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Information updated:

- New question: number 31

Older people's mental health inpatient services – public consultation

Frequently asked questions (FAQs)

These FAQs are here to help answer any questions you may have about the public consultation on older people's mental health inpatient services. We recommend that you read these FAQs after you have read our main consultation document. This can be found on our website here: https://www.southwestyorkshire.nhs.uk/opsconsultation/about-our-consultation/

If you have any questions which aren't answered in these FAQs or in the information on our website, please contact us using the details on our website here: https://www.southwestyorkshire.nhs.uk/opsconsultation/contact-us/

Please note that this information may be updated during our consultation.

Contents

In partnership with:
South West Yorkshire Partnership NHS Foundation Trust
NHS West Yorkshire Integrated Care Board
Version 3

About the consultation

1. What is the consultation about?

This consultation is about improving mental health inpatient services for older people in Calderdale, Kirklees and Wakefield. The consultation asks people about our proposals to invest into and create a specialist inpatient service for older people with dementia, and dedicated wards for older people living with other mental health needs, such as anxiety, depression or psychosis, which are known as 'functional mental health needs'.

2. What's wrong with the service now – why are you suggesting change?

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.

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.

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

3. Why do you need a consultation to decide this?

Public consultation is usually triggered when the proposal under consideration would involve a substantial change to NHS services.

Our proposals are considered a significant change as they include changing the location of where services are delivered.

4. When will the proposed changes happen?

All of the proposed options are subject to building work. This work will take approximately six months, and is planned for early 2025. This means that any changes are likely to take place in Summer or Autumn 2025.

5. I am not happy with the proposed options, what can I do?

Please let us know your views via the consultation process. All views are important to us to help us reach the right decision.

6. How can I give you my views?

Fill out the consultation survey online: 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, which are being held at venues across Calderdale, Kirklees and Wakefield, or attend an online meeting. The details of these and how to attend on our website: www.southwestyorkshire.nhs.uk/opsconsultation

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

7. When does the consultation close?

The consultation will close on Friday 29 March 2024.

8. What will happen 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.

We hope to reach a decision by Autumn 2024.

9. I need information in another format what do I do?

We have information available in other formats on our website – www.southwestyorkshire.nhs.uk/opsconsultation - this includes our consultation information as Word documents, text only webpages, and videos. If you still need information in another

format, please contact us at opsconsultation@swyt.nhs.uk or call us on our freephone number - 0800 587 2108 - and someone will be in touch to help you.

10. Are you using advocates to support other service users and carers and not just patients on the wards?

Whilst the advocacy support we work with is directly with patients on the wards, the consultation approach has been to support service users and carers where we can.

Our community teams have been asked to raise awareness with service users and help them to complete the surveys.

Our approach is also to work with voluntary and community sector partners who will be supporting and helping people to complete forms.

11. Where are the printed versions of the easy read consultation information available?

All our consultation documents are available on the documents section of the consultation website: OPS Documents Archive - South West Yorkshire Partnership NHS Foundation Trust

There are printed versions available, and these can be downloaded and printed from the website too. Our printed versions can be given to local groups as part of community engagement work or are available on request.

12. Are people going out in each area to check coverage of information sent out?

Yes, packs of information (including posters and leaflets) have been sent widely across sites in Calderdale, Kirklees and Wakefield. Our team members have been spot checking whether materials are on display in certain sites, and reminders have been sent to ensure that information is being displayed.

Following the midpoint review we are going through a process of systematically checking that the materials are on display and reminding our partners as required.

About our current model

13. What are you doing to help people stay at home rather than be admitted to a ward?

There is a wide range of community support available to people with mental health needs in our area. The Trust have memory assessment teams, community mental health teams and older people crisis teams.

These provide assessment, diagnosis, support and treatment for those people who have a mental health need but can stay safely at home. The support can range from one off diagnostic appointments to daily support.

There are also lots of other services that we would signpost to depending on a persons' needs, from support groups to home environment assessments. It is our aim to keep as many people as possible living at home for as long as possible.

14. Why do you have to move people to a different location at the moment?
There are several reasons why people move in the current model.

Where people are admitted outside of their local area, we often transfer them to a ward that is closer to their home to facilitate discharge.

Another reason we transfer people is when the ward environment isn't the most appropriate to support the patient and we think their care needs would be better met on a different ward.

In Wakefield, we can't admit people who are at their most acutely unwell into The Poplars, Hemsworth, because of issues and risks with the isolation of the site. This means that people will be admitted onto another ward when they are at their most unwell and then transferred to poplars when they are more stable.

