NHS West Yorkshire Integrated Care Board

NHS South West Yorkshire Partnership NHS Foundation Trust

Older people's mental health inpatient services consultation

Report of findings from the older people's mental health inpatient services consultation stakeholder workshop 23 August 2024

In partnership with:

South West Yorkshire Partnership NHS Foundation Trust and NHS West Yorkshire Integrated Care Board

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Version control			
Version	**Name and title**	**Date**	**Status**
V0.1	Csilla Fabian	September 2024	Initial draft
V0.2	Csilla Fabian	September 2024	Second draft
V0.3	Ryan Hunter	11 September 2024	Third Draft

1. Purpose of the report

The purpose of the report is to present the report of findings from older people's mental health inpatient services consultation stakeholder workshop held on 23 August 2024.

2. Summary of findings

Themes

This section provides a high-level summary of the key themes and considerations raised in the event. In this section eight of the full findings from the stakeholder event are included and providing more detail of the discussions. The key themes from the breakout room and jam board are set out below:

Theme 1	Support of the consultation
Theme 2	Travel, transport and visiting
Theme 3	Pathways and partnership working, including creative solutions
Theme 4	Sustainability and access
Theme 5	Ward environment
Theme 6	Response rates
Theme 7	Support for staff

Theme 1: Support of the consultation.

That findings of the consultation were comprehensive, thorough, focussed on the correct themes including travel and transport, and were supported by attendees.

Theme 2: Travel, transport and visiting.

Distance from home, travel from deprived areas, tracking any emerging issues, and ensuring people weren't isolated were raised as themes. Opportunities for support included public transport, shuttle busses, changing routes, financial support, guidance, using VCSE and flexible visiting including long/overnight visits.

Delivering care close to home ranked highest in the consultation feedback but all of the options will include some people that will be cared further away from their home.

Feedback that there are benefits despite the travel impact.

Theme 3: Pathways and partnership working, including creative solutions.

VCSE collaboration / joint working with other partners to support discharge, volunteer support, and creative solutions, continuity of care where people are admitted outside of their home place.

Theme 4: Sustainability and access.

Ensuring there are enough beds, being future proofed and access for minority groups.

Theme 5: Ward environment.

Focus on ward environment such as soft furnishings, music, colours; creative solutions; single sex wards; a working group to support activity

Theme 6: Response rates.

Some places had lower response rates, particularly the east side of the Wakefield district.

Theme 7: Support for staff

Consider staff wellbeing and staff support through the transformation process.

Feedback from key stakeholders

To support the workshop, feedback was captured from key stakeholders as follows:

Joint Health Overview and Scrutiny

The Committee felt that the Equality Impact Assessment Report is robust and demonstrates that equality and diversity has been considered both in the consultation delivery and in the independent report of findings.

Members of the JHOSC were provided with the consultation report and the EIA on the 17 July 2024, and although these documents ran to nearly 500 pages, sufficient time was allowed prior to the formal meeting of the JHOSC on the 15 August 2024. The presentation at Committee was helpful in segmenting key points whilst maintaining a necessary overview to allow meaningful discussion, questions and comment.

The key themes are adequately reflected, and the report demonstrates diligent and careful consideration of those areas the committee would expect to be included in the process and product of consultation.

NHS West Yorkshire Integrated Care Board

The Integrated Care Board confirmed that they are assured of the following:

- Due regard to equality and diversity has been paid through the delivery of consultation activity, and in the independent report of findings.
- Adequate time has been given for you to consider the responses contained in the independent report of findings.
- The product of consultation has conscientiously taken into account all of the key themes that need to be considered.

The Committee felt that the Equality Impact Assessment Report is robust and demonstrates that equality and diversity has been considered both in the consultation delivery and in the independent report of findings.

Members were provided with the consultation report and the EIA in advance of the formal meeting, as per the joint sub-committees agreed terms of reference and governance timelines, allowing sufficient time prior to the meeting. The presentation at the joint Sub-Committee was very helpful in focusing on the process and key points. The format of the meeting supported the delivery of the overview of the process and independent findings, to allow meaningful discussion, questions and comments.

The independent report demonstrates a full and comprehensive consultation was undertaken. The key themes, identified and considered in the report, fully reflect those areas the joint sub-committee expected to be included based on the consultation scope and plan.

The Joint Sub-Committee noted the comprehensive consultation process and the mid point review process, which allowed for additional sessions to be included to extend the reach, where gaps were identified.

3. Background to Older people's mental health inpatient services consultation.

The consultation sought views on proposals to create specialist inpatient wards for people living with dementia and dedicated inpatient wards for other older people's mental health needs in Calderdale, Kirklees and Wakefield.

Currently, older people with dementia who need to be admitted as an inpatient are cared for on the same ward as those with functional mental health needs. These are known as mixed needs wards.

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

Where wards are now:

The options agreed to take into consultation were:

1. A dedicated central specialised dementia unit developed on Ward 19 in Dewsbury with dedicated specialist functional units in Calderdale and Wakefield.

There are two ways that this could be done:

a. with additional functional bed capacity at the Crofton Ward (10 beds relocated at Crofton) and an overall inpatient bed number of 72. The site at Crofton Ward would operate as 2 wards across the 26 beds.

b. with additional functional bed capacity of 6 beds being relocated to Crofton Ward. This means that Crofton Ward would operate a single 22 bedded mixed gender functional needs only ward.

And:

2. A dedicated central specialised dementia unit developed on Crofton Ward in Wakefield with dedicated specialist functional units in Calderdale and Kirklees. This would be a 26-bed dementia unit operating as 2 wards, with 10 beds being relocated from Poplars. Ward 19 and Beech Dale would be functional wards.

The consultation ran from Friday 5 January 2024 to Friday 29 March 2024.

4. Purpose and objectives of workshop

The purpose of the event provided a final opportunity for key stakeholders and partners to **deliberate on the findings from the consultation**. And the final part of the public consultation process before the insight is considered in the decision-making stage which follows.

The event was an essential part of post consultation deliberation to finalise and firm up the key considerations and impacts to ensure that we have fully considered the outcome of the consultation and given due regard to all groups protected under the equality act, including carers.

The event objectives were:

- To provide the space to receive and discuss the consultation findings.
- To provide the space to receive and discuss the equality considerations and impacts.
- To receive a view on the deliberation of the consultation findings from key stakeholders.
- To sense check the information presented and give stakeholders an opportunity to comment further
- To explain the next steps.
- To use the output of the event to help inform the final recommendations.

The event objectives also included a focus of testing the findings of the consultation, considering the key tests for consultation and equality, the Brown and Gunning principles, with specific focus on the following questions in feedback from key stakeholders:

  - Due regard to equality and diversity has been paid through the delivery of consultation activity, and in the independent report of findings.

- Adequate time has been given for you to consider the responses contained in the independent report of findings.
- The product of consultation has conscientiously taken into account all of the key themes that need to be considered.

The outputs gave assurance that the right themes have been identified to take into deliberations over which option to take forward.

The Brown Principles for equality state an organisation must be aware of their duty set out below:

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken.
- Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigor and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

The 'Gunning Principles' state that:

- Consultation must take place when the proposal is still at a formative stage (i.e., no decision until the process has concluded)
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response (clearly describe the model, criteria used to determine the model and reasons)
- Adequate time must be given for consideration and response (the length of the consultation is important to ensure it allows for this)
- The product of consultation must be conscientiously taken into account (demonstrate clearly how the product of consultation has been considered).

5. Stakeholder event findings

The stakeholder event was **attended by 58 people**. There were 4 breakout discussions and people were divided four rooms. Each group had a facilitator and scribe. The table below shows the number of people per group per discussion:

Group	Nº of people
1	14
2	11
3	12
4	11

In addition to the people in the breakout rooms above there were 10 people providing supporting roles including facilitators, senior / clinical leadership and scribes.

The discussion gave people the opportunity to tell us:

1. Any thoughts on what you have heard?
2. Do you agree that these are the right themes?
3. Is there anything missing?

This is what people told us:

Breakout room notes:

Any thoughts on what you have heard?

Group 1

- The most important theme was 'care close to home' – but process means it can only be near to some.

