

CONSULTATION REPORT

Outcome of Public Consultation on SHSCT Strategic Plan 'Changing for the Better', associated services changes and Equality Impact Assessments

March 2009

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Acknowledgement

The Southern Health and Social Care Trust wishes to extend its thanks and sincere appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust to express views.

All the views expressed throughout the engagement process have been taken account of by the Trust and are addressed in this consultation paper.

1.0 INTRODUCTION

The Southern Health and Social Care Trust (the Trust) is committed to improving, developing and transforming services to meet the changing needs of our patients, clients, carers and local communities.

The Trust's draft Strategic Plan 'Changing for the Better' sets out the vision for the future shape of health and social care in the Southern area and our plans for service change to deliver this vision – change which will better meet the needs of our users and which is focused on improving and modernising care in line with quality standards, best practice and the realising the benefits of new technologies.

In keeping with legislation and a desire to engage as widely as possible, the Trust has consulted on its Strategic Plan and on a number of specific service changes and related Equality Impact Assessments (EQIAs). The full list of our consultation documents is:

- Strategic 5 Year Plan 'Changing for the Better'
- The future model of Statutory Residential Care for Older People and EQIA
- The future provision of non-acute hospital care for older people and EQIA
- Centralisation of Acute Mental Health inpatient care and EQIA.
- The future model of Statutory Residential Care for Children & Young People and EQIA
- EQIA on resettlement of people from long term mental health hospital care
- EQIA on resettlement of people from long term learning disability hospital care
- EQIA on car parking charges and exemption criteria

This consultation report sets out:

- The process and actions undertaken by the Trust to engage and consult on its proposals for changes to how health and social care services in the Southern area will be delivered into the future;

- The comments received from the consultation process and the Trust's response to these, and
- The final proposals, as shaped by the responses to the consultation process, on the Trust's strategy and key service changes, for Trust Board consideration.

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette, large print and in other languages to meet the needs of those who are not fluent in English.

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2.0 CONSULTATION PROCESS

In undertaking this consultation, the Trust has complied with the relevant legislation and its own Equality Scheme, taking account of how significant changes proposed to service delivery may impact on individuals. Specific equality legislation, which impacts on the Trust and the manner in which it carries out its functions include:

- The Northern Ireland Act 1998 (Section 75 (i) and (ii))
- The Disability Discrimination Act 1995 (as amended)
- The Human Rights Act 1998

In line with the Trust's statutory duties under Section 75 of the Northern Ireland Act 1998, Equality Impact Assessments (EQIAs) were developed as a key element of the consultation process.

From the outset the Trust has been committed to consulting as widely as possible on its proposals for change, including:

- Raising awareness of the consultation process with key stakeholders
- Encouraging and facilitating their participation
- Facilitating opportunities for two way communication in order to explain the proposals

The Trust also reaffirmed throughout the consultative process that it would not take a decision in relation to any of the change proposals without taking into account Equality Impact Assessments and the outcomes of consultation.

2.1 Methodology

The Trust has complied with the principles on consultation set out in the Equality Commission for Northern Ireland's Guide to the Statutory Duties, as well as the commitments in the Trust's Equality Scheme.

The Trust's consultation process has six elements to ensure as full and effective an engagement process as possible.

Planning

In developing its Strategic Plan, priorities and key service changes, the Trust has drawn on national and regional service strategies, the strategies of the Southern Health and Social services Board and other commissioners, and national and international quality standards and best practice, all of which have had significant user engagement.

The Trust has engaged with service users and their advocates in the development of the strategic direction and priorities set out in 'Changing for the Better'.

Pre-consultation

In preparation for the consultation process, the Trust consulted on an overarching Equality Impact Assessment (EQIA) to assess those individual strategy and service change proposals which would require a full Equality Impact Assessment. This consultation process ran from the 13th October 2008 to the 8th December 2008. Seven proposals were identified as requiring individual EQIAs and these were included as part of the formal consultation process below.

