative, and confirmation that the OPMH proposals are a system priority are being sought and we look forward to having confirmation of this in order to fully support the proposals to move to consultation. It is important that the ICB is also able to demonstrate how the system will look to address and prioritised other mental health priorities in future years if and as the OPMH service changes are delivered. While the current financial planning pressures experienced by ICBs are fully acknowledged, NHSE will also require a clear understanding of the proposals' affordability within the medium term financial plan and the system's requirement for breakeven. This should include a full picture of workforce costs, including contingencies if recruitment plans aren't fulfilled, incorporation of stranded costs and inflationary increase tolerances and mitigations that are understood and supported at a system level. A clear comparison of proposed options' costs to business as usual costs from both a capital and revenue perspective is also required.

Further work is also advised to ensure that the proposed changes duly consider any digital implications, particularly any data migration costs. The programme is also encouraged to validate anticipated ambulance activity reduction with further modelling, together with understanding the Yorkshire Ambulance NHS Foundation Trust's view of the proposals.

Conclusion and next steps

The NHSE NE&Y Regional Team is satisfied that sufficient assurances have been obtained at this stage to support the need for the proposals to move to the next phase of the change process. This is subject to anticipated evidence of system-wide prioritisation of where system capital should next be invested in Mental Health, which is required before any public dialogue on the options can begin.

Caveats to this assurance position include provision of documentation to satisfy the following requirements at the relevant stages:

Prior to the start of formal consultation:

- Written support for proposals from the system MHLDA provider collaborative and system MHLDA programme board, including evidence of system prioritisation for the capital expenditure, given other potentially competing MH capital programmes within WY, together with an impact assessment on other mental health priorities requiring funding from the system CDEL allocations;

- A governance, consultation and decision-making timeline which continues to assess and mitigate all political and legal risks associated with the 2024 local and/or general election cycle;
- Provision of a draft consultation document which clearly sets out the impacts of each scenario against the criteria and the status quo, that has a balanced narrative around both organic and functional service users;
- Demonstrating through communications and consultation materials a clear narrative around the case for change, the patient voice that has informed this work and the future role of the Poplars site, and
- Considering the value of consultation methodology which considers feedback on both the clinical model and the individual options and ensures independent, external analysis of the feedback to safeguard impartiality and bring further rigour to the process.

Prior to a final decision being made:

- Incorporation of the scheme's costs into a clear medium-term financial plan which demonstrates affordability from both a Trust and ICB perspective, including appropriate inflationary increase tolerances, inclusion of stranded and workforce costs and clear system sign-up to how any revenue and capital risks will be managed;
- A clear 'train, retain and reform plan', aligned to LTWP expectations, which maximises opportunities of multi-disciplinary working beyond nursing;
- Continuing to keep the dialogue open with NHS South Yorkshire ICB and Barnsley HOSC to understand their position on any potential impact, with any risks raised appropriately mitigated;
- Clear mitigations for travel and transport implications that are already known or which emerge through the consultation process.

Thank you to the WY OPMH Transformation Programme Team who have been working with the NHSE regional team throughout this process. The work that the system has undertaken to reach this stage and to continue to drive improvements for local patients and families is not underestimated. Please supply additional assurances or request any additional advice via Jill Simpson (jill.simpson2@nhs.net) and Patricia Samuels (patricia.samuel@nhs.net).

Your sincerely



Richard Barker CBE
Regional Director (North East & Yorkshire)

Cc:

Carol McKenna, Place Lead, Kirklees Health & care Partnership
 Robin Tuddenham, Place Lead, Calderdale Cares Partnership
 Jo Webster, Place Lead, Wakefield District Health and Care Partnership