Older People's Mental Health Services Transformation - Inpatient Services Programme
Review of Strategies – Updated May 2024

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Following the review of options workshop on Tuesday 9 May 2023 a small subgroup reviewed the alignment with strategies domains scores and brought scores back to the programme board. This review took place with placed based leads from Kirklees ICB, Calderdale ICB, Wakefield ICB and the programme manager from SWYPFT.

Agreement was in place to revisit on completion of consultation process to factor in any new strategies that have emerged.

This is an update of the work from 2023, following the consultation process, to feed into the options deliberations in 2024.

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.**	• 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 following tables summarise the different strategies (that are now part of the draft business case), covering a table for national / regional / local strategies so alignment can be tested at each level. The table includes relevant elements from various strategic documents and summarise how well each option aligns.

National Strategies:

Document / Information	**Key focus areas**	Option 1 **No change**	**Option 1B** Option 2	**Option 1A** Option 5	**Option 2** Option 9
National Picture NHSE, in their document, Acute Inpatient Mental Health Care for Adults and Older Adults: guidance to support timely access to high quality therapeutic care, close to home and in the least	National Context • Care is personalised • Admissions are timely and purposeful • Hospital stays are therapeutic • Discharge is timely and effective	Current stays can't be as therapeutic as they should be due to mix. Discharge,	Delivers in all options as the proposed new model of care supports all elements (these criteria are assessed in more detail in the QIA).		

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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:	• Services actively identify and address inequalities • Services grow and develop the acute inpatient workforce in line with national workforce profiles NHS England » Acute inpatient mental health care for adults and older adults	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 the clinical model	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 this system has around 300 people admitted per year – approximately 100 with dementia. Not a direct comparison but all options align with principles.		
NHS England » Culture of care standards for mental health inpatient services	Standards: all people (patients, staff and visitors) feel safe on the ward we respect and protect people's civil and human rights staff prioritise building therapeutic relationships to support patient safety people always receive a compassionate response when they feel unsafe the approach to safety is relational people's mental health and physical health needs are understood and met (see also Needs led) What these standards mean in practice: We take action to keep people (patients, staff and visitors) safe, protecting their physical, relational, emotional and cultural safety. We ensure people are safe from sexual and gender-based harm [10], and our facilities are safe for people at risk of harm to themselves or others. We believe people when they tell us they feel unsafe, or have	Whilst the Trust takes steps to deliver standards of care for service users it does it in spite of a current system that isn't configured in the best way to enable this.	All options deliver a model of care that better enable culture of care standard to be implemented. These features are explore more in the QIA. Option 1B would require further mitigations to mitigate around single sex needs. All wards in this model would meet mixed sex standard but	All options deliver a model of care that better enable culture of care standard to be implemented. These features are explore more in the QIA.	

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	experienced sexual or gender-based harm, and report incidents when they occur. We protect and value time to build meaningful therapeutic relationships with patients as we know this, over the use of surveillance technology, keeps them safe in everything we do. One-to-one observation can be a way to spend time and be with the person, thereby building a therapeutic relationship. Our focus is easing people's discomfort and distress, and we recognise that having someone to listen 24/7 can shift a person's perspective to one of hope for the future [11]. We are person centred [12] in our approach to safety. We ask patients and lived experience workers what makes them feel safe and what makes them feel unsafe on the ward; the former might include access to basic items such as a phone charger, hygiene products and information about the ward. We involve the person and their loved ones in safety planning. Where the person lacks the capacity to discuss what makes them feel safe, we seek information from their support network, patient record or community team, and listen to their feedback as we care for them.		there would be no single sex wards for people with functional needs.		
NHS England » Commissioning framework for mental health inpatient services	Care is personalised to people's individual needs, and mental health professionals work in partnership with people to provide choices about their care and treatment, and to reach shared decisions. Admissions are timely and purposeful. Hospital stays are therapeutic. Discharge is timely and effective. Care is joined up across the health and care system. Services actively identify and address inequalities that exist within their local inpatient pathway, in partnership with people from affected groups and communities. Services grow and develop the acute inpatient mental health workforce in line with national workforce profiles, so that inpatient services can offer a full range of multidisciplinary interventions and treatment. There is continuous improvement of the inpatient pathway *Four key principles* 1. Personalised care and shared decision making	As identified, the current model doesn't enable elements of care to be delivered as effectively as possible and requires ongoing mitigation – for example discharge not always being timely and not enabling the best environment for therapeutic interventions.	Improvements to therapeutic environment, timely discharges and skilled MDT workforce in all options.		