- Are we confident we are future proofing dementia services – Confident we have built in enough flex for at least 10 years plus based on modelling and demographics.

- Eastern side of Wakefield responses feels low – are people aware of the Poplars changes. – a lot of work to capture views (local events) – postcodes not available for all respondents. Any implementation phase will mean we continue keeping people involved.

- Public transport – link was difficult to access – will this be kept up to date? Needs to include things like the shuttle bus and weekend differences. Bus company have also changed the routes which may cause additional journeys in Wakefield. – noted that this is linked to Mid Yorks and we want to explore this but not be dependant in it. – We want to make solutions that are person centred and an intent to put a timescale on commissioning, but it will have to go through future scrutiny.

- Transport group –and thinking about the East of Wakefield and higher levels of deprivation – need to think specifically about this locality so we can support

access. Also, supporting travel arrangements may need to be considered in future commissioning arrangements.

- ICB feedback – Wakefield – value for money assessment and comments – consultation document had costings and FAQ was updated – the real difference in cost was explained to people i.e. building cost and where is was coming from – not asking for more. Also, what we already spend was explained – the difference and increase is not much different. Using what we have better. Increase in staff will be an additional cost.

- Creative health system – nothing included in the proposals on patient/staff wellbeing – how do we collaborate between the statutory and voluntary sector – not asked about this and hope it will form part of the proposals going forward. A working group looking at environments and out of ward work will be picked up through implementation phase. The joint working came across strongly in the feedback from consultation – people want to see this happen.

- Creativity – CQC – reported there needed to be a better offer – these have been fully referenced in the business cases and will be taken forward.

- Memory action group – supported consultation. Carers want to be more involved in the care and have more volunteers to support person centred care i.e. hydration/ feeding – we will be looking at visiting/ opening hours etc… we know the value of carers and the Trust are part of Triangle of Care (TOC).

Group 2

- The first proposal makes sense. A mixed sex bed/ward adds resilience and more contingency when support needed but appreciate separate wards.

- Travel and transport – won't know until things start. Need to recognise emerging issues. As a system we're open to taking improvements. There is never an end to this work.

- Comprehensive document and gone wide in engagement. Mental health not recognised in South Asian communities – seen as a taboo, but engagement was wide.

- Reassuring that scrutiny committees are engaged.

- All seems very considered (process) and clearly put together.

- Question asked how the options were created in the first place? Response: started with community transformation then looked at inpatient. Workshops

were held and had over a dozen options to start with, then looked at demand and capacity modelling. NHSE Clinical Senate visited sites based on options appraisal to distil the options. An additional option was also added based on NHSE Clinical Senate feedback.

- Interesting to see the proposals and why splitting across places.

- People being isolated in inpatient settings has huge impact when families/friends can't visit.

- Question asked if inpatient and has Alzheimers can families stay longer / overnight etc? Response: At this point in time we don't have the facilities to accommodate families staying over. We look at flexible visiting times and flexible MDT meetings. Also ability to spend longer periods of time with patient (not overnight). Looking at visitors support pack.

- Families staying longer/overnight shouldn't be a capacity issue – families can support with feeding, bathroom etc when nurses don't have the time. From a personal experience perspective, a lot of time and attention is needed supporting a person with dementia.

- Having a specialist dementia unit will have a targeted population for more dementia friendly things which is more difficult when mixed ie dementia and functional.

- Question asked if it was more of a home than hospital setting eg soft furnishings, music playing? Response: they are wards on a hospital site however meetings are planned with various stakeholders as part of implementation to prepare for a dementia friendly environment eg, colours, textures, furnishings etc.

Group 3

- Very thorough consideration given to this piece of work- all participants agreed.
- Great to see consideration given to the transport element of the work which has been identified as a barrier in the past.
- Comment about the lower number of Wakefield respondents compared to other areas. Feedback in part due to the larger VCSE networks in other areas who were able to go out into the community for responses. There is an aspiration to strengthen this in the future.
- Positive feedback re: public consultations and how these have been received. Very thorough.

- A lot of information has come back and professionals have noted how comprehensive this has been. Looking forward to getting the work moving.
- Impressed at the outcomes which have been achieved. Views have been sought from varied sectors and considered as a whole in a transparent manner. We've gone 'the extra mile' involving as many partners as possible to ensure we haven't missed anything.
- Some of the impact on staff may have been missed but hopeful this will come later (a staff consultation is planned for the next phase).

Group 4

- Correct themes focused on- quality of care important. Same sex wards will improve care. Good focus on transport helping people to visit family.

- Agreement - good focus of the consultation and the themes explored
- Good consultation on a difficult topic- handled well. Highlighted again transport being important to make visiting accessible.

- Pleasantly Surprised by how little pushback to the proposals. Lots of explaining done in the explaining of the approach and benefits. Now responsibility as a programme board we respond proactively around issues with transport- practical solutions/ potential support for people to afford the public transport.

- Looking at solutions for transport such as financial support to travel, guidance with travel planning and helping people understand the journeys available.

- People understand the shared bed base and spread across the CKW area so more accepting of the move. Need more beds not fewer – wouldn't want fewer beds.

- Look at how VCSE have solved transport issues which may help find solutions. J

Do you agree that these are the right themes?

Group 1

- Agreed – all in the room agreed.

Additional comments:

- Beechdale ward manager – there has been lots to think about – the set up of the ward does struggle to manage both types of patients – this will improve.
- Reinforce the role of creativity on all wards.

Group 2

- General responses noted above.

Group 3

- Agreement that the right themes have been identified and explored.

- Question re: cost of consultation. A lot of this was used to supply printed material needed to ensure consultation was open to everyone including people that don't find IT as accessible, and the use of independent analysis. There was also a cost associated with VCSE partner organisations.

- comment in the chat that perhaps any underspend from the consultation could be used to support staff through the transition.

- The cost of the model is the overall Older Adults inpatient provision across the Trust.

Is there anything missing?

Group 1

- Calderdale dementia – supporting people to get involved – found there was a difference between those who had or had not used services. People who have used the Dales did state the current environment did not offer the right environment for dementia. Recognised that there are benefits despite the travel impact for carers, families, visitors. For those who had not used the service a focus seemed to be much more on local services. – all units had advocacy support to engage in the consultation to have a voice. Younger voice reflected in the feedback.
- VCS and creativity missing – need to improve this offer
- More volunteers on wards to support people with care
- Involvement of carers - TOC
- Capital cost – are we confident this will still be available?
- Continuity of care following an out of local area admission – need to maintain relationships, support and links locally.
- Funding partnerships with VCSE – thinking about how we support bids and revenue.

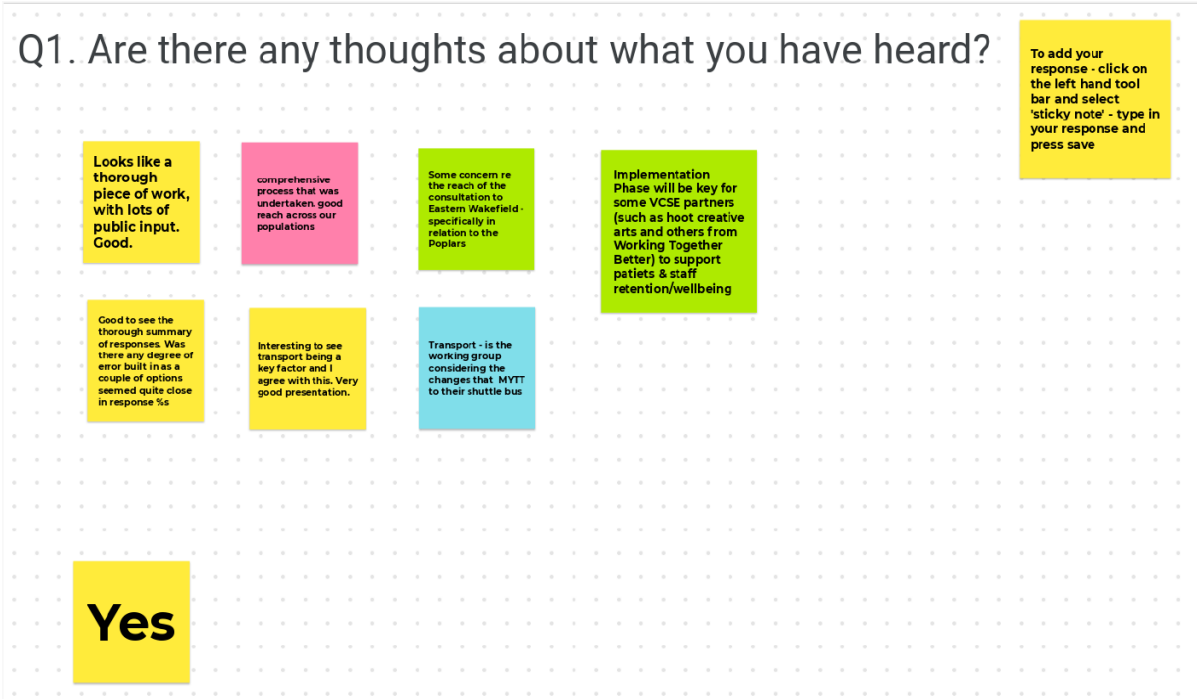
Group 2:

- Nothing identified by the group as being missed. Agreed summary of the key points raised: learning, continuous service improvement, travel and transport, service user experience, design/development of wards (dementia friendly)

Group 3:

- How do we link in with the voluntary sector from a discharge perspective? Consideration to be given to this in future discussions. Aging well provide provision for patients who are discharged (Age UK) for equipment, shopping, home support etc. Funding is available for Pinderfields for example but not Fieldhead so would be good to identify the gaps.
- Links with the voluntary sector generally speaking and how these links could avoid future relapse and re-admission.
- More detailed work needed on staff that will be impacted in next phase.
- Trade Union involvement is key in implementation
- Would have been nice to see a side-by-side summary slide of the options which shows the trade-off.
- Ensure we capture learning from the consultation, have a 'what have we learned/what would be do differently' document from this piece of work

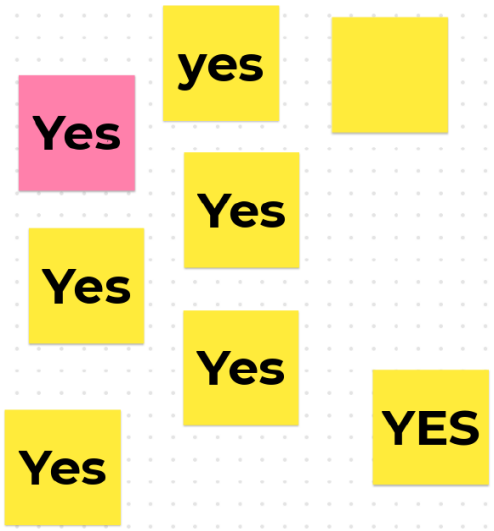
Jam Board Notes:



Q2. Do you agree that these are the right themes?

YES - add a sticky note and write 'yes '

NO - add a sticky note and tell us why



missing: Creative Care planning and creative activities (to support patients experience and staff retention/wellbeing) included in the themes. No question prompts no responses

Q3. Is there anything missing?

Has the underpinning data looked at those areas where demand is lower for services, potential unmet need?

the real strengths of the VCSE in service delivery - both for staff & individual welfare - we need to ensure that this is fully explored & exploited within implementation

Previously mentioned: Creative Care Planning / Creative Activities In-Reach and Out-reach linking to community provision from VCSEs

need to be conscious of continuity of care with services in places if we move to centralised services

Useful Ref re staff wellbeing and partnership working VCSE?Stat:https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-workforce

Planning for staff support during any transition

Acting on reports such as:https://baringfoundation.org.uk/blog-post/covid-19-arts-and-creative-resources-for-older-people-and-anyone-else-in-isolation/

https://baringfoundation.org.uk/blog-post/getting-creative-with-dementia/

6. Evaluation and equality analysis

See Appendix 5: Equality monitoring and event evaluation

7. Next steps

The following have been agreed as next steps following the workshop:

- We will review the report, along with the revised equality impact assessment (EIA), alongside the final set of considerations that we have heard today.
- We will take this forward into our deliberations.
- Following deliberations a recommended option will be taken through a governance process in Autumn 2024.
- We will keep people informed through our communication channels.

Appendix 1: Legislation

The Trust has a strategy which describes how we will involve people. The Equality, involvement, communication, and membership strategy can be found here: Equality-Involvement-Communication-and-Membership-Strategy.pdf (southwestyorkshire.nhs.uk) . The strategy clearly sets out how people can expect to be involved and the approach and principles we will follow. The Trust also need to follow legislation to ensure that our legal obligations and that of our commissioners are met.

Health and Social Care Act 2022

In its responsibilities for public involvement and consultation under section 13Q of the National Health Service Act 2006, NHS England, and Integrated Care Boards (ICB) has a duty to consult individuals to whom services are being or may be provided, in the planning and development of commissioning arrangements for those services. The Act extends this to include “carers and representatives” of people receiving a service or who may do so. The extension of this duty is replicated in an equivalent duty on integrated care boards.

NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve. A copy of the refreshed NHS Constitution and supporting handbook can be accessed via the following link; https://www.gov.uk/government/publications/the-nhs-constitution-for-england. Seven key principles guide the NHS in all it does. They are underpinned by core NHS values designed with staff, patients, and the public. Principle Four is about patient engagement and involvement.

Principle Four

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families, and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients, and staff, welcome it and use it to improve its services

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which a legal entitlement are protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

Appendix 2. Event Plan

1. Attendees

Targeted invitations will be sent to organisations and networks who attended the pre-consultation stakeholder event in December 2022 and any other key stakeholders engaged at this stage. This list of those attendees is set out below:

- Staff from SWYPFT – including Clinical leads.
- Governors of SWYPFT
- Barnsley, Calderdale, Kirklees, and Wakefield (BCKW) NHS ICB place
- Primary care representation from across (BCKW)
- Any identified service user and carer representatives
- Third sector organisations and groups representing older people services, carers, and representation.
- Healthwatch
- Local authority colleagues from (BCKW)
- MPs and local councillors
- Any other local health providers who have an interest in this service – Acute hospitals, Locala
- Care Homes sector.
- Domiciliary home care and extra care facilities
- Ambulance service
- Clinical network NHSE/I
- Clinical Senate
- NHSE
- Education providers – college, university
- Police
- Fire service.
- Pharmacy services

The stakeholder event is not:

- An event for the wider public
- An event for us to review our consultation process, this will have already been evaluated by the ICB as the statutory lead.
- To persuade people of our thinking; It is a listening exercise and is part of post consultation activity to ensure we deliberate.

2. Presenters, facilitators, and venue

Presenters: Programme SRO will chair the event and presenters will be identified by SWYPFT and supported by the Communication, Involvement, Equality, and Inclusion Lead to develop appropriate presentation material. The following items for presentations have been identified:

Slide set in order:

- Slide – event title – welcome and housekeeping – Chair.
- About today - Chair
- The change proposals and why they are important – Subha
- Consultation findings, including travel and transport plus sustainability - Ryan
- Equality Impact Assessment – Dawn
- Stakeholder Reflections
- Discussion topic slide – breakout room instructions
- Next steps slide name – Chair
- Close and thanks – Chair

Facilitators: To facilitate the event, we will require several staff to facilitate and scribe/ capture discussions. We will require the following:

- Four to five people willing to facilitate and manage discussion.
- Four to five scribes who can support capturing data.

Depending on numbers attending this should ensure we have four to five breakout sessions. Each facilitator and scribe will receive a facilitator pack and be offered the opportunity to have a briefing beforehand. Scribes will be asked to record the discussion on a capture form and submit to SWYPFT for the report.

Event Chair: The day will be chaired by xxxx who will manage the agenda, housekeeping, introduce each presenter, facilitate activities, and provide a close and thanks.

Digital platform management: SWYPFT will book the meeting, manage registration via Eventbrite, and put in place arrangements to ensure the event and resources are in place including any associated costs. SWYPFT will manage the presentation and IT requirements for the event and provide support on the day.

