



Special Adults, Wellbeing and Health Overview and Scrutiny Committee

Date Monday 14 December 2015
Time 9.30 am
Venue Council Chamber, County Hall, Durham

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Declarations of Interest, if any
4. Any Items from Co-opted Members or Interested Parties
5. Proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington - Reports of the Assistant Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and North Durham CCG/Durham Dales, Easington and Sedgefield CCG and Darlington CCG (Pages 1 - 30)
6. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
4 December 2015

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee:**

Councillor J Robinson (Chairman)
Councillor S Forster (Vice-Chairman)

Councillors J Armstrong, R Bell, P Brookes, J Chaplow, P Crathorne, M Davinson, K Hopper, E Huntington, P Lawton, H Liddle, J Lindsay, O Milburn, M Nicholls, L Pounder, A Savory, W Stelling, P Stradling and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon

Co-opted Employees/Officers:

Dr L Murthy, Healthwatch

Contact: Jackie Graham

Tel: 03000 269704

**Special Adults Wellbeing and Health
Overview and Scrutiny Committee**

14 December 2015



**Proposed reconfiguration of Organic
Inpatient Wards serving County Durham
and Darlington**

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

- 1 To provide members of the Adults Wellbeing and Health Overview and Scrutiny Committee with background information in respect of proposals by Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs in County Durham and Darlington to reconfigure Organic Inpatient wards serving County Durham and Darlington.

Background

- 2 Notification has been received from Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs regarding proposals to consult on options for the reconfiguration of Organic Inpatient wards serving County Durham and Darlington.
- 3 Organic illnesses in relation to this proposal are predominantly those conditions we know as being dementia.
- 4 Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny Committees are also required to consider the extent of consultation undertaken.

Proposal to consult on the future configuration of Inpatient wards for Older people with Organic Mental Illness in County Durham and Darlington

- 5 Tees, Esk and Wear Valleys NHS Foundation Trust and the 3 CCGs have provided the Council with a briefing report and communications and engagement plan setting out how they intend to consult on the proposals .
- 6 The report is attached as Appendix 2 and representatives of Tees, Esk and Wear Valleys NHS Foundation Trust as well as North Durham CCG (who are leading on behalf of Durham Dales, Easington and Sedgefield CCG and Darlington CCG) will be in attendance to provide members with information detailing:-
 - The rationale for the review of inpatient services for older people with organic mental health illnesses within County Durham and Darlington;

- The proposed options for future configuration of the service that are to be consulted upon; the number of people affected by the proposed changes; admission rates for each CCG and an evaluation completed by the MHSOP service of each option.
 - The proposed consultation, communication and engagement activities that will be undertaken in informing the local community about the review and what is being proposed and how they can input into the review process.
- 7 Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs propose an engagement process commencing on 4 January 2016 and lasting until 28 March 2016 after which the feedback obtained during this process will be considered alongside the proposals to assist the CCGs in making a final decision. It is suggested that this feedback be reported back to this Committee at its meeting on 8 April 2016.

Recommendation

- 8 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:-
1. receive this report;
 2. note and comment on the report of Tees, Esk and Wear Valleys NHS Foundation Trust and the proposals for consultation and engagement detailed therein ;
 3. agree to a further report being brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee in April 2016 detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals.

Background papers

None

Contact: Stephen Gwilym, Principal Overview and Scrutiny Officer
E-Mail: stephen.gwilym@durham.gov.uk Tel: 03000 268140

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – An Equality Impact Assessment has been undertaken in respect of the proposals and is attached to this report.

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – The proposed consultation, communications and engagement plan for the review has been appended to this report.

Procurement - None

Disability Issues - None

Legal Implications – None

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IN CONFIDENCE

Proposal to Consult on the Future Configuration of Inpatient Wards for Older People with Organic Mental Illness in County Durham and Darlington

1. INTRODUCTION & PURPOSE

- 1.1 The purpose of this paper is to provide information on the options available for the future configuration (and location) of organic inpatient wards that serve Durham and Darlington developed by the MHSOP service in Tees Esk & Wear Valleys NHS Foundation Trust (TEWV). It also proposes that a consultation process is undertaken to identify the preferred option. (Organic illnesses in relation to this proposal are predominantly those conditions we know as being a dementia).