A pre-consultation engagement process took place from 7th November 2008 to the 10th December 2008. During pre-consultation the Trust undertook to inform as many interested individuals and groups as possible of its intention to consult on its strategic direction and proposed changes to services. A summary of the organisations and individuals that the Trust engaged with is included in Appendix 1.

Notice of Formal Consultation and Formal Consultation

The Trust's formal consultation documents were considered and approved for consultation at the Trust Board on 10th December 2008.

Following this meeting, the notice of formal consultation was issued. All consultation papers were placed on the Trust internet site and statements were issued to the press. A printed copy of the 'Changing for the Better' Strategic Plan, including a summary of key service changes and how the full documents could be accessed, was issued to all individuals and organisations on the Trust's list of consultees.

The Trust's consultation list extends to over 700 individuals and organisations including local and regional support groups, politicians, councils, unions, voluntary and community groups, GPs and statutory organisations.

The Trust also engaged with N.I. Council for Voluntary Action (NICVA) who kindly agreed to include information in their eNews bulletin (circulation of 1400 individuals and organisation) and NICVA News (circulation 1000) membership. Information was also sent to local churches and other religious organisations asking them to consider including information on the consultation in their publications.

The Equality Commission and the Trust's Equality Scheme recommend an 8 week consultation period, however for this consultation process the Trust decided to extend its consultation period to 12 weeks to enable effective engagement and consideration of the proposals by interested parties. The formal consultation period commenced on the 10th December for a period of 12 weeks to Friday 6th March. The Trust accepted a small number of late responses so as not to exclude any comments or information that would be relevant to decision-making.

During the consultation period the Trust responded to a range of requests for additional information from individuals, interest groups, elected representatives and Assembly questions, and gave media briefings and interviews. A range of meetings with MLAs, other elected representatives, local councils and interest groups and individuals were also held, and these are detailed in Appendix 1. The Trust also presented their proposals for change to the Northern Ireland Assembly Health Committee.

Formal Responses to Consultation

The individual respondents are listed in Appendix 2 and a summary of the comments made by each respondent is detailed in Appendices 3-10. As responses were received, the Trust acknowledged receipt, responded to any queries where possible and provided any further information required.

Each response has been carefully reviewed and the key themes identified and considered in developing the final proposals for Trust Board consideration.

To ensure sufficient time to consider the comments and key themes emerging from the consultation process, a full set of all consultation responses were provided to Trust Board members on Thursday 12th March. Late submissions were also provided by 20th March 2009.

Outcome of Consultation Process and Proposals to Trust Board

This consultation report sets out:

- The outcome of the consultation process.
- Summaries of the formal responses received.
- The key themes emerging from those responses.
- Draft recommendations on each of the consultation proposals for Trust Board consideration.

Trust Board Decisions on Consultation Process

The Trust Board will consider this paper at its public meeting on 26 March 2009. Decisions taken at this meeting will be placed on the Trust's internet site and all individuals and organisations on the Trust's consultation list will be notified.

3.0 RESPONSES TO CONSULTATION, ANALYSIS AND FINAL PROPOSALS

The Trust received a total of 1304 individual responses to the consultation documents, and five petitions with over 24,000 signatures. These petitions were in respect of:

- Proposed service changes to Statutory Residential Homes for Older People (three petitions with 7,795 signatures).
- Proposed service changes to statutory residential care for children and young people (one petition with 206 signatures).
- Proposed service changes affecting the Armagh area (one petition with over 16,000 signatures).

This section summarises the responses received against each consultation document, identifies the key themes emerging and provides the Trust's response to these issues. It also sets out the Trust's final proposals on each of the consultation areas for Trust Board consideration and decision.

The Trust again wishes to extend its thanks and appreciation to all those who contributed their time, effort and expertise in responding to this consultation process.

3.1 ‘Changing for the Better’ 5 Year Strategic Plan

‘Changing for the Better’ sets out the Trust’s proposed 5 year strategic plans, priorities and specific service changes across each care programme and service area. A total of 18 responses providing comments on ‘Changing for the Better’ were received. Respondents and a summary of their comments are included in Appendix 3.