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	2. Trauma-informed care 3. Joined up partnership working 4. Care that advances health equality *Three key stages* • *Purposeful admissions* • *Therapeutic inpatient care* • *Proactive discharge planning and effective post-discharge support* *Two key enablers* 1. A fully multidisciplinary, skilled and supported workforce. 2. Continuous improvement of the inpatient pathway. Using data, co-production and quality improvement methodology.				
Discharge from mental health inpatient settings - GOV.UK (www.gov.uk) https://www.gov.uk/government/publications/discharge-from-mental-health-inpatient-settings/discharge-from-mental-health-inpatient-settings	Good practice guidance for discharge and guidance for people with dementia that we need to factor into implementation design of model: This guidance applies to people with dementia who are discharged from mental health, learning disability or autism inpatient settings. This includes people admitted to specialist dementia inpatient services or a person with dementia (who may have a dual diagnosis of a mental health condition or learning disability) admitted to other mental health or learning disability inpatient services. All of the key principles in the section 'Principles for how NHS bodies and local authorities should work together' apply to people who are suspected of having or have received a diagnosis of dementia.	Applicable in all options.			
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 Exploit the potential of digital technologies to transform the delivery of care and patient outcomes	All options should allow this.			
National guidance on ward size	Modelling (DH 2013) suggests 15 beds is an optimum size for clinical and therapeutic engagement	In line	Well above proposed numbers of Crofton	In line	In line

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https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_03-01_Final.pdf			ward in the proposed option.		
National Strategies in pipeline:					
NHSE major conditions strategy	Key focus areas include: Dementia and Mental Health Background on: Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk) Systems will have to grapple with the complexity of integrating treatment, care and support into people's lives over the long term, with the likelihood of different periods of intensive support or treatment followed by periods where less support is needed, as well as moving between health and social care services.	Elements that would need to be factored into all options			

Regional and Local Strategies

Document / Information	Key focus areas	Option 1 No change	Option 1B Option 2	Option 1A Option 5	Option 2 Option 9
West Yorkshire ICB https://www.wypartnership.co.uk/application/files/6815/8451/9232/Better_Health_and_Wellbeing_for_Everyone.pdf	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		Delivers in all options		

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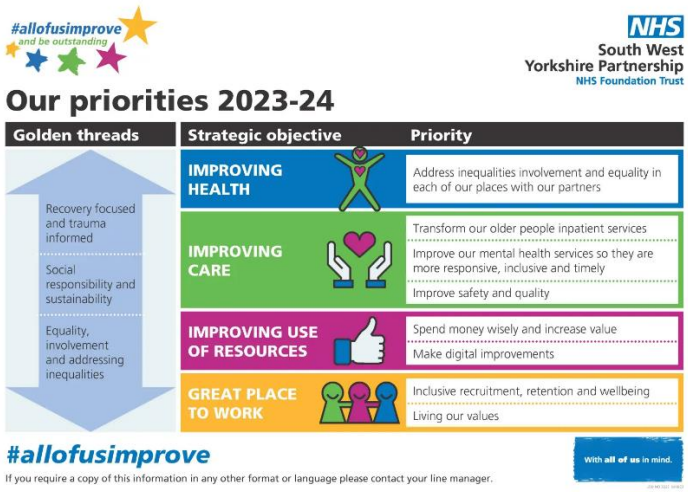
	health. They will deliver world class care and push the boundaries of research and innovation. In addition, the programme board has tested with the ICB several times and found that there is no activity planned regionally or in partner providers that would impact on the medium term options.				
SWYPFT Trust Priorities Trust Social responsibility and sustainability strategy 2022-27 Trust Estates Strategy (P317 via link below): Public-Agenda-and-papers-25.07.23.pdf (southwestyorkshire.nhs.uk)	Our strategic ambitions for 2023/24 are to: Our strategic ambitions set out what we want to achieve and be known for as an organisation. By fulfilling our objectives and achieving our priorities we will be: • A regional centre of excellence for learning disability, specialist and forensic mental health services • A trusted provider of general community and wellbeing services delivering integrated care • A strong partner in mental health and learning disability service provision across South Yorkshire and West Yorkshire • A trusted host or partner in our four local integrated care partnerships • A compassionate and innovative organisation with equality, co-production, recovery and creativity at its heart.  	Fails in quality and improving services	Transformation aligns with the Trust priorities. All transformation options need to be conscious of emissions of extra travel but overall impact is limited, especially factoring in impact of no longer having an isolated site and development of site in Wakefield. The options align well with the estates strategy, especially enhancing the service model, improving the quality of estate, meeting statutory requirements, helping deliver less stigmatising services through the needs based model and helping deliver a more sustainable model.		