Beechdale Ward, Calderdale Royal Hospital and Crofton Ward, Fieldhead Hospital are mixed sex wards. Sometimes we transfer people to Ward 19 at Dewsbury Hospital if they require a single sex ward.

15. The Poplars is in Hemsworth. Is it a ward for people from Hemsworth (or the east side of the Wakefield district) to be admitted to?
The Poplars is used by people from across the Wakefield district as well as people living in from Barnsley, Calderdale and Kirklees.

On average, in 2023, 6 people from across the Wakefield district were being cared for at The Poplars at any one time. This is half of the beds available at The Poplars.

The Poplars ward can't directly admit people. Anyone living in the Wakefield district who needs a dementia stay is likely to be admitted to the Crofton Ward, Fieldhead Hospital, Wakefield first, following assessment they may be transferred to The Poplars after a period of time.

16. Why does The Poplars operate at 12 beds when it was originally 15?
The Poplars site was not designed to deliver acute mental health inpatient care. Originally commissioned as 15 beds, the site has been operating with a maximum capacity of 12 beds since November 2015 with capacity reduced to make space for a female lounge, clinical storage room and, more recently, a Covid-19 changing room. This reduction in capacity was needed because of a change in the presentation of patients over time who now have more acute mental health needs.

Typical occupancy on the ward over the most recent five years has been 9.7 people at any one time.

17. What is the difference between your wards, general hospital wards and a care home?

People are admitted to our wards when their mental health means they are no longer able to be supported safely in the community. They may have physical health and social care needs as well but these are not the main reason for admission.

People are admitted to general hospitals to treat a physical health condition that cannot be managed in the community. They may have a mental health need but this is not the main reason for their admission.

People may live in care homes when they have care needs that means they need more support than they can receive at home.

18. Are other mental health services, for example those that support people with physical health needs, considered in this consultation?

The older people's mental health inpatient services consultation is focused on the needs of people who need inpatient mental health care, where mental health is their primary condition.

Physical healthcare providers, for example, may provide some forms of mental health care in addition to their main role but they will primarily be focussed on the physical health needs.

In scope of this consultation would be where someone with acute mental health needs interfaces with a physical healthcare provider (so somebody that does require a mental health hospital stay but also needs access of general healthcare services).

19. What support do carers and families receive on the wards and how involved are they with their relative or loved one's care?

Carers are viewed as an integral part of the care delivery to and are invaluable to supporting service users. Whenever deemed therapeutically beneficial work will be undertaken with service users families and wider friendships.

On our wards, we try to work closely with families and carers whenever we plan care.

We also share information about a patient's care whilst an inpatient. This is something we constantly aim to improve and will be factored into any new model of care.

20. What type of input to their care / care plan does the patient / carer / family have?

We recognise that patients and carers are experts by experience. With consent from the patient we discuss care planning, including discharge planning, as much as possible.

This could include multidisciplinary team meetings and working alongside community staff when a patient has home leave.

21. Do all inpatients have individual bedrooms and ensuites now?

All patients currently have individual bedrooms. At the moment not all bedrooms are ensuite across all wards.

22. What happens if patients have multiple health needs as well as dementia or mental health needs? Where will they be treated?

Patients are admitted to our wards when their mental health needs cannot be safely managed in the community. We have a team of people that can support patients with multiple health needs on our wards as part of a multi-disciplinary team. We will also work with the acute general hospitals to ensure there is appropriate specialist care for people that need other support.

23. What support is there for people with dementia in general hospitals?

Each general hospital has different support available for people with dementia on their wards, this is not provided by South West Yorkshire Partnership NHS Foundation Trust.

There is also support from mental health liaison teams provided by the Trust, who assess mental health risk and arrange support and signposting following somebody becoming medically fit for discharge.

24. Will patients be registered sectioned under the Mental Health Act? Are patients able to leave the ward / hospital? What are their rights?

Many of our patients are detained under the Mental Health Act and receive support from advocacy services to help understand their rights, including options to hold a tribunal.

Other patients may be under a deprivation of liberty safeguard under the Mental Capacity Act. Again, advocates can support these patients.

Some patients are admitted on a voluntary basis and are free to leave the ward as they wish.

25. Is there a multidisciplinary team of professionals involved in the care of the patients, e.g. social workers, community mental health nurses, occupational therapists, psychiatrists, activity organisers, speech and language therapists for example?