Key Themes from Consultation Responses

A number of key themes have emerged from the consultation responses on ‘Changing for the Better’, including:

- Endorsement for the Trust’s Strategic Plan, priorities and proposals to enhance and improve services for the population of the Southern area, recognition that the Trust’s strategy compliments regional and national strategies for service delivery, and support for the focus on promoting health wellbeing and reducing health inequalities.
- Support for the Trust’s Personal and Public Involvement (PPI) Strategy. Clarity was sought on the commitment to user engagement and community development, and a commitment was specifically sought to implement the Southern Health & Social Services (SHSSB) Community Development Strategy.
- The specific needs of certain populations and service user groups were raised, including the needs of black and ethnic minority (BME) groups, people with disabilities and chronic disease, and victims and survivors of the Troubles in relation to service planning, delivery and consultation. A clear commitment to provide information and communication in accessible formats was sought and assurance on the Trust’s commitment to human rights.
- Concerns that the contribution of the voluntary sector was not sufficiently recognised, and that there was not an explicit commitment to the inclusion of, and partnership with, the voluntary sector in planning and implementing the Strategy.

- The need to support and complement the services provided by General Practice, and to improve the collaboration and joint working between GPs and the Trust.
- Queries in relation to the future provision and configuration of Health and Care/Health Centres, with specific requests for assurance that this provision would not be reduced and the timescale for capital development.
- Support for the Trust's commitment to the "Developing Better Services" strategy and to enhancing and addressing hospital service issues. The need to develop a strategic plan to enhance services across the hospital network was raised. There was welcome and support for the capital development programme for the Trust's acute hospitals.
- Comments on implementation issues included the need for detail on targets, timescales and the process of implementation, the need for training to better equip staff to meet the needs of specific user groups, and the need to ensure that services are equally accessible to all users.

Trust Response

Central to the planning and delivery of the Trust's Strategic Plan 'Changing for the Better' will be meaningful engagement with services users, their representatives and local communities. A cross-cutting theme of the Plan is a commitment to adopt a multi-professional, user-centered, collaborative approach to the development of services. Community development approaches will be key to the success of the Strategy, and it is proposed to amend the draft Plan to better reflect this commitment.

Implementation planning for the Trust's strategic priorities and plans will include the development of specific targets and timescales, and this process will include engagement with users, carers and local communities as appropriate. It is proposed that this commitment to user engagement and targeted approaches appropriate to the diverse needs of users will be made more prominent in the Strategic Plan.

Significant community engagement has already taken place for both Portadown and Banbridge Community Treatment and Care Centers (CTCCs) and this will be replicated as other centers are developed. The Trust proposes to retain the current configuration of health centres and upgrade or replace as necessary.

The Trust has been developing and implementing a service model for primary care which aims to co-locate General Practice and health and social services within a single facility to support and integrate care. This 'one stop shop' model will enable the local community to access a full range of services at a single visit.

The Trust is in the early stages of a strategic review of acute services across all hospital sites, and plans to complete this in early 2010.

The Trust accepts that the availability of capital will be a constraint and will continue to lobby for funding.

The Trust will work collaboratively with a broad range of partners to ensure our staff have the right skills to deliver services and are appropriately trained in relation to disability, diversity and the needs of different user groups.

The Trust is committed to removing barriers to access to its services, and will continue to focus on enabling all users to have equality of access to services and care to improve their health and well being. Where groups or individuals have expressed concerns through this consultation process, the Trust will work with them to improve access and ensure services meet their specific needs. The Trust believes that Human Rights are central to the services we provide, and 'treating people fairly and with respect' is a core value of the Trust.

A range of proposed amendments are noted in the revised 'Changing for the Better' document to reflect the issues raised in the consultation process and the Trust's response as reflected above.

Recommendation to Trust Board

Trust Board is asked to consider and approve the amendments noted in the 'Changing for the Better' 5 Year Strategic Plan.