3. Proposed agenda

event agenda Friday 23 August 2024			
Time	**Item**	**lead**	**key purpose/ messages**
10.00	**Event starts (5 minutes to allow people to join)**	Chair	Ensure the presentation is open on the welcome page so people know they are in the right meeting
10.05	**Welcome and housekeeping.**	Chair	Too many people to welcome so ask if people can use the chat box to introduce themselves and introduce key people and speakers only

10:10	**About today**	Chair	Share the agenda on screen and emphasise this is post-consultation deliberation. This is the final part of the formal consultation process. We want people to remain included and involved in our deliberations so that we can move to consideration of findings in the recommendation phase. This is a chance to have a final influence on what we collectively believe the output of consultation is telling us.
10:15	**Independent report of findings – including, travel and transport, equality and sustainability considerations.**	Ryan Hunter – Change & innovation partner SWYPFT/ Dawn Pearson – Associate Director of CEII SWYPFT	A summary of the report of findings including equality and sustainability considerations.
10:45	**Stakeholder reflections – 10 mins each** • **JOSC** • **Healthwatch** • **ICB** • **NHSE**	TBC	Managed conversations – 10 minutes
11:15	**Introduction to the discussion – Thinking about each option:**	Chair	Introduce break-out sessions x 5/4 – links put in the chat box – participants split alphabetically by surname.

	• **Any thoughts on what you have heard? Do you agree these are the right themes?** • **Is there anything missing?**		Discussion topics shared on screen and use of jam board. Groups take place after the comfort break.
11:20 Comfort break – 10 minutes			
11:30	**Introduction to the discussion – Thinking about each option:** • **Any thoughts on what you have heard? Do you agree these are the right themes?** • **Is there anything missing?**	4/ 5 facilitators - tbc 4/5 scribes - tbc	Discussion and sense check using a jam board, chat box and discussion in break out groups
12:10	**Pop up feedback**	Nominated person from each breakout group	Feedback on discussion – 2 minutes allocated to each group. – highlight if the group agreed with the deliberation feedback or not – highlight the key additions or considerations.
12:20	**Next steps**	SRO/Chair	SRO to outline next steps for the programme and timeline. Evaluation to be shared in chat box – short survey monkey with equality monitoring.
12:25	**Final reflections, close and thanks**	Chair	Opportunity to thank people and for any final words and close

NHS West Yorkshire Integrated Care Board

NHS South West Yorkshire Partnership NHS Foundation Trust

Appendix 3: Workshop invitation

Older people's mental health inpatient services consultation update

Invitation to attend a stakeholder workshop, 23 August 2024

South West Yorkshire Partnership NHS Foundation Trust and NHS West Yorkshire Integrated Care Board (ICB) have now received the independent report of findings from the older people's mental health inpatient services consultation.

Following the publication of the report, we would like to invite you a **workshop on Friday 23 August (10am – 12.30pm) which will be held on MS Teams.** This workshop will be attended by a wide range of our key stakeholders and will be used to consider the findings from the consultation and the updated equality impact assessment (EIA).

We will deliver a summary presentation of the impact and what people told us, followed by a discussion. This is with a view to having a final set of considerations that we will take forward into our deliberations.

Please register for the workshop using this Eventbrite link. If you are unable to come, please do forward this information on to a colleague who can attend on your behalf.

We want to make sure that we have suitable representation from across our key stakeholders. You are also welcome to forward on this information to other partners who you feel may wish to join. Please do let us know if you have forwarded this invitation so we can keep track of attendance.

About the report of findings

The report pulls together a summary of all the feedback we heard during the consultation which closed on 29 March 2024.

It outlines the feedback into a few categories:

- what people thought was most important when thinking about older people's mental health inpatient services,
- what people told us about each of the proposed options,
- travel, transport and parking,
- equality data,
- sustainability,
- any additional considerations.

The report has been independently written by NHS Arden and Greater East Midlands Commissioning Support Unit (CSU) and NHS Midlands and Lancashire CSU.

Further information

You can read the report of findings and the updated EIA on our website.

If you would like a reminder of the proposed changes to our older people's mental health inpatient services, you can still read all the information and watch our videos on the consultation website – www.southwestyorkshire.nhs.uk/opsconsultation

We would like to thank you for your support throughout the consultation, and for helping to share information within your organisation and local communities.

If you have any questions, please contact us at opsconsultation@swyt.nhs.uk

We hope to see you at the workshop.

NHS West Yorkshire Integrated Care Board

NHS South West Yorkshire Partnership NHS Foundation Trust

Appendix 4: Workshop presentation slides

Older people's mental health inpatient services consultation

Stakeholder workshop

23 August 2024, 10am – 12.30pm

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

Welcome and housekeeping

- Thank you for joining our stakeholder workshop
- Please mute your mic unless you are speaking.
- Please introduce yourselves using the chat box
- You are welcome to put your cameras on for the introduction and breakout discussion if you are comfortable doing so.
- You can raise questions using the chat function or ask them during the breakout discussion.

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

Introductions

NHS West Yorkshire Integrated Care Board

- **Vicky Dutchburn (chair)** – director of operational delivery and performance, senior responsible officer, older people's mental health inpatient transformation for Kirklees Health and Care Partnership (on behalf of NHS West Yorkshire Integrated Care Board)

South West Yorkshire Partnership NHS Foundation Trust

- **Professor Subha Thiyagesh** – chief medical officer, consultant in psychiatry for older people and clinical lead for older people's transformation
- **Dawn Pearson** - associate director, communication, involvement, equality and inclusion
- **Ryan Hunter** - change and innovation partner

In partnership with:
South West Yorkshire Partnership NHS Foundation Trust
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Aims of the workshop

- To present consultation findings and the updated equality impact assessment
- Hear views on the consultation findings from our key stakeholders as we draw the consultation to a close.
- To explain the next steps.

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Agenda

Time	Item	Presenter
10:05	Welcome and housekeeping	Vicky Dutchburn
10:10	About today	Vicky Dutchburn
10:15	Background to the consultation and options	Professor Subha Thiyagesh and Ryan Hunter
10:25	Independent report of findings	Ryan Hunter and Dawn Pearson
11:00	Reflections from our stakeholders (5 minutes each)	Healthwatch Joint health overview and scrutiny committee NHS West Yorkshire ICB
11:15	Introduction to discussion sessions	Vicky Dutchburn
11:20	Comfort break	
11:30	Discussion sessions	Facilitators
12:10	Feedback from each discussion session	Facilitators
12:20	Next steps	Ryan Hunter
12:25	Final reflections and close	Vicky Dutchburn

Background – about the consultation

- The consultation sought views on proposals to create specialist inpatient wards for people living with dementia and dedicated inpatient wards for other older people's mental health needs in Calderdale, Kirklees and Wakefield.
- Currently, older people with dementia who need to be admitted as an inpatient are cared for on the same ward as those with functional mental health needs. These are known as mixed needs wards.
- Separate specialist wards for people with dementia, and dedicated wards for people with functional mental health needs, is good practice and can improve both the care and experience for people, their families, carers and loved ones.
- The consultation ran from Friday 5 January 2024 to Friday 29 March 2024.

You can read the consultation information on our website: www.southwestyorkshire.nhs.uk/opsconsultation

Where wards are now

We need to make changes

Mixed needs wards do not help us provide the best possible care or support the wellbeing of our patients, because:

- the clinical and personal needs of patients can be very different
- activities are not stimulating and appropriate for all patients
- the ward environment does not help patients be independent
- there is more chance of incidents
- the space could be used better to support therapies, safety and wellbeing for all our patients.

Specialist inpatient wards for people living with dementia and dedicated wards for people with functional mental health needs can improve care, wellbeing, and give a better experience for our inpatients, carers, families and staff. It also follows best practice guidelines and is common in other older people's mental health inpatient wards in the NHS.

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Mixed sex wards

- Service Users have their own individual bedroom on all of our wards.
- On our mixed sex wards, the areas for male and female bedrooms are separate from each other and the wards have mixed communal areas.
- This meets required standards and would be implemented in any of the options.
- However, it is best practice to have fully separate single sex wards.
- The mix on high acuity mental health wards can, at times, create challenges that are difficult to manage.