A multidisciplinary team of professionals are involved in the care of the patients. We would seek to continue and enhance this in our proposed options.

As well a registered nursing and healthcare assistants, roles on the ward will include:

- Ward manager
- Physiotherapists
- Occupational therapists
- Psychology / psychology assistants
- Medical workforce
- Advanced clinical practitioner
- Social workers
- Dietician
- Administration – medical secretary, ward admin, reception
- Pharmacists
- Discharge coordinator
- Domestic staff and housekeeping.

26. Is there an individual advocacy service available to patients?

Yes, there is currently an advocacy service that works into all of the wards and is accessible for all service users. This would continue in any of the proposed options.

27. Do you support John's campaign?

We support the principles of John's campaign which are for the right to stay with people with dementia, and for the right of people with dementia to be supported by their family carers. Carers and family members are able to have regular input in care on our wards. Whilst we have visiting times these are often flexible to support family and carers providing care on our wards.

28. What is meant by 'mixed gender'?

This is where male and female gender patients stay on the same ward.

29. How do the wards comply with the 2019 NHS guidance on same sex services?

Delivering same-sex accommodation (NHSE 2019) sets out principles and guidance for how wards should be configured, including having female only lounges and bathrooms, single gender sleeping accommodation and not having to pass through mixed gender areas to access those areas.

Single sex accommodation guidance is currently met on all units except The Poplars ward. The CQC noted in their visit in late 2022 that female patients had to walk across a communal area used by male patients to reach a communal bathroom (they were always accompanied by a staff member when doing so).

In the current and any proposed models all bedrooms are single bedrooms.

All wards have designated female lounges and dedicated male and female bathrooms.

Guidance will be met on all wards in all future options.

30. How is patient safety managed on the wards?

Patient safety is a key consideration for all of our wards. For every patient admitted a comprehensive risk assessment is completed for all patients including sexual safety and risk to others.

31. Do people lose any government provided benefits when they are admitted to an older people's mental health inpatient ward?

Most benefits will continue when a person is admitted to a ward. Attendance allowance and personal independence payments (PIP) will stop after 28 days from admission. Carers allowance will stop 12 weeks from admission. Once discharged, people can contact the relevant benefits office for payments to restart.

About our proposed options and the consultation

32. Is this consultation about saving money?
No. This consultation is not about saving money, it is about improving the service. All the proposed options need investment into services and mean that we'll spend more than what we do at the moment.

33. How much will this cost?
The proposed options range from a total annual running cost of £8.2M to £9.3M. This is a range of approximately £0.15M to £1.2M more than the current running cost..

The cost of building works for the options ranges from £5.5M to £8.2M.

34. Are you closing or moving any of your inpatient wards?
We are not closing our wards. The service at The Poplars, Hemsworth will be moved to be integrated into the model.

35. I have heard the NHS is building lots of new hospitals. Why can't you build something new?
There is a small amount of building work in all the proposed options. However, based on projections a complete new build model might take up to 10 years to achieve (and there are no guarantees on this timeline). There are challenges with our inpatient model which we know need resolving sooner than a new build option would allow.

We are keen to hear what you think as part of this public consultation.

36. Will there be a reduction in beds?
All the proposed options include a reduction in the number of beds. At the moment we have 74 beds, the proposed beds in each option are:

- Option one (a) – 72 beds (2 less beds)
- Option one (b) – 68 beds (6 less beds)
- Option two – 72 beds (2 less beds)

When deciding on our options, we looked at demand and capacity in line with future population growth. When we did this, we found that with 72 beds we will be able to meet demand. With 68 beds (option one (b)) we are able to meet demand but it means that there are less beds available for those with a functional mental health need, and there is less flexibility in terms of increased demand in the future.

37. With an ageing population won't we need more beds?
Although we have an ageing population we have not seen an increase in need for our inpatient beds. This could be due to many factors such as improved treatments, earlier interventions and improved community support.

As part of the programme we have looked a detailed demand and capacity modelling, which can be found in our main business case, which you can read on our website – www.southwestyorkshire.nhs.uk/opsconsultation

38. Will this transformation be affected by any potential local council cuts or changes to older people's services?
This depends on the size and scale of any potential changes. At the moment there are no major proposed changes that would have an impact.

Should large and wide ranging proposals emerge we will review the scale and impact and work with system partners to ensure processes are in place to mitigate the effect of any changes.