3.2 Care for Older People: Statutory Residential Care - Proposed Service Changes and Equality Impact Assessment

The Trust's **strategic direction** is focused on supporting older people to live independently in their own homes where possible, providing a range of community services and alternative forms of housing suitable to the needs of older people. In implementing this strategic direction, the Trust has identified a reducing **need** for residential care as a form of care. The Trust has consulted on a **service model** of 90 long term statutory residential care places, provided in Crozier House in Banbridge, Cloughreagh House in Bessbrook and Roxborough House in Moy, and proposed closure of the remaining two homes – Skeagh House in Dromore and Slieve Roe House in Kilkeel.

Response to Consultation

A total of 161 individual responses, seven sets of standard letters totaling 646 signatures, and 3 petitions with 7,795 signatories were received on this proposal. The respondents and a summary of their comments are detailed in Appendix 4.

Key Themes from Consultation Responses

- **Strategic Direction**

Respondents were generally supportive of the Trust's proposed strategic direction. A number of respondents expressed concern at the lack of engagement with current statutory residential home residents and specific local populations in the Trust's local research on the future needs of older people 'Older People – Having their Say about Housing Care Needs', however it was acknowledged that the results of the survey were 'nothing new' and the findings were consistent with those emerging from regional, national and international research.

▪ **Assessment of Need**

The Trust's assessment of need for up to 90 long term statutory residential care places was challenged by a number of respondents in relation to:

- The impact of demographic trends.
- The lack of funding for alternative housing provision such as sheltered housing and housing with care.
- The difficulties in providing the quality and quantity of community and domiciliary support services to support a reduced need for residential care.
- Perceptions that the Trust had influenced occupancy levels within statutory residential care homes by unduly directing older people to other forms of care, with one respondent directly challenging the Trust's individual needs assessment process. It was stated that Trust staff were either inappropriately placing people in nursing homes when their needs could be met in a residential setting, or were not offering statutory home placement as a choice in order to manufacture a position where the occupancy of the home fell to a level that could justify closure.

▪ **Service Model and Proposed Service Configuration**

The Trust's proposal that the assessed need for up to 90 statutory residential places should be provided in three of the five statutory residential homes, with closure of Skeagh and Slieve Roe, was commented on as follows:

- Reduced geographic accessibility
- The potential to use these facilities to provide an increased or enhanced range of services for older people.
- The quality and stability of independent sector residential homes.
- Quality of physical environment and relative need for future investment.
- Lack of alternative accommodation options in local area.
- Impact on other services.
- Revenue consequence

▪ **Implementation Issues**

Respondents raised a number of issues in relation to the impact of implementing the 3 home service model:

- The ability of the Trust to find alternative ways to provide services currently provided from these facilities, such as respite care, meals and day care provision to the local community.
- That current domiciliary and community support services would not provide a quality alternative if these residential homes were to close.
- The lack of firm proposals for alternative, locally based accommodation options and the timescales involved in developing these.

▪ **Impact on Current Residents, other Users, Relatives and Carers and Staff**

Respondents - particularly current residents, users of respite services and other services provided from the homes, relatives and carers - have highlighted the negative impact the Trusts proposals would have on current residents and service users. Comments included:

- Residents did not want to move from their home.
- Users of respite and day care wanted to continue to have this care provided at the homes concerned.
- Concerns that there would be a lesser quality of care provided in independent sector homes.
- The high quality of care provided in the homes, and the assurance this gave to relatives and carers.
- Lack of suitable or accessible alternatives, and travel difficulties for visiting.

Respondents, many of them staff in the affected homes, commented specifically on the impact on staff. Comments included the threat of job loss, the impact on staff of having to relocate to another Trust facility or service (travel, etc) and their concerns for current residents.

Trust Response

The Trust welcomes the endorsement of its **strategic direction** for older people. In relation to the comments on the Trust's local research, this was intended to gather the views of potential future users, and bears out the findings of national and international research.