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The proposed options
Option 1a

- **Dementia Service:**
- Ward 19, Dewsbury and District Hospital. Two separate male and female wards. 30 beds.
- **Functional Service:**
- On Crofton Ward (Wakefield), two separate male and female wards, 26 beds, and,
- On Beechdale Ward (Calderdale), one mixed gender ward, 16 beds.
- 42 beds.

72 beds in total.

Cost to setup- £8.2m
Cost to run each year- £9.1m

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The proposed options
Option 1b

- **Dementia Service:**
- Ward 19, Dewsbury and District Hospital. Two separate male and female wards. 30 beds.
- **Functional Service:**
- On Crofton Ward (Wakefield), one mixed gender ward, 22 beds, and,
- On Beechdale Ward (Calderdale), one mixed gender ward, 16 beds.
- 38 beds, 4 less than option 1a, all mixed gender wards.

68 beds in total.

Cost to setup- £5.5m
Cost to run each year- £8.2m

This option has all mixed gender wards for functional mental health needs, and 4 less beds than option 1a.

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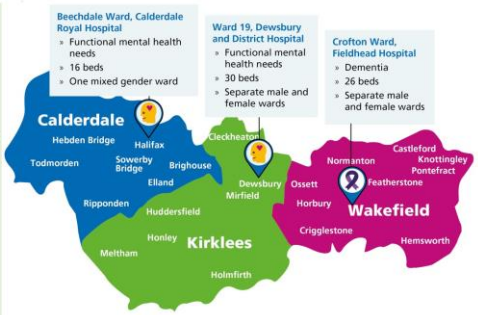
The proposed options
Option 2

- **Dementia service:**
- Crofton Ward, Fieldhead Hospital, Wakefield
- Two separate male and female wards. 26 beds.
- **Functional service:**
- Ward 19, Dewsbury and District Hospital, with two separate male and female wards, 30 beds, and,
- On Beechdale Ward, Calderdale Royal Hospital, with a mixed gender ward, 16 beds.
- 46 beds.

72 beds in total

Cost to setup- £8.2m
Cost to run each year- £9.3m



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Independent report of findings

This section will cover:

- Feedback on the most important elements when thinking about older people's mental health inpatient services
- Feedback on each of the proposed options
- Sustainability and environmental considerations
- Travel, transport and parking considerations
- Equality considerations

The independent report of findings and the next presentation have been written by NHS Arden and Greater East Midlands Commissioning Support Unit (CSU) and NHS Midlands and Lancashire CSU. You can read the full report on our consultation website: www.southwestyorkshire.nhs.uk/opsconsultation

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Independent report of findings

In the breakout session we'll be asking for consideration of the following based on these findings:

Thinking about each option:

- Are there any thoughts about what you have heard?
- Do you agree that these are the right themes?
- Is there anything missing?

The independent report of findings and the next presentation have been written by NHS Arden and Greater East Midlands Commissioning Support Unit (CSU) and NHS Midlands and Lancashire CSU. You can read the full report on our consultation website: www.southwestyorkshire.nhs.uk/opsconsultation

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Travel and transport

- A travel and transport group is looking at people who could be impacted by the proposed options and helping us develop mitigations.
- Group membership has a range of people and includes carer representation from across the Trust footprint.
- The group has been exploring the establishment of a visitor support pathway that will help improve access via flexible visiting to wards, support with planning travel and use of technology, as well as ensuring failsafe's for people that are still unable to visit.
- Staff who may need to move from their current base will be given help using our internal HR processes.

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Equality considerations

This section will cover:

- How we met pre-consultation EIA recommendations
- Analysis of options by protected groups and inequalities
- Equality impacts and mitigations

You can read our updated equality impact assessment on our consultation website: https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2024/07/Older-Peoples-Mental-Health-Inpatient-Transformation-EIA-v8.0.pdf

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How we met pre-consultation EIA recommendations

EIA recommendation	What we did
Ensure the consultation reaches the identified audience impacted and can evidence the sample group is reflective of each protected group.	We reached a reflective sample of the combined population of Calderdale. Kirklees and Wakefield in line with the census data. From the data received we know that we achieved this.
Ensure responses are analysed by each protected group and any differential impact is highlighted, conscientiously considered with impacts mitigated and/or addressed.	Analysed every response by all protected groups to identify differential impact. The final report of findings contains this information.
Questions that are asked can ensure that responses inform the mitigations.	All questions equality monitored. The biggest identified impact was travel, transport and parking. We asked for anyone to highlight any additional impacts after each question and at the end. The questionnaire met this requirement.
That single sex accommodation is considered in future estates planning for both dementia and functional patients.	A wide-ranging approach to include various subject matter experts formed part of the Quality Impact Assessment to ensure we met the required standards. All options meet minimum standards though option 1b requires mitigations.
Solutions for travel, transport and parking address the geographical impacts for populations, particularly those from the 20% most deprived postcodes.	Sought feedback which can be traced back to the first 3 digits of postcode and used deprivation questions. Able to identify areas of deprivation at a macro level. A working group is considering this.

Analysis of options by protected groups

Carers

Option 1a scored the highest with variations for option 2 with option 1b scoring the lowest.

Religion

Option 1a and option 2 (variations across faith groups) scored the highest with option 1b scoring the lowest.

Ethnicity

Option 1a and option 2 (variations across groups) scored the highest with option 1b scoring the lowest.

Disability

Option 1a scored the highest with variations for option 2 with option 1b scoring the lowest.

Age

Option 1a highest on all questions with some age variations.

Under the age of 18 - option 2 was viewed as the best option to improve dementia care and best value for money.

Over the age of 80 - option 2 would provide the best functional care.

Sexual orientation

Option 1a scored the highest.

Gender

Option 1a scored the highest on all questions relating to options.

Transgender

Option 1a scored the highest but option 1b scored joint highest on improving care for dementia and functional patients.

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Analysis of options – addressing inequalities

Cost of living

Option 1a scored the highest with option 2 scoring joint highest for improving the care of people living with dementia for people who are really struggling.

Deprivation

Option 1a scored highest for all questions in the areas with most deprivations.

Option 1b scored lowest for all questions.

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Equality impacts and mitigations

- The consultation findings have been analysed in detail and used to update the impacts and mitigations required for all proposed options.
- This has ensured that any gaps in our understanding from previous involvement work continue to be highlighted and the actions required to address these impacts are understood.
- The impacts and mitigations can be found in the updated EIA.
- The EIA has now been concluded on all the proposed options and this information will now be used to inform deliberation to identify a recommended option.
- As soon as a preferred option is identified a detailed equality action plan will accompany this option.

You can read our updated equality impact assessment on our consultation website: https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2024/07/Older-Peoples-Mental-Health-Inpatient-Transformation-EIA-v8.0.pdf

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Reflections from our stakeholders

We asked each of our stakeholders to reflect on the followin g:

Considering the findings of the report and the equality impact assessment, are you assured that:

	Yes	No	Not sure
Due regard to equality and diversity has been paid through the delivery of consultation activity, and in the independent report of findings.			
Adequate time has been given for you to consider the responses contained in the independent report of findings.			
The product of consultation has conscientiously taken into account all of the key themes that need to be considered.			

We also provided opportunity for additional comments around each of these areas.

Reflections from our stakeholders

Joint health overview and scrutiny committee

The Committee felt that the Equality Impact Assessment Report is robust and demonstrates that equality and diversity has been considered both in the consultation delivery and in the independent report of findings.

Members of the JHOSC were provided with the consultation report and the EIA on the 17 July 2024, and although these documents ran to nearly 500 pages, sufficient time was allowed prior to the formal meeting of the JHOSC on the 15 August 2024. The presentation at Committee was helpful in segmenting key points whilst maintaining a necessary overview to allow meaningful discussion, questions and comment.

The key themes are adequately reflected, and the report demonstrates diligent and careful consideration of those areas the committee would expect to be included in the process and product of consultation.

Reflections from our stakeholders

NHS West Yorkshire Integrated Care Board (ICB)

Considering the findings of the report and the equality impact assessment, are you assured that:

	Yes	No	Not sure
Due regard to equality and diversity has been paid through the delivery of consultation activity, and in the independent report of findings.	X		
Adequate time has been given for you to consider the responses contained in the independent report of findings.	X		
The product of consultation has conscientiously taken into account all of the key themes that need to be considered.	X		

Additional comments on the following slide: -.