2. BACKGROUND INFORMATION/RATIONALE FOR CHANGE

- 2.1 Inpatient services for older people with organic mental health problems are currently provided in County Durham and Darlington as follows:

Picktree, Bowes Lyon Unit (BLU), Lanchester Road Hospital (LRH) - a 10 bedded mixed sex ward

Hamsterley, Auckland Park (AP) – a 10 bedded female only ward

Ceddesfeld, Auckland Park (AP) – a 10 bedded male only ward

- 2.2 MHSOP services in the Trust have been implementing a strategic programme to enhance our community services so that the majority of care and treatment we deliver to people is provided in their own homes wherever possible thereby reducing the need for people to be admitted to an inpatient bed. (This is particularly important for people with organic illnesses as changes in their environment can be particularly problematic). This has been supported by investment in community services including care home liaison. This has resulted in the patients with an organic illness who are now requiring admission having a high level of need, complexity and challenging behaviour. It is important that we ensure that the ward environments support the delivery of high quality services.
- 2.3 As a result of the investment and development of community services there has been a reduction in admission and occupancy levels since 2013. The TEWV Board of Directors agreed to reduce the number of beds from 45 to 30 which was achieved in December 2014. This retained access to the 3 wards outlined above with each ward reducing from 15 beds to 10 (also see point 3.5).
- 2.4 The current provision retains the current level of access for patients within County Durham and Darlington. However this does not allow for the highest quality of care to be provided,. For example in respect of the ward environment and utilisation of specialist staff input (eg Allied Health Professionals who provide interventions

across a number of wards and sites). In addition we need to ensure that we provide services as efficiently as possible and the Trust believes that running 3 x 10bedded wards does not achieve this.

3. KEY ISSUES:

OPTIONS FOR THE LOCATION OF ORGANIC BEDS:

3.1 The TEWV MHSOP Durham and Darlington service has developed 3 options to provide a sustainable organic inpatient service. All the options retain the current 30 beds but provide different options regarding their location, as follows:

- To provide separate male and female wards, (15 beds each, total 30 beds) at Auckland Park for County Durham and Darlington residents (and close Picktree Ward, LRH)
- To provide separate male and female wards, on split sites – 1 ward to be at Auckland Park Hospital and 1 ward to be at Picktree Ward, LRH (and close one ward at Auckland Park)
- To provide a mixed sex ward on each site – 1 ward to be Auckland Park (for South Durham and Darlington) and 1 ward to be at Picktree ward, LRH (for North Durham) and close one ward at Auckland Park.

3.2 The development of the benefit criteria against which each of the 3 options were evaluated incorporated a number of important factors to ensure the inpatient service meets the needs of people with dementia. These included:

- Access to single sex wards as clinical experience confirms that this approach provides the most effective way to manage vulnerable patients safely and with dignity
- National guidance and CQC regulatory requirements regarding eliminating mixed sex accommodation
- An environment which can offer the maximum amount of space and best meets Stirling standards and allows the most flexible use of beds
- To maximise the amount of patient contact time by inpatient clinical staff and to maintain the breadth and quality of opportunity for medical staff on rotation to organic wards
- To ensure any change in location of services would impact on as few patients and families as possible
- To improve the cost effectiveness and sustainability of the organic inpatient service through a more efficient Reference Cost and release savings.
- To ensure wards are not isolated and have on site support from other clinical services
- To ensure the future inpatient provision fits within the overall Trust strategic estate provision and does not adversely impact on other service plans.

NUMBER OF PEOPLE AFFECTED BY THE PROPOSED CHANGES:

- 3.3 The evaluation of each option also considered a range of information including:
- analysis of the number of admissions from residents of County Durham and Darlington, their gender and length of stay
 - the admission rate of each CCG and the further travel time for residents if their current inpatient ward is closed.

This analysis was used to determine if a particular option(s) significantly affected more people and also to evaluate the flexibility of each option and the ability to meet demand for admission for men and women alongside single sex accommodation requirements.