The Trust's **assessment of need** examined needs across the continuum of care for older people. Enhanced and improved domiciliary and community support services are maintaining the majority of older people to live in their own home, and alternative housing options such as housing with care and retirement villages are being discussed for development. The Trust accepts that there is still a need for residential and nursing home care as part of this continuum, and these types of care will continue to be provided. However admissions to residential care are reducing, and occupancy is falling. Therefore the Trust's assessed future need for statutory residential care is no more than 90 places over the period of the strategy. Specific issues in relation to assessment of need are addressed below:

Demographic Trends: Despite the increasing population of older people, there is a decrease in the number of people admitted to residential care. Since 2002/03, there has been a decrease in the rate of use of nursing and residential homes in the Southern area from 99.7/1000 of the 75+ population in 2002/03 to 85.3/1000 in 2007/08.

The Trust plans for ongoing enhancement and expansion of domiciliary and community support services will continue to impact on future need for residential care. In addition the Trust has developed a range of services including Day Care, luncheon clubs, transport, befriending schemes and respite care. The Trust has also invested in intermediate care to ensure that people receive support through rehabilitation services in their own homes on discharge from hospital and specialist services such as Stroke Rehabilitation Teams and the Chronic Obstructive Pulmonary Disease services. Together these services provide a flexible response that enables people to remain living at home. SHSSB has committed to continue this ongoing

investment from additional capitation funding. This will ensure that these services continue to increase and develop over the period of this strategy.

The lack of funding for alternative housing provision: The Trust has reviewed the housing needs for older people living in the Trust area and identified a need for 9 developments of 12 dwellings across the Trust's area. The Trust has worked with the Housing Executive to prioritise these developments and has submitted a draft business plan for developments in Kilkeel and Dromore. The Trust is working with the Housing Executive to identify Housing Associations to partner with and to identify appropriate land for these developments. In addition to this work, the Trust has been working with local property developers to stimulate interest in the development of suitable accommodation for older people that could be bought or leased.

Sufficient quantity of high quality domiciliary care to support reduced need for residential care: The Trust is currently supporting approximately 5,000 older people to live independently in their own home. Substantial investment in domiciliary care totaling £2.35 million has been made by SHSSB over the past five years and additional investment of £1.3 million has been agreed for the coming years.

Perceptions that Trust staff influence occupancy levels within statutory residential care homes by unduly directing older people to other forms of care: The Trust has in place a robust care management process that ensures that an individual needs assessment is undertaken for those considering admission to residential or nursing home care. All admissions are subject to a process that involves the individual, their family and several professionals who are involved in the person's care and there are processes in place to ensure that the care plan reflects the person's aspirations, choices and their individual care needs. The admission and care plan is approved by a Senior Health or Social Work Professional.

Comments were also made that occupancy levels in Skeagh House were affected by holding beds to accommodate decanting of Crozier

House residents to facilitate remedial work at this home. Both homes were closed to permanent admissions only for a short period from January to May 2007 when it was confirmed that funding for this work was not available and permanent admissions were reinstated from that date.

Funding for the remedial work was allocated by DHSSPSNI mid-2008 and the Trust approved a proposal to prevent all new admissions to Crozier during October 2008 due to the need to temporarily move some residents to alternative accommodation at Skeagh for a period of time. Staff were advised of this decision during October 2008 and therefore this work could not have impacted on admissions between April and September 2008.

The Trust can also confirm that while residents are in hospital their residential care bed is recorded as occupied.

While the three home **service model** originally proposed would undoubtedly provide increased service stability, economies of scale, significantly contribute to the Trust's efficiency savings targets and provide the future assessed need of up to 90 places, the Trust has listened to and considered the very strong representations from the majority of respondents opposing this model, and specifically the views that this would significantly impact on accessibility to residential and other care for local communities.

The Trust is therefore proposing an **alternative service model** which will retain all the current statutory residential homes over the period of the strategy and develop these facilities as local Centres for Care of Older People.

This alternative model would develop each home in line with local community needs, including new respite services for people with dementia. However this alternative service model will produce significantly less efficiency savings.