Breakout discussion

- You have been allocated a breakout room.
- Following a comfort break, you will have 30 minutes to have a discussion about the following:

Thinking about each option:
- Are there any thoughts about what you have heard?
- Do you agree that these are the right themes?
- Is there anything missing?

Comfort break – 10 minutes

Please join your allocated breakout discussion group at 11.30am.

MS Teams links for each group will be posted in the chat box and have been allocated alphabetically by surname.

Breakout discussion – 30 minutes

Thinking about each option:

- Are there any thoughts about what you have heard?
- Do you agree that these are the right themes?
- Is there anything missing?

- Please rejoin the main meeting at 12.10pm
- We will then hear a two -minute summary of the key considerations from each group.

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Breakout discussion – feedback

Thinking about each option:

- Are there any thoughts about what you have heard?
- Do you agree that these are the right themes?
- Is there anything missing?

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Next steps and final reflections

- We will review the report, along with the revised equality impact assessment (EIA), alongside the final set of considerations that we have heard today.
- We will take this forward into our deliberations.
- Following deliberations a recommended option will be taken through a governance process in Autumn 2024.
- We will keep people informed through our communication channels.

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Feedback

- Please can people provide feedback via the following online survey:

https://www.surveymonkey.com/r/NGJB6SG

- If you are unable to complete the survey online please stay on the call at the end and we'll make arrangements to assist you to complete the survey.

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Close

Thank you for joining the stakeholder workshop, your feedback, and the time you have taken to contribute to this work.

We will keep you updated on our progress.

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www.southwestyorkshire.nhs.uk/opsconsultation

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Appendix 5: Equality monitoring and event evaluation

Workshop evaluation survey link: https://www.surveymonkey.com/r/NGJB6SG

16

Total Responses

Date Created: Monday, August 19, 2024

Complete Responses: 16

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Q1: How would you rate the workshop agenda?

Answered: 16 Skipped: 0

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Q1: How would you rate the workshop agenda?

Answered: 16 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
★	0.00% 0	6.25% 1	0.00% 0	31.25% 5	62.50% 10	16	4.5

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Q2: Was the information provided clear, and easy to understand?

Answered: 16 Skipped: 0

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Q2: Was the information provided clear, and easy to understand?

Answered: 16 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
⭐	6.25% 1	0.00% 0	0.00% 0	43.75% 7	50.00% 8	16	4.31

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Q3: Were you able to provide your feedback during the session?

Answered: 16 Skipped: 0

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Q3: Were you able to provide your feedback during the session?

Answered: 16 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
⭐	0.00% 0	0.00% 0	12.50% 2	18.75% 3	68.75% 11	16	4.56

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Q4: Overall how would you rate the workshop?

Answered: 16 Skipped: 0

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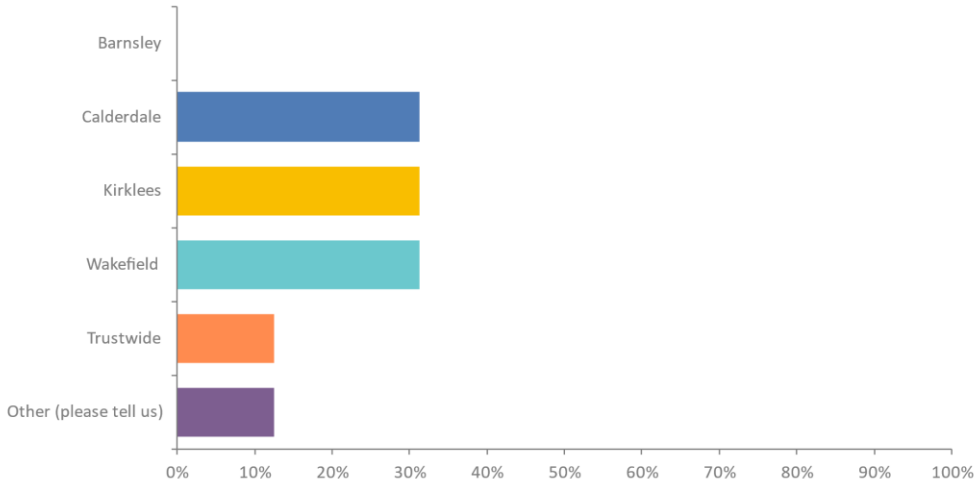
Q4: Overall how would you rate the workshop?

Answered: 16 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
⭐	0.00% 0	0.00% 0	0.00% 0	50.00% 8	50.00% 8	16	4.5

Q6: Tell us about you - which locality do you work in? Tick all that apply

Answered: 16 Skipped: 0



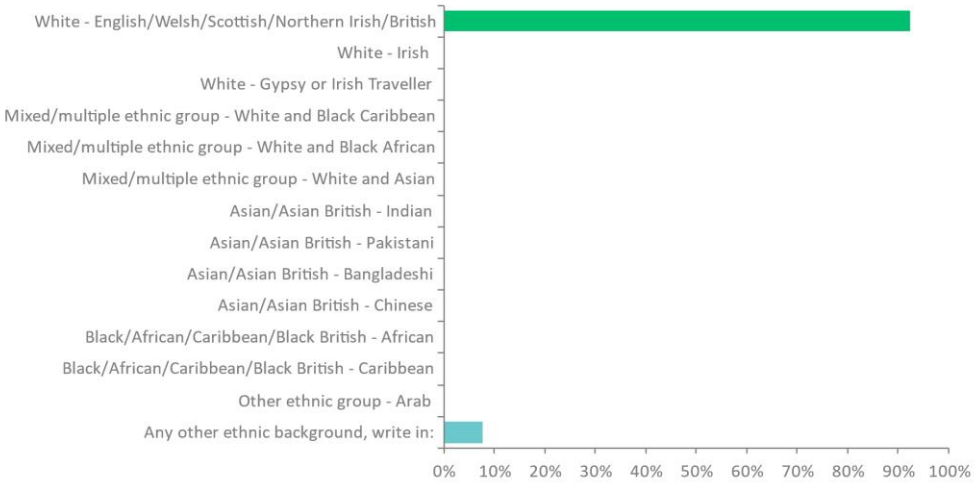
Q6: Tell us about you - which locality do you work in? Tick all that apply

Answered: 16 Skipped: 0

ANSWER CHOICES	RESPONSES	
Barnsley	0.00%	0
Calderdale	31.25%	5
Kirklees	31.25%	5
Wakefield	31.25%	5
Trustwide	12.50%	2
Other (please tell us)	12.50%	2
TOTAL		19

Q9: Race (please select from the list)

Answered: 13 Skipped: 3



Q9: Race (please select from the list)

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
White - English/Welsh/Scottish/Northern Irish/British	92.31%	12
White - Irish	0.00%	0
White - Gypsy or Irish Traveller	0.00%	0
Mixed/multiple ethnic group- White and Black Caribbean	0.00%	0
Mixed/multiple ethnic group- White and Black African	0.00%	0
Mixed/multiple ethnic group- White and Asian	0.00%	0
Asian/Asian British- Indian	0.00%	0
Asian/Asian British- Pakistani	0.00%	0

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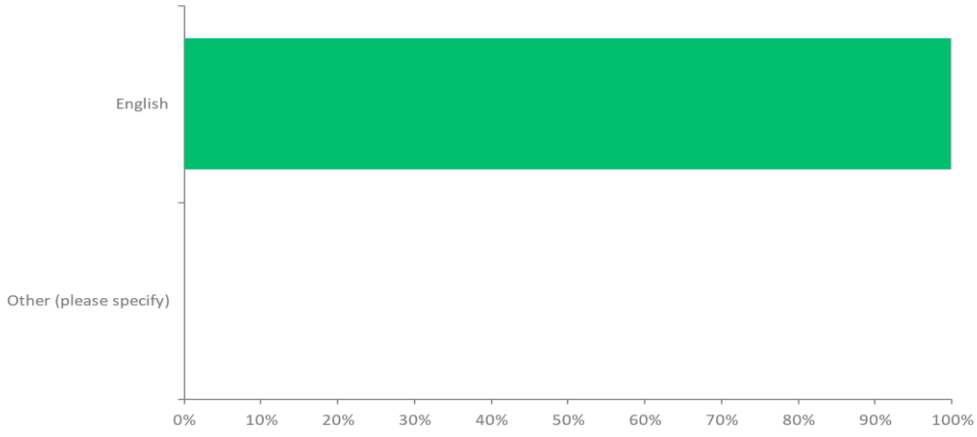
Q10: What is your language?

