

APPENDIX 2

CONSULTATION DOCUMENT

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 twelve months 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 eight 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%

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

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

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

The closing date for responses is 28th March 2016

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).