This proposed new service model will maintain Skeagh and Slieve Roe Homes with the following service profile, with current levels of day care and meals provision maintained or increased where possible:

Home	Permanent Residents at 16/3/09	Permanent Places	Respite Care Older	Respite Care EMI	Total Places
Skeagh	18	Up to 18	4	2	24
Slieve Roe	12	Up to 12	2	2	16

The **implementation issues and impact on current residents, other users, families, carers and staff** raised during consultation are largely addressed by the alternative service model now proposed for Trust Board consideration. This revised proposal would enable current residents and other service users to continue to receive their care from Skeagh House and Slieve Roe House until such times as they no longer require this care. This proposal therefore addresses the concerns raised in relation to users, families and carers.

Throughout the consultation process, the Trust has stated its commitment to avoid compulsory redundancy. This alternative solution has a lesser impact on staff in relation to flexibility to provide the proposed new service profile for the homes and associated training and development requirements to provide quality respite care for people with dementia. The Trust's mitigating actions in relation to staff are included in Appendix 4.1.

Trust Board is asked to consider:

- Approval of the proposed strategic direction for care of older people.
- Approval of the assessed need for up to 90 statutory residential home places for the period of the Strategy.
- Approval of the revised proposal for a service model maintaining the Trust's current five statutory residential homes, and the revised service profile for Skeagh House and Slieve Roe House.

3.3 Care For Older People: Non Acute Hospital Provision - Proposed Service Changes and Equality Impact Assessment

The Trust's **strategic direction** is focused on supporting older people to live independently in their own homes where possible, providing a range of community services, with access to high quality hospital care when needed. The Trust has and will continue to develop a range of specific services to provide alternatives to hospital admission and to support earlier discharge. This has resulted in a reduced demand for non acute hospital care for older people.

The Southern Health & Social Services Board (SHSSB) **assessment of need** defined the future requirement for non-acute hospital care for older people to be 94 beds (a reduction of 41 beds), with an interim reduction to 109 beds by 2009/10. This requirement recognises the reducing length of stay for non acute hospital care (with a decrease of 50% seen between 2002 and 2007 from 59.9 days to 28.4 days) and that investment in community-based services for older people will continue to enable the Trust to achieve an average length of stay of 16 days in the next 2-3 years.

In light of the reducing demand and the SHSSB commissioning intent, the Trust has reviewed the future need for non-acute hospital care currently provided in Lurgan, South Tyrone and Mullinure Hospitals and has proposed to reduce the number of beds from 135 to 94. Based on clinical advice in relation to the sustainability of in-hours medical cover and associated patient safety issues, the Trust has proposed a **service model** to provide these beds across two hospital sites.

Based on an evaluation of each of the three non-acute hospital sites, a **service configuration** was proposed to provide these beds at Lurgan and South Tyrone Hospitals with the cessation of this service at Mullinure Hospital. It was further proposed that Mullinure Hospital should be retained for alternative use as a local centre for specialist services for older people with the continued provision of Day Hospital Services and providing a base for new services including Rapid Access One Stop Assessment Clinic and the Early Supported Discharge Stroke Rehabilitation Team for the local population. In

addition it was proposed to re-designate Mullinure Hospital Ward 1 (ground floor) for inpatient assessment and treatment services for people with dementia, relocating those services from Villa 3 at St Luke's, and to develop the facility as the area specialist centre for dementia services.

Response to Consultation

A total of 23 individual responses were received on this proposal and one petition:

- 16,000 signatories to a petition by 'Armagh United' (this petition relates to all proposals likely to impact on the Armagh site in relation to "save our hospitals, save our jobs and save our city").

The respondents and a summary of their comments are detailed in Appendix 5.

Key Themes from Consultation Response

▪ Strategic Direction

Respondents were generally supportive of the Trust's strategic direction and priorities for development, although a number expressed concern in relation to the capacity and quality of community support services.

▪ Assessment of Need

The consultation did not raise any significant issues in relation to the Trust's assessment of need to reduce to 94 non acute inpatient beds over the strategic period. However a number of concerns were raised, including:

- That statistics could be queried with regard to vulnerable older people being moved out of rehabilitation care too quickly without the appropriate support package in place
- The difficulties in providing the quality and quantity of community support services for patients who are frail and their families which

would be necessary to support the planned reduction in non-acute hospital beds.