Number and location of admissions

The table below shows the number of patients admitted since December 2014 by ward and CCG. An annual forecast outturn for the number of admissions is as follows:

- A forecast 12 month outturn of 54 patients admitted from North Durham CCG area
- A forecast 12 month outturn of 15 patients admitted from Darlington CCG area
- A forecast 12 month outturn of 68 patients admitted from DDES CCG area

The table below demonstrates that a number of male patients from North Durham areas are **currently** being admitted to Auckland Park hospital (rather than their nearest ward at the BLU LRH (which is a mixed sex ward)). This is often due to their complexity and requirement to be managed in a male only environment and to meet single sex accommodation guidance. Since 1st December 2014 to 31st August 2015, 9 male patients from North Durham were admitted to Ceddesfeld ward (male only) at Auckland Park. This is 22% of the total N Durham CCG admissions for this period.

ADMISSIONS BY CCG AND WARD DEC 2014 - END AUGUST 2015

		Dec	Jan	Feb	March	Apr	May	June	July	Aug	Forecast 12 month outturn
MHSOP AUCKLAND PARK CEDDESFIELD WARD	NHS DARLINGTON CCG		2	2		1	1		2		11
	NHS DURHAM DALES, EASINGTON AND SEDGFIELD CCG	2	4			2	3	6	1	2	27
	NHS NORTH DURHAM CCG			1		2	1	1	3	1	12
MHSOP AUCKLAND PARK HAMSTERLEY WARD	NHS DURHAM DALES, EASINGTON AND SEDGFIELD CCG	3	2	3	2	1	2	5	3	3	32
	NHS DARLINGTON CCG				1				1		3
	NHS NORTH DURHAM CCG			2					1	1	5
MHSOP PICKTREE WARD,LRH	NHS DARLINGTON CCG		1								1
	NHS DURHAM DALES, EASINGTON AND SEDGFIELD CCG				3	2	1		1		9
	NHS NORTH DURHAM CCG	5	4	2	2	3	6	3	2	1	37
Total		10	13	10	8	11	14	15	14	8	137

- The admission rate for each CCG is shown in the table below:

	Admission rate per 10k of the 65+ population
Darlington CCG	9.9
DDES CCG	14.1
North Durham CCG	12.3

- There is no significant variation in the admission rate by gender, 51% of admissions were female. Female Average Length of Stay (ALOS) is 65 days and male ALOS is 67 days.
- Using the analysis of admissions the number of people in each CCG affected by each option is as follows:

Option 1 – Both wards at Auckland Park (1 male, 1 female)	North Durham CCG – taking into account that 22% of current admissions already go to Auckland Park (s they require a male only ward) 4 admissions a month (or 48 per year) will be affected by this option (although a total of 5 admissions per month (60 per annum) will be expected to be admitted to Auckland Park.).
Option 2 – single sex wards, 1 at Auckland Park, 1 at LRH	North Durham CCG - circa 2 male patients a month will be affected (26 male admissions per year) although a

	<p>number of these male patients are currently being admitted to Auckland Park as they require a male only ward.</p> <p>DDES CCG - circa 3 female patients a month will be affected (35 female admissions per year)</p> <p>Darlington CCG - just less than 1 female patient a month will be affected (8 female admissions per year)</p> <p>Assumes males will be admitted to Auckland Park and females to Picktree ward (because Auckland Park ward is larger and males tend to have more challenging behaviour) .</p>
<p>Option 3 – mixed sex wards, 1 at Auckland Park, 1 at LRH</p>	<p>North Durham CCG - circa 5 males and 3 females per year will be unable to be admitted to LRH due to single sex issues outlined below, and will be admitted to Auckland Park</p> <p>DDES CCG - circa 4 females a year will be unable to be admitted to Auckland Park and will be admitted to LRH</p> <p>Darlington CCG – circa 1 female a year will be unable to be admitted to Auckland Park and will be admitted to LRH</p> <p>These figures are indicative only and are dependent on the flexibility within the individual ward environments to accommodate admissions of men and women and meet single sex regulatory requirements. The requirement to meet single sex accommodation guidance will mean that, at times, some patients will not be able to be admitted to their nearest ward, as is the case currently. There is greater flexibility to manage male and female admissions at Auckland Park and assumptions of the numbers</p>

	who will not be able to be admitted to their local ward reflect this.
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- Based on the admissions in the period referred to above, analysis of the **additional** mileage that would need to be travelled by people living in specific areas within County Durham and Darlington CCGs if their current ward is closed has been undertaken. This is shown in the table below. This shows that all parts of Durham and Darlington will be affected.