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	SRS Strategy: Reduce direct CO2 emissions by 80% by 2028 (from 2013 baseline) and become net zero by 2040 (in line with the NHS target) Reduce energy consumption across our estate through changing behaviours, proactive management and investment in more efficient technology Reduce business miles travelled by staff and promote more sustainable methods of Transport including travel by service users, families, carers and friends 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. Estates Strategy: The estate must enhance and facilitate service models The quality of the estate must have a beneficial impact on staff and service All accommodation must meet accreditation and statutory requirements All accommodation for patients must be in appropriate, non-stigmatising locations All accommodation should be constantly reviewed in relation to the most effective service models. Wherever possible accommodation should enhance opportunities for the Trust Accommodation must provide value for money.				

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	The Trust should only own estate where this is an essential aspect of the service. All investment must be reviewed in relation to sustainability in the widest sense of the word.				
In pipeline: **2024-25 priorities** **Trust Strategy**	Current 24/25 priorities awaiting final sign off but current indications are that this programme remains a priority and key focus area. Trust strategy in development through 2024.				
Wellbeing Strategy Calderdale - Living a Larger Life2022-27	The Calderdale Wellbeing strategy 2022-2027 has 4 core areas, with Ageing Well particularly aligning to this population: 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). It aims to develop and deliver community-based plans to achieve our four priority outcomes across the borough and in neighbourhoods Reviewed the inclusive economy strategic – does reference a specific travel challenge within Calderdale but nothing directly that could be linked to this. **In the pipeline:** Calderdale is currently in process of updating larger life strategy and the JNSA.	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. 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.			
Kirklees strategy	KIRKLEES HEALTH AND WELLBEING STRATEGY 2022 – 2027 To achieve the 4 outcomes across the life course we will focus on 3 priorities MENTAL WELLBEING 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.	The Kirklees health and care plan references this programme directly as one the key changes required to deliver improvements.			

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	HEALTHY PLACES 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. CONNECTED CARE AND SUPPORT 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. WHAT ARE LOCAL PARTNERS GOING TO DO Understand your responsibility around suicide prevention; undertake training to help reduce stigma and know what you can do to help ❑ We will recognise people as experts in their own mental wellbeing, work in partnership with them and support them to self-care ❑ We will work together so mental ill-health and physical ill-health are viewed equally 17 ❑ We will have good data, and use it and personal stories to understand people of all ages who live, work or study in Kirklees to inform evidence-based approaches to tackling mental wellbeing ❑ 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 The Kirklees Health and Care Plan references this programme as one its key changes to deliver improvements: • Implement transformation of older people's Inpatient services, following consultation • On-going implementation and transformation of older people's inpatient services				

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	In the pipeline: Kirklees is developing a strategic plan that will include dementia so no change from above. The JSNA is updating.				
Wakefield strategy	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. 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. 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. We will enhance support to the thousands of informal carers in the district, including children and young people, to enable them to continue the vital role they play in looking after family members and friends with disabilities or health conditions. 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. 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. 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. **In the pipeline,** Wakefield is developing a roadmap that is community focussed.	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. 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.			
CHFT (Acute Trust)	Within the strategic plan there is mention of a reconfiguration of clinical services by 2027.	The CHFT strategy flags the opportunity to transform services enabled by estate development			

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	(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.)				
Mid Yorkshire (Acute Trust)	Services will be designed to provide and evidence excellent patient outcomes. 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. 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. The Dewsbury site includes: • 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) 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.	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. (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.)			

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	The Pinderfields site includes: • 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)				
		Previous score	Agreed Y/N	Alternate suggested score	Agreed score	Key discussion points
NA	No Change	4	Y		4	No change scores 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. Option 1B does have one key area not met – the ward size which leads to a score of 5. Option 1A and 2 –align well with the vast majority of local, regional and national strategies. Sustainability impact is limited.
1A	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards)	7	Y		8	
1B	W19 dementia unit, 6 extra beds at Crofton,	4	N	5	5	

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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
2	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	7	Y		8	

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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