Answered: 13 Skipped: 3



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Q10: What is your language?

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
English	100.00%	13
Other (please specify)	0.00%	0
TOTAL		13

Q11: How well can you speak English?

Answered: 13 Skipped: 3

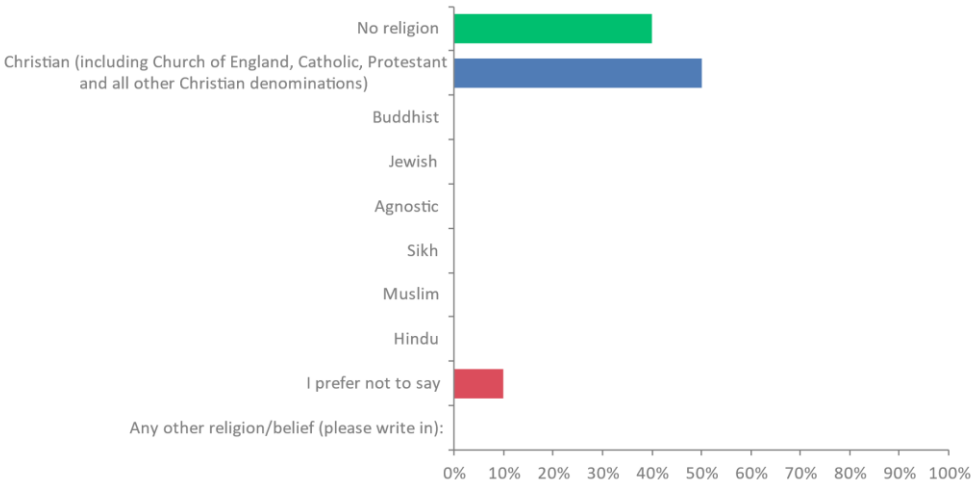
Q11: How well can you speak English?

Answered: 13 Skipped: 3

	1	2	3	4	TOTAL	WEIGHTED AVERAGE
★	0.00% 0	0.00% 0	0.00% 0	100.00% 13	13	4

Q12: Religion/belief (please select from the list)

Answered: 10 Skipped: 6



Q12: Religion/belief (please select from the list)

Answered: 10 Skipped: 6

ANSWER CHOICES	RESPONSES	
No religion	40.00%	4
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	50.00%	5
Buddhist	0.00%	0
Jewish	0.00%	0
Agnostic	0.00%	0
Sikh	0.00%	0
Muslim	0.00%	0
Hindu	0.00%	0
I prefer not to say	10.00%	1

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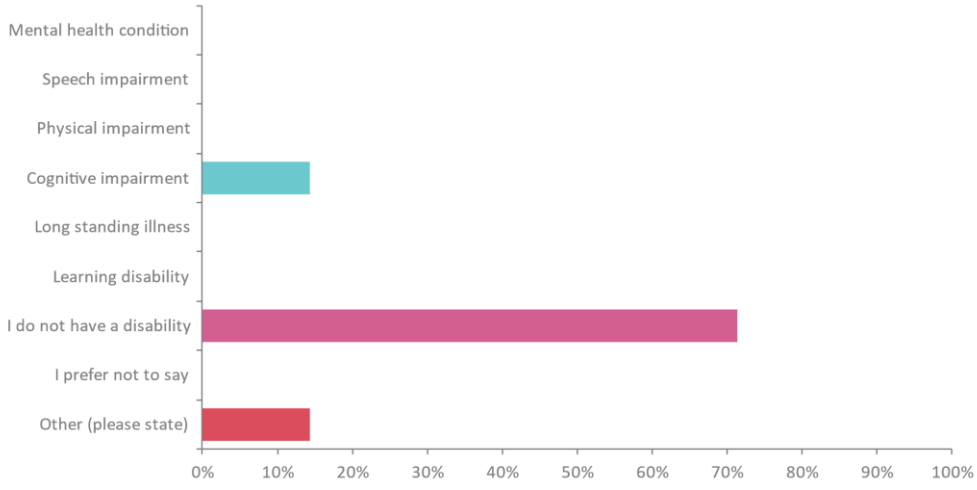
Q13: Do you consider yourself to have any of the following? (Please tick all that apply)

Answered: 7 Skipped: 9



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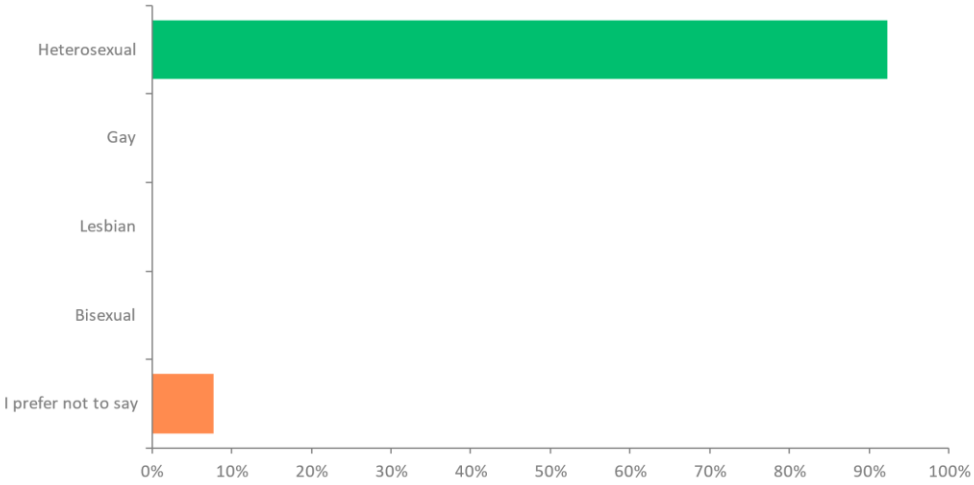
Q13: Do you consider yourself to have any of the following? (Please tick all that apply)

Answered: 7 Skipped: 9

ANSWER CHOICES	RESPONSES	
Mental health condition	0.00%	0
Speech impairment	0.00%	0
Physical impairment	0.00%	0
Cognitive impairment	14.29%	1
Long standing illness	0.00%	0
Learning disability	0.00%	0
I do not have a disability	71.43%	5
I prefer not to say	0.00%	0
Other (please state)	14.29%	1
TOTAL		7

Q14: What is your sexual orientation?

Answered: 13 Skipped: 3



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Q14: What is your sexual orientation?

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
Heterosexual	92.31%	12
Gay	0.00%	0
Lesbian	0.00%	0
Bisexual	0.00%	0
I prefer not to say	7.69%	1
TOTAL		13

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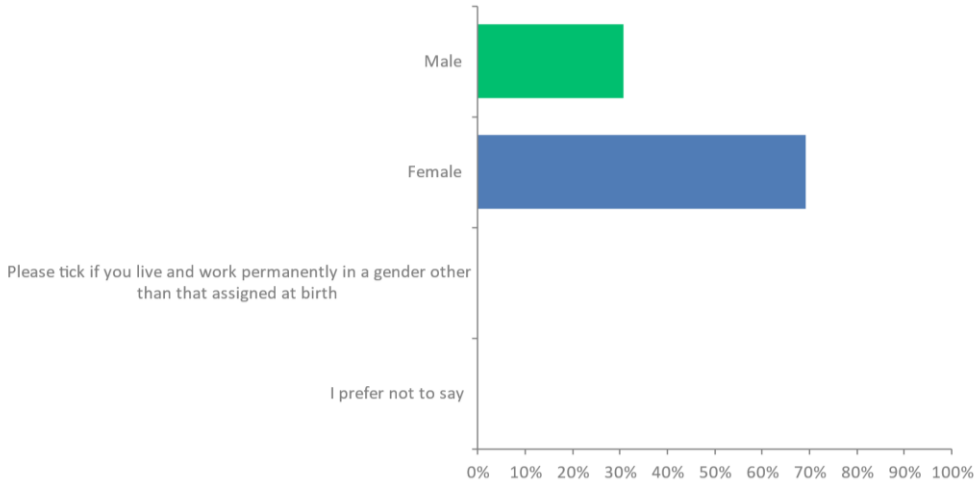
Q15: What is your sex?