LOCAL AREA	THE FURTHER MILEAGE WHICH WILL BE INCURRED IF CURRENT ORGANIC ADMISSION WARD IS CLOSED
Sildon	11.2 miles
Bishop Auckland	13.5 miles
Derwentside	10.8 miles
Barnard Castle	12.8 miles
Stanley	13.9 miles
Chester le Street	13.5 miles
Crook	5.6 miles
Durham City	10.3 miles
Spennymoor	1.8 miles
South Easington	0.8 miles
Sadberge	9.6 miles
North Easington SR7 8EY (Seaham)	10.4 miles
Sedgefield	3.2 miles
Hundens Lane Darlington	7.5 miles
Newton Aycliffe	8 miles

EVALUATION OF EACH OPTION:

- 3.4 **Option 1** - Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, LRH)

Benefits

- **There would be separate wards for men and women.** Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, some of whom are admitted from male only care homes.
- These two ground floor wards offer the **best physical environment** for people with dementia and challenging behaviour. They are larger than the ward at Bowes Lyon Unit in Durham (**Ceddesfeld ward is 1008 sq m, Hamsterley 868 sq m, Picktree has 600 sq m – ward areas only**). Space is a crucial factor in caring for people whose behaviour can be challenging. Patients have more room to move about freely, which reduces aggression, and there is also more space to offer a choice of quiet or socially stimulating areas (in line with nationally recognised standards set by the Dementia Services Development Centre at Stirling University).
- Having two wards on one site would mean staff would be able to make more **efficient use of clinical time and provides a concentration of clinical expertise and resources.** The reduction of staff travel time between sites maximises clinical contact time
- This option **provides greater flexibility to manage male and female admissions and ensure access to a male only ward.** It has the advantage of an additional (unused) bedroom on each ward. This allows the service to operate within a total number of 30 beds and also to use them flexibly across the two wards according to the demand for male and female admissions.
- The single site means that there not an isolated ward on one site and maintains **access to onsite support from the other ward.**

Disadvantages

- Some patients and their families would have further to travel. For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. However, as we are able to support more people in their home environment, there are fewer people spending time in hospital. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.
- However, the travel implications need to be considered within the context of the requirement to meet single sex accommodation guidance which means that currently, at times, some patients are not able to be admitted to their nearest ward. Since December 2014 to 31st August 2015, 9 male patients from North Durham have been admitted to Ceddesfeld (male only ward) at Auckland Park.

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham (closing a ward at Auckland Park).

Benefits

- There would be **inpatient services at both Durham and Bishop Auckland.**
- **There would be separate wards for men and women.** Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, many of whom are admitted from male only care homes.

Disadvantages

- Some patients and their families would have **further to travel.** For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.
- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging (as described in Option 1).
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing.

Option 3

Provide a mixed sex ward at Bowes Lyon in Durham and a mixed sex ward at Auckland Park Hospital

Benefits

- We would retain wards at Durham and Bishop Auckland and there would be **no increase in travel** for patients and their families. However, the requirement to meet single sex accommodation guidance means that currently, at times, some patients from North Durham CCG are not able to be admitted to their nearest ward. Since December 2014 to 31st August 2015, 9 male patients from North Durham have been admitted to Ceddesfeld (male only ward) at Auckland Park.

Disadvantages

- We would be providing care in **mixed sex wards.** Although we would introduce male and female zones it would be difficult to manage as patients with advanced dementia are unlikely to recognise and observe male or female only areas. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that a male only ward is the best option for these vulnerable patients. The Care Quality Commission requires

Trusts to provide single sex accommodation and, despite providing male and female zones, moving from a single sex ward to a mixed sex ward (at Auckland Park) will be perceived as a 'backward' step.

- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging.
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing and could require additional staffing.

MANAGING DEMAND WITHIN 30 BEDS

- 3.5 Although the proposals are not about the number of organic beds provided, the Trust recognises that it is important to provide assurance to the CCGs that the demand for inpatient care can be met by the current bed numbers. Analysis of admissions and occupied bed days since the number of beds was reduced to 30 in December 2014 demonstrates that the service is able to meet demand for admission within 30 beds.

Use of inpatient beds		
Time period	Number of admissions	Occupied bed days
1 April 2013 – 31 March 2014	157	13,983
1 April 2014 – 31 March 2015	163	11,113
1 April 2015 – 31 March 2016 (forecast based on five months data)	149	8,635
Time period	Number of beds	Bed occupancy (%)
1 April 2014 – 30 November 2014	45	75%
1 December 2014 – 31 August 2015	30	79%

4 CONCLUSION

- 4.1 The evaluation of the options confirmed that the clinically preferred option is to provide 30 beds across separate male and female wards (15 beds each) at Auckland Park Hospital, and close Picktree Ward at Bowes Lyon Unit, Durham (Option 1). The rationale for this is described above. In summary it provides more space and flexibility to meet the needs of complex, challenging and vulnerable patients while at the same time meeting regulatory requirements regarding single sex accommodation. This option also meets more of the Stirling standards which provide a benchmark for the provision of effective organic inpatient environments. The concentration of clinical staff on a single site will maximise the amount of time they can spend in direct patient contact.

- 4.2 There are implications in terms of mileage and travel times for Options 1 and 2 and also to some extent for Option 3 (mixed sex wards) where the requirement to meet single sex accommodation guidance will mean that, at times, some patients will not be able to be admitted to their nearest ward, as is the case currently. For the 9 months since December 2014, 9 male patients from North Durham have been admitted to Auckland Park as they needed a male only environment (22% of ND CCG admissions in this period).

For the clinically preferred option 1 (both wards at Auckland Park) this would mean circa 5 families a month will need to travel a further 10 – 14 miles to visit their family member at Auckland Park compared to their current travel. However this needs to be considered within the context of the current situation outlined above whereby a number of these male patients are already admitted to the male only ward at Auckland Park.

- 4.4 Whilst there is an option that is preferred by the clinicians providing the service it is proposed that the three CCGs in County Durham and Darlington and the Trust undertake a public consultation on which of the 3 options should be the preferred option. A draft consultation plan and document is attached in Appendices 1 and 2.

5. RECOMMENDATIONS

- 5.1 The Committee is asked:
- to support the proposal to consult on the 3 options (which will be led by North Durham CCG (on behalf of the 3 CCGs in County Durham and Darlington given they are the lead CCG for the contract with TEWV).
 - to agree to receive an update following completion of the public consultation regarding the preferred option (expected March 2016) with a view to agreeing the preferred option at that point.

APPENDIX 1 – DRAFT CONSULTATION DOCUMENT (Note will have all CCG logos on in addition to TEWV's)

Improving mental health services for people with dementia in County Durham and Darlington

Public consultation

Introduction

The purpose of this consultation is to seek the views of local people on the location of assessment and treatment beds for older people who have a dementia in County Durham and Darlington.

As our population ages, dementia is one of the most serious issues we face and we must do everything we can to make sure that we are providing the best possible care and support for people with dementia and their carers.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides specialist mental health services for the people of County Durham and Darlington and this includes inpatient assessment and treatment beds for people who have a dementia. There are currently three 10 bed wards – one ward at Bowes Lyon Unit, Lanchester Road Hospital in Durham and two wards at Auckland Park Hospital in Bishop Auckland.

Developments over recent years mean that fewer people with dementia need to spend time in hospital. Occupancy levels and the number of admissions have reduced over the last two years as a consequence of strengthened community services provided by TEWV. Between August and November 2014 TEWV reduced the number of inpatient beds on the three wards from a total of 45 (3 x 15 bed wards) to 30 (3 x 10 bed wards).