39. Would these proposed changes improve the service I / a loved one receives?
Yes, all clinical evidence supports separate wards for people with functional mental health needs and dementia. This is also something that our staff and patients have told us. With specialist wards we would be able to tailor the environment and provide specific training for staff to improve the experience of care for our patients. You can read more about how these proposed changes will improve the care people receive in our consultation document which is available on our website - www.southwestyorkshire.nhs.uk/opsconsultation

40. Will care pathways be changed?
Yes. At the moment we have to move patients between our wards to meet their needs. We know that this can be distressing for some people and increase their length of stay. Any new pathways will reduce the amount of transfers between wards dramatically as each ward will be tailored to meet the patient's needs.

41. Will the way people access the service change?
No, people will still come to our wards in the same ways as they do now. Usually this is through an assessment from one of our community teams or an approved mental health practitioner.

42. This consultation seems to be about older people. What are you doing for people who are younger who need inpatient support?

Working age adult wards almost always cater for people with functional mental health needs. Younger people with dementia would be admitted to a specialist dementia ward in the future model.

There is ongoing work to support and improve the care for younger people with functional mental health needs.

43. How will the proposed options meet the religious or cultural needs of inpatients?

As part of the comprehensive assessment religious or cultural needs are considered. We then care plan to meet any unmet needs. We would continue to make sure the model can meet these needs in a future model.

44. Will the new system have single gender wards and spaces?

In options 1a and 2, 4 of the 5 wards will be single gender.

In option 1b, only the specialist dementia ward will be single gender, meaning that ongoing mitigations will be required for people with functional needs that would benefit from a single sex placement.

45. What arrangements will be in place for people who are non-binary or whose gender is fluid?

We would continue to manage this on a case by case basis, allowing individuals to self-identify which ward would be most appropriate for them.

46. How will you support people with additional communication or language needs?

All communication needs are assessed, and we follow a policy for people that require support around communications and language needs to help people communicate as well as possible. This will continue in the same, though a specialist dementia ward could help improve communications with patients with dementia even further.

47. Will all inpatients have individual bedrooms and ensuites in future options?

All patients will continue to have their own bedroom in all options. Whilst not all bedrooms will be ensuite, in either of the proposed options, the number of ensuites will increase.

48. How will you support family members, carers and loved ones to travel long distances?

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.

Through the consultation we want to understand what the impact would be for people getting to and from our services. We are keen to hear people's views so we can capture 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.

The Poplars, Hemsworth, Wakefield

49. What is the future of The Poplars, Hemsworth?

As part of this transformation the service that operates from The Poplars will continue but it will be integrated into a new model. Additional bedrooms will be created at Fieldhead Hospital, Wakefield, to enable this to happen.

Fieldhead Hospital will be used for people with dementia or people with functional needs depending on the option chosen following the public consultation.

The future use of The Poplars building/site will be subject to a separate process. This process might lead to the building continuing and being used as more of a local asset and there has been some interest in using the site. This will be subject to a separate process that follows the public consultation.

50. Why is there not an option that includes keeping The Poplars site?
As the proposed options were developed and reviewed, it became clear that The Poplars site, Hemsworth did not fulfil the criteria for specialist mental health inpatient services, which includes people who are severely unwell with dementia. The other main consideration is that The Poplars is in an isolated location and does not have good access to a main general or mental health hospital.

51. The Poplars, Hemsworth isn't included in the proposed options. What will happen to this building and / or service?

The service that currently operates at The Poplars site in Hemsworth will be integrated into the new model.

We will be working with health and care partners on how we can best use The Poplars site in the future. This will be a separate process to this consultation which would happen following any decision. This would include:

- When a property is declared surplus to requirements, the Department of Health and NHS estates are informed and the property goes on the surplus register.

- We would then ask if any public bodies want the property as a limited disposal and we are required to get a capital return which equates to the market value of the property.
- If no public body wants the property it is disposed of on the wider property market.

Initial conversations have taken place with local partners about the future use of The Poplars site and how it could be used as a local asset for health and care purposes. We are hopeful that a solution to the use of the site can be found quickly following the decision made from this consultation.

52. What if I don't want The Poplars to close?

We want to hear all feedback as part of our public consultation. The Poplars site in Hemsworth is not a suitable site for an older people's mental health inpatient service, but we think that it could be used as a local asset for health and care purposes. We will be working with partners, separately to this public consultation about how The Poplars could be used by the local community in Hemsworth for the future.

53. When will The Poplars, Hemsworth close?

The service at The Poplars, Hemsworth will move in Summer 2025 at the earliest.