Answered: 13 Skipped: 3



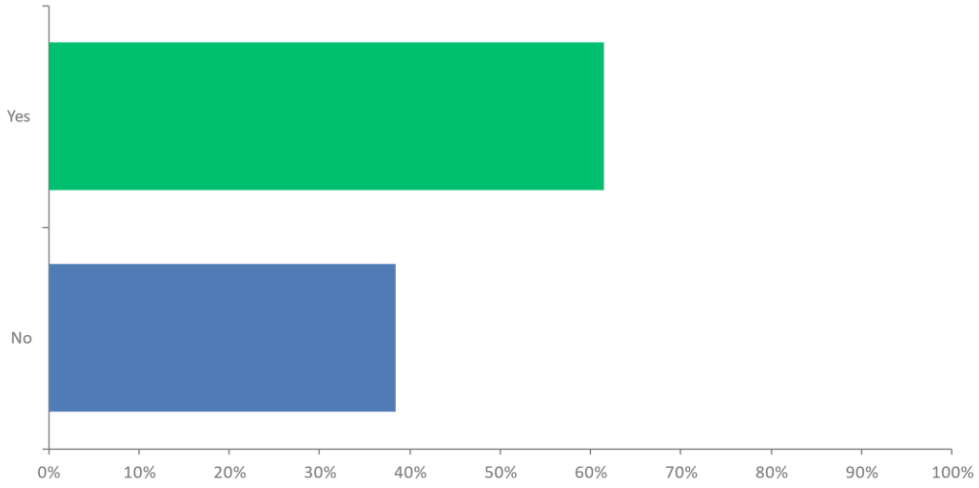
Q15: What is your sex?

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
Male	30.77%	4
Female	69.23%	9
Please tick if you live and work permanently in a gender other than that assigned at birth	0.00%	0
I prefer not to say	0.00%	0
TOTAL		13

Q16: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

Answered: 13 Skipped: 3



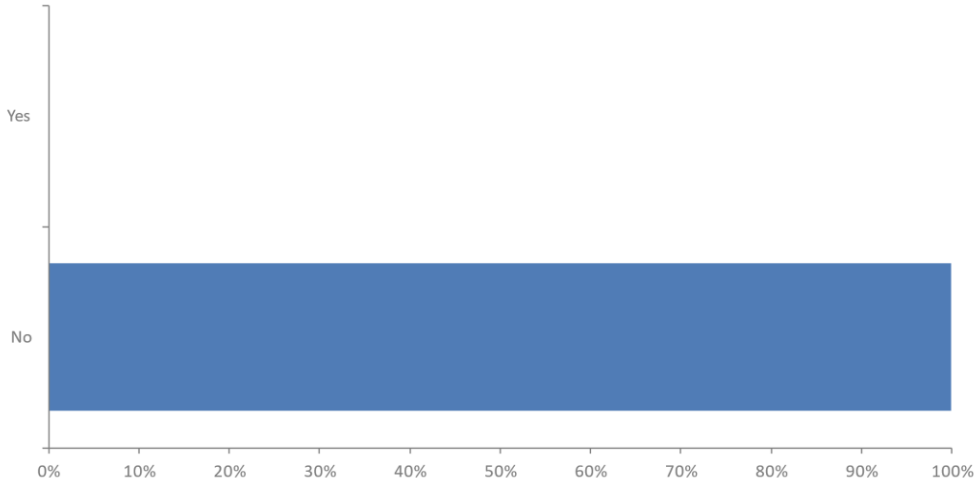
Q16: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
Yes	61.54%	8
No	38.46%	5
TOTAL		13

Q17: Are you pregnant?

Answered: 12 Skipped: 4



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Q17: Are you pregnant?

Answered: 12 Skipped: 4

ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	12
TOTAL		12

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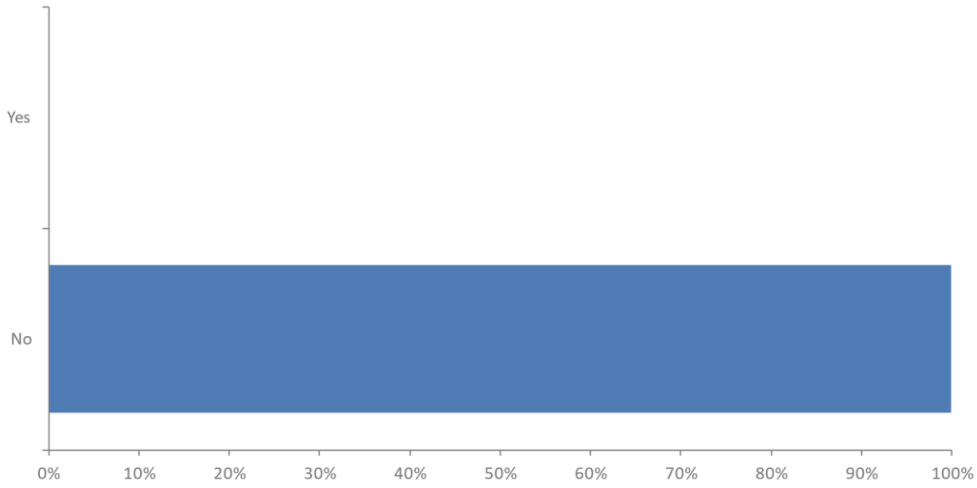
Q18: Have you had a baby in the last 12 months?

Answered: 12 Skipped: 4



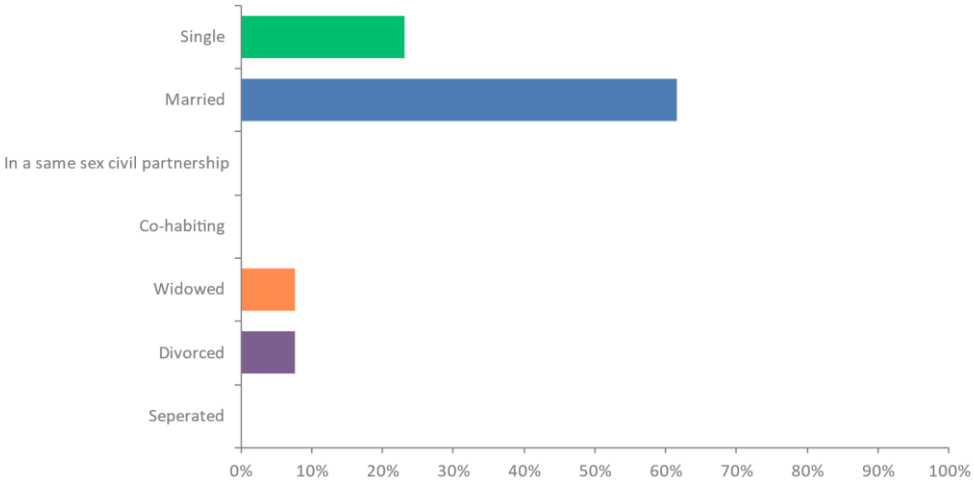
Q18: Have you had a baby in the last 12 months?

Answered: 12 Skipped: 4

ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	12
TOTAL		12

Q19: Marriage and Civil Partnership (please tick one box)

Answered: 13 Skipped: 3



Q19: Marriage and Civil Partnership (please tick one box)

Answered: 13 Skipped: 3

ANSWER CHOICES	RESPONSES	
Single	23.08%	3
Married	61.54%	8
In a same sex civil partnership	0.00%	0
Co-habiting	0.00%	0
Widowed	7.69%	1
Divorced	7.69%	1
Seperated	0.00%	0
TOTAL		13