TEWV are confident that they now have the appropriate number of beds for the citizens of County Durham and Darlington. We now need to make sure that we are offering people who have a dementia not only the best possible inpatient environment (should admission to a specialist ward be required), but also that we are making the best use of our resources. This means reviewing the current location and configuration of assessment and treatment beds.

This document provides more detailed information about a number of options for the future location of inpatient services and explains how you can have your say.

We welcome your views and look forward to hearing from you.

Background

People are living longer and the number of people who have a dementia is increasing. We want to make sure that these people get the best possible care and support.

More people with dementia are able (and want) to receive the care and treatment they need in their home environment. Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in their own homes. As we strengthen our community services and change the way we work to support patients at home, fewer people need to be admitted to specialist wards and those who are admitted are spending less time in hospital.

Occupancy levels and the number of admissions have reduced over the last two years and between August and November 2014 TEWV reduced the number of inpatient beds on the three assessment treatment wards from 45 (3 x 15 bed wards) to 30 (3 x 10 bed wards). This is consistent with the number of beds available in other areas of the Trust and other parts of England. Over the last **eight months (update before consultation)** TEWV has demonstrated that 30 beds is sufficient to meet the needs of the residents of County Durham and Darlington who have a dementia (see tables below).

Use of inpatient beds		
Time period	Number of admissions	Occupied bed days
1 April 2013 – 31 March 2014	157	13,983
1 April 2014 – 31 March 2015	163	11,113
1 April 2015 – 31 March 2016 (forecast based on five months data) update before consultation	149	8,635
Time period	Number of beds	Bed occupancy (%)
1 April 2014 – 30 November 2014	45	75%
1 December 2014 – 31 August 2015	30	79%

The figures show an overall decrease in the number of admissions from County Durham and Darlington over the last two and a half years and a dramatic decrease in the length of time people spend in hospital (occupied bed days), even when the number of admissions increased during 2014/15. This is also reflected in the average bed occupancy rates for the periods immediately before and after the numbers of beds were reduced.

Inpatient care is now the exception rather than the norm. Increasingly this means that those people who are admitted to mental health hospitals have very complex needs, often displaying behaviours that challenge carers to continue to support the person at home.

It is therefore important that the inpatient environment meets the needs of patients who have significant challenging behaviours. This means providing an environment where

patients can be cared for safely and with dignity, and where vulnerable patients can be protected. It includes offering spacious accommodation where patients can move around freely, with places where they can be quiet as well as other areas that are more stimulating.

In doing this we must also make sure that we make the best use of tax payers' money and use our limited resources as effectively as possible.

Our current inpatient services for people with dementia

In County Durham and Darlington there are currently three inpatient wards providing assessment and treatment services for people who have a dementia:

- Picktree Ward, Bowes Lyon Unit, Lanchester Road Hospital, Durham (10 beds) – mixed sex ward with designated sleeping areas for men and women
- Ceddesfeld Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (male)
- Hamsterley Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (female)

(At Bowes Lyon Unit in Durham we also have an assessment and treatment ward – Roseberry Ward - for older people with mental health problems such as psychosis, severe depression or anxiety (functional illnesses). There is a second functional ward at West Park Hospital in Darlington. People with different illnesses have very different needs and it is nationally recognised good practice to care for them in different wards.)

The need for change

We regularly review our services and facilities to make sure that the people who use them are getting the care they need, when and where they need it, and that we are using our limited resources effectively.

As more people with dementia are supported in their home environment, we need fewer beds. It is, of course, important that there are inpatient beds available locally when patients need them but we also need to make sure that we are

- providing the best possible environment and
- making the best use of tax payers' money.

It is much more efficient and cost effective to manage two wards with 15 beds than three wards with 10 beds.

Our proposal

We will retain 30 inpatient beds but reduce the number of wards from three to two.

There are three options open to us

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree Ward at Bowes Lyon Unit, Durham)

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon in Durham (and close one of the wards at Bishop Auckland).