54. What will happen to the patients who are in The Poplars?

The patients who are admitted to The Poplars will continue with their stay on the ward and be discharged from the ward as normal. As part of the implementation plan, we will consider how we can carefully plan for transition to the new model. This might mean starting to admit more people to the new dementia ward in advance of the formal launch of the new service. Some people might still need to transfer to the new ward when it launches.

55. How will you prevent the same concerns that are occurring at poplars, occurring at a dedicated dementia unit?

Any of the proposed options would put the specialist dementia unit very close to other mental health wards and general hospitals. This would remove a lot of the clinical safety concerns at The Poplars, such as medical and emergency cover. The proposed options would also mean that patients with dementia are more likely to stay on the same ward throughout their inpatient admission. This will stop the negative impacts of being transferred to another ward and should reduce overall length of stay. In addition, staffing will be more appropriate for a dementia specialist unit meaning that there will be more staff with the necessary skills on hand when a patient with dementia needs it.

Staffing

56. What will happen to the staff currently working in the service?
There are no planned job losses as part of the OPS inpatient transformation programme. After consultation, if there are any staff that would be directly affected by transformation, such as a change in workplace, there would be a further formal staff consultation.

57. Where will the staff working at The Poplars go?
A separate staff consultation process will take place in 2024 with staff who currently work at The Poplars, Hemsworth.

58. Will staff be given a choice where they can work?
There will be a formal staff consultation for staff who directly affected by a proposed change. We would like to hear from staff on how they would like us to approach staff choice, if they would prefer to work on a ward that has a different specialism to their current ward.

59. How will you make sure you have a right staff with the relevant skills and knowledge?
We already have skilled and knowledgeable staff working in our older people's mental health inpatient services. Specialist wards for dementia and dedicated wards for functional mental health, would mean that we could prioritise training and development for staff to match the needs of our inpatients. In addition, we have a recruitment and retention plan to aid with any additional roles that will be needed.

60. How did you calculate the staff required on each ward?
We have used a validated tool which has informed the numbers of staff for each ward in the proposed options. You can read a detailed staffing breakdown for each of the proposed options in our business case which is available on our website – www.southwestyorkshire.nhs.uk/opsconsultation

61. What is the current staff to patient ratio?

The table below shows a typical staffing model for our wards.

Ward	Days		Twilight	Nights	
	RN	HCA	RN	RN	HCA
15/16 bed mixed need ward	2	2	1	1	2

RN: Registered Nurse; HCA: Healthcare Assistant.

To note: we frequently require bank and agency staff in addition to these current staffing levels. Also, there are other staff on the ward in addition to these roles, for example, occupational therapy, physiotherapy, psychology, and doctors.

62. What would be the staff ratio to patients. How many qualified on each shift?

The staff ratio to patients would depend on the proposed option chosen as an outcome of this consultation, alongside the numbers of beds on a ward and the specialism of the ward.

The table below shows what staffing would be required in the new model, this can be adapted for different ward sizes.

Ward	Days		Nights	
	RN	HCA	RN	HCA
Dementia 15 bed	3	5	2	5
Functional 15 bed	2	3	2	2

RN: Registered Nurse; HCA: Healthcare Assistant.

To note: there are other staff on the ward in addition to these roles, for example, occupational therapy, physiotherapy, psychology, and doctors.

63. Why are there more staff needed on a dementia ward than a functional ward?

The dementia staffing is higher because the workforce modelling shows that there will be more people with dementia that require one to one support.

Information for Calderdale

64. What will these proposed changes mean for people from Calderdale?
All people will benefit from a specialist / dedicated model of care. Some people will access beds locally and some will be admitted to a ward outside of their local area.

For Calderdale people with a functional mental health need are likely to be admitted to Beechdale Ward at Calderdale Royal Hospital in any option.

People with **dementia** will be admitted outside of Calderdale as part of the options, to a specialist dementia unit at either Dewsbury or Wakefield.

Based on recent demand this would be around 24 dementia and 45 functional admissions per year for people from Calderdale.

65. Is there a change in bed numbers proposed in Calderdale?
No, the ward will stay the same, though in all the proposed options, the ward would be used for people with a functional mental health need only. It will be accessed by people from Calderdale and also some people from Kirklees. This is the same as how the working age adult wards which are also based in The Dales, Calderdale Royal Hospital, operate.

66. Could Beechdale Ward, Calderdale be adapted to be more appropriate for dementia care?
All 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.