Option 3

Provide a mixed sex ward at Bowes Lyon in Durham and a mixed sex ward at Auckland Park Hospital (and close one of the wards at Bishop Auckland)

Option 1 (the preferred option of clinicians)

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Durham)

Benefits

- **Separate wards for men and women.** Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, some of whom are admitted from male only care homes.
- These two ground floor wards offer the **best physical environment** for people with dementia and challenging behaviour. They are larger than the ward at Bowes Lyon Unit in Durham and space is a crucial factor in caring for people whose behaviour can be challenging. Patients have more room to move about freely, which reduces aggression, and there is also more space to offer a choice of quiet or socially stimulating areas (in line with nationally recognised standards set by the Dementia Services Development Centre at Stirling University).
- Having two wards on one site would mean staff would be able to make more **efficient use of clinical time.**
- This option provides the most **flexibility** in terms of adjusting the wards to respond to the ratio of men and women needing to spend time in hospital. For instance, if required we could have 16 men in one ward and 14 women in the other.

Disadvantages

- Some patients and their families would have **further to travel.** For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. However, as we are able to support more people in their home environment, there are fewer people spending time in hospital. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

Benefits

- There would be **inpatient services at both Durham and Bishop Auckland.**
- **Separate wards for men and women.** Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, many of whom are admitted from male only care homes.

Disadvantages

- Some patients and their families would have **further to travel.** For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.
- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging.
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing and could require additional staffing.

Option 3

Provide a mixed sex ward at Bowes Lyon in Durham and a mixed sex ward at Auckland Park Hospital

Benefits

- We would retain wards at Durham and Bishop Auckland and there would be **no increase in travel** for patients and their families.

Disadvantages

- We would have to provide **mixed sex wards.** Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that a male only ward is the best option for these vulnerable patients. Although we could introduce male and female zones it would be difficult to manage as patients with advanced dementia are unlikely to recognise and observe male or female only areas. The Care Quality Commission requires Trusts to provide single sex accommodation and, despite providing male and female zones, moving from a single sex ward to a mixed sex ward (at Auckland Park) will be perceived as a backward step.

- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging..
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing and could require additional staffing.

The views of mental health professionals at TEWV

The preferred option of mental health professionals at TEWV is option one because the clinicians firmly believe that having separate wards for men and women is highly beneficial. Patients with advanced dementia often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience, gained over the last ten years, shows that separate male and female wards is the best option for these vulnerable patients. The Trust has also had a number of complaints from carers about mixed sex wards.

Have your say

We would like your views on our proposals for continuing to improve services for people with dementia in County Durham and Darlington.

The public consultation will run from 4th January 2016 to 28th March 2016.

(Info on any open event – TBA)

You can also give us your feedback by completing the attached form or emailing your comments to:

nduccg.northdurhamccg@nhs.net

Your can also send the completed attached form or comments to:

XXXXX
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

The deadline for responses is 28th March 2016 when the consultation closes.

What happens next?

We will use the information you provide to help us make a decision on our proposals. No decision will be made until the consultation has ended.

All comments, views and feedback will be considered by the CCGs and TEWV and a decision will be made once the feedback gathered through the consultation process has been considered. It will also be reviewed by the local authorities' Health Scrutiny Committee and shared with the public.

Questionnaire

Please tick your preferred option

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Durham)

Option 2

Provide separate male and female wards on split sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit in Durham.

Option 3

Provide a mixed sex ward at Bowes Lyon Unit in Durham and a mixed sex ward at Auckland Park Hospital

Please explain below why you have chosen this option

If you would like more information or are part of a group or organisation that would like someone to come and talk to you about these proposals please contact xxxxxxxx.

The closing date for responses is 28th March 2016

APPENDIX 2 – Proposed consultation plan

Consultation period

A 12 week consultation period (to allow for Christmas holiday period):

4 January 2016 – 28 March 2016

Our aim is to consult with

- existing service users (and their families) potentially impacted by the proposals
- staff directly impacted by the proposals
- local people including a range of stakeholders such as:
 - Healthwatch
 - Health Overview and Scrutiny Committee
 - Durham County Councillors
 - Darlington Borough Councillors
 - Local service user and carer groups and organisations
 - Local voluntary and statutory organisations (including Age UK and Alzheimers Society)
 - GPs
 - AAPs
 - MPs

Consultation activities / awareness raising of how to get involved / give feedback

- Consultation document to be posted on all CCG and TEWV websites from day 1 with details of how to get involved / give feedback
- Media release issued on day 1
- Use of social media throughout period of consultation signposting to more information
- Consultation document to be sent to stakeholders (see above) with covering letter including offer to meet / attend events / meetings and details of how to give feedback. (AAPs will be contacted separately to agree how they will contribute to consultation)
- Attend Healthwatch meetings
- Internal communications with staff at CCGs and TEWV
- Three public meetings: one in North Durham (likely to be Derwentside), one in South Durham (likely to be an evening meeting in Bishop Auckland) and one in Darlington. These will be publicised:
 - In consultation document
 - On website
 - Through the media (press release, social media and paid advertising)
- Open meetings for
 - families at Bowes Lyon Unit in Durham
 - families at Auckland Park in Bishop Auckland
 - staff at Bowes Lyon Unit in Durham
 - staff at Auckland Park in Bishop Auckland

(these will be publicised through direct contact, posters and internal communications).

Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc	MHSOP County Durham and Darlington					
Name of responsible person and job title	Sarah Mc George Clinical Director Carl Bashford HoS					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Business Plan group					
Title	MHSOP D&D location of organic beds					
Is the area being assessed a	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input checked="" type="checkbox"/>	Project	<input checked="" type="checkbox"/>
	Procedure/Guidance			<input type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state					<input type="checkbox"/>
Geographical area	County Durham and Darlington					
Aims and objectives	To consider options for the location of the organic wards, to reduce from 3 wards to 2 wards (retaining the same number of beds)					
Start date of Equality Analysis Screening	July 2015					
End date of Equality Analysis Screening	9 September 2015					

Please read the Equality Analysis Procedure for further information

You must contact the E&D team if you identify a negative impact. If you require further advice and support please ring Sarah Jay or Tracey Loynes on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Delivery of effective organic service which provides value for money – benefit for the Trust, Commissioners staff and patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical and mental impairment)	No	Gender (Men and women)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and some other non religious beliefs)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite sex and same sex couples who are either married or civil partners)	No

Yes – Please describe the anticipated negative impact
No – Please describe any positive outcomes

The preferred option is for single sex wards on one site. This will ensure that the privacy and dignity of patients is preserved as far as possible, but will still allow for social mixing of men with women with supervision.

3. Have you considered any codes of practice, guidance, project or business plan benefit? If 'No', why not?	Yes	x	No	
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Sources of Information may include:

- Feedback from equality bodies, e.g. Care Quality Commission, Disability Rights Commission, etc
- Investigation findings
- Trust Strategic Direction
- Data collection/Analysis
- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Other (Please state below)

The service has reviewed information on

- the number and gender of admissions,
- the location of where patients admitted are from
- the Length of stay of admissions
- the further travel times (both mileage and by public transport) if patients current organic ward is closed)
- environmental information – eg space available within current wards, which includes wander pathways, dining areas
- QUAG information regarding complaints from families regarding mixed sex wards
- CQC guidance and reports on mixed sex accommodation
- National Eliminating Mixed Sex Accommodation guidance (EMSA)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Clinical staff within the MHSOP inpatient and community services (including all professional groups) were involved in the development of the benefit criteria, development of long list of options and scoring of each of the 4 shortlisted options. Feedback from patients and families as evidenced from SDG minutes were considered when developing the criteria and scoring the options

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?

No	Please describe the identified training needs/service needs below
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A training need has been identified for

Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
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Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so

<p>The completed EA has been signed off by:</p> <p>You the Policy owner/manager:</p> <p style="padding-left: 100px;">Type name: Sarah McGeorge, Clinical Director</p>	<p>Date:</p> <p>09.09.2015</p>
<p>Your reporting manager:</p> <p style="padding-left: 100px;">Type name:</p>	<p>Date:</p>
<p>Please forward this form by email to: tewv.policies@nhs.net</p> <p>Please Telephone: 0191 3336267/6542 for further advice and information on equality analysis</p>	

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