67. Where will the dementia unit be and isn't it going to be a long way for people from Calderdale to travel to?

In the proposed options, the specialist dementia ward would be located at either Ward 19, Dewsbury District Hospital or Crofton Ward, Fieldhead Hospital, Wakefield. Access to all sites was considered when assessing the viability of the different options and we are seeking views on Travel and Transport in the consultation survey. You can read more about how we considered access in our business case which is available on our website – www.southwestyorkshire.nhs.uk/opsconsultation

Information for Kirklees

68. What will it mean for people from Kirklees?
All people will benefit from a specialist / dedicated model of care. Some people will access beds locally and some will be admitted to a ward outside of their local area.

Based on recent demand this would be around 26 dementia and 72 functional admissions per year for people from Kirklees.

Where people are admitted to depends on which option is eventually chosen:

If the dementia ward is at Ward 19, Dewsbury (option one):

People from Kirklees with dementia will be admitted to the specialist dementia ward at Ward 19, Dewsbury and District Hospital.

People from Kirklees with a functional need could be admitted into either Beechdale Ward, Calderdale, or Crofton Ward, Fieldhead Hospital, Wakefield

If the dementia ward is at Crofton Ward, Fieldhead Hospital, Wakefield (option two):

People from Kirklees with dementia will be admitted to the specialist dementia ward in Crofton Ward, Fieldhead Hospital, Wakefield.

People from Kirklees with a functional need would likely to be admitted into Ward 19, Dewsbury District Hospital, or to Beechdale Ward, Calderdale Royal Hospital.

69. Is there a change in bed numbers proposed in Kirklees?
No, Ward 19, Dewsbury District Hospital will have the same number of beds. Though it's function would change to being a specialist dementia ward or dedicated functional mental health needs ward.

70. Will this transformation be affected by any potential local council cuts or changes to older people's services?
This depends on the size and scale of any potential changes. We are aware that some care homes are at risk locally in Kirklees but we believe these should have a limited impact on our services. These are issues that we continue to be conscious of and our Care Home Liaison Teams continue working with care homes to support them.

Should larger and wider proposals emerge we will review the scale and impact and work with system partners to ensure processes are in place to mitigate the effect of any changes.

Information for Wakefield

71. What will it mean for people from Wakefield?
All people will benefit from a specialist / dedicated model of care. Some people will access beds locally and some will be admitted to a ward outside of their local area.
Based on recent demand this would be around 49 functional and 33 dementia admissions per year in Wakefield.

Where people are admitted to depends on which option is eventually chosen:

If the dementia ward is at Ward 19, Dewsbury (option one):
People from Wakefield with **dementia** will be admitted to the specialist dementia ward at Ward 19, Dewsbury District Hospital.

People from Wakefield with a functional mental health need are likely to be admitted Crofton Ward, Fieldhead Hospital, Wakefield.

If the dementia ward is at Crofton Ward, Fieldhead Hospital, Wakefield (option two):
People from Wakefield with dementia will be admitted to the specialist dementia ward at Crofton Ward, Fieldhead Hospital, Wakefield in these options.

People from Wakefield with a functional mental health need are likely to be admitted into Ward 19, Dewsbury District Hospital.

72. Is there a change in bed numbers proposed in Wakefield?
There may be a slight change in the bed numbers in Wakefield as 2 of the options (1a and 2) include 2 fewer beds than the current operating model and another option (1b) would have 6 fewer beds.

The slight reduction is due to space constraints at the Fieldhead Hospital site in Wakefield where extra beds will be established in the options.

73. Why is there a planning application for work at the Fieldhead site if no decision has been made on which option to take forward?
All options that are viable for public consultation do require some site development work. SWYPFT need to progress this as soon as possible to enable spend of capital monies allocated to the Trust in 2024/25 and 2025/26.

This won't predetermine any outcomes as it will be done in such a way that it can be adapted to the preferred option and should the outcome of the consultation lead to a change to our proposals, the planning application may be changed or withdrawn.

Information for Barnsley

74. Why isn't Barnsley part of the plans for public consultation?
There is no change to our mental health inpatient wards in Barnsley.

75. What happens to people from Barnsley that require a dementia bed?
There is a different model of care in Barnsley with no mental health dementia beds in the locality.

This means that people from Barnsley, when they do require a dementia admission, can be admitted into independent sector beds, other Trust beds or our Trust beds in West Yorkshire. In recent years most people have been admitted into one of our Trust mental health inpatient wards.

This will not change for people from Barnsley. It just means when someone from Barnsley requires a dementia admission, it would be to the specialist dementia site, as outlined in our proposed options.