▪ **Service Model**

Respondents raised a number of issues on the service model, including: -

- The 2-site service model would reduce accessibility to this service and would impact on the ability of families and friends from Armagh to visit relatives.
- That an option for the use of Mullinure Hospital for Dementia Assessment and non acute hospital care was not included and as such the strengths and service benefits of this option had not been considered.

▪ **Proposed Service Configuration**

A significant number of respondents indicated that they did not agree with the Trust's proposed service configuration of Lurgan and South Tyrone Hospitals, and the following specific issues were raised:

- Influences on occupancy levels within Mullinure Hospital, specifically an undeclared policy of the Trust to discharge patients from Craigavon Hospital to Lurgan Hospital in preference to Mullinure.
- Ability of South Tyrone Hospital to provide an effective service for a higher number of non-acute hospital beds.
- The assessment of options resulting in the identification of the preferred two sites (Lurgan and South Tyrone Hospitals) was not correct as scoring had not adequately taken into account a range of issues under the various criteria. The detail of the issues raised and the Trust's response to same is included in Appendix 5.1

▪ **Implementation Issues**

Respondents raised a number of issues in relation to the impact of implementing this model: -

- The negative impact on the current older population in Armagh, their families and carers, staff and the local economy. This is addressed in the following sections.
- Lack of community support for patients who are very frail and their families.
- Quality of care and environment in Lurgan and South Tyrone Hospitals compared to Mullinure Hospital.

▪ **Impact on Current Users, Relatives and Carers**

Respondents have highlighted the negative impact the Trust's proposals would have on current users of non acute care at Mullinure Hospital and their families/carers. Comments included: -

- There were no suitable or accessible alternatives meaning that families/carers would have to travel further to visit relatives
- Concerns that there would be a lesser quality of care provided from other non-acute hospital sites.

▪ **Impact on Staff**

A number of respondents commented specifically on the impact on staff due to job loss.

▪ **Impact on Local Economy**

Respondents commented that this proposal will result in the movement of jobs and services from Armagh and will negatively impact on the local economy of the Armagh area.

Trust Response

The Trust's **assessment of need** is brought forward in the context of the SHSSB strategic commissioning plans, including increasing investment in community services, and recognition of the reducing demand for non-acute hospital services.

The Trust is committed to improving access to services and timeliness of response to the changing needs of older people. In support of this, it is planned to extend the range and scope of community services for older people and to maximise the benefits of the Trust's intermediate care services in preventing unnecessary admission and facilitate earlier discharge from hospital. This will include the implementation of the above mentioned new multi-disciplinary one stop assessment clinics and the establishment of multi-disciplinary early supported discharge stroke rehabilitation teams in each locality of the Trust. ,

Specific concerns are addressed as follows:

The Trust does not discharge people from hospital before they are assessed as medically fit for discharge and there is a package of appropriate care available for them.

The reduction in occupancy and usage of non acute beds is due to the substantial investment already made in the development of community services such as intermediate care providing rehabilitation at home after discharge from hospital, specialist COPD, diabetes and heart failure teams, and falls services. It is proposed in 2009/10 to implement new services: Rapid Access One Stop Assessment clinics for urgent GP referrals to be seen within 72 hours and an Early Supported Discharge Stroke Rehabilitation service, through continuing investment in community services for older people.

The patient safety and quality of care issues driving the proposal for a 2-site **service model** are:

- The future sustainability of acceptable standards of in-hours medical cover (Staff Grades and doctors in training) across the current 3 sites.
- The issues in retaining medical training accreditation for Mullinure.

- The sustainability of the current delivery of out of hours medical cover in Mullinure.
- Historic and current difficulties in recruiting Staff Grade doctors for geriatric medicine specialty.

The current medical staffing for non acute beds across the three hospitals is:

Hospital	Consultant	Staff Grade	Registrar	SHOs
Lurgan	1.0	1.8	1.0	3.0
Mullinure	0.5	1.0	0	1.0
STH	0.5	1.8	0	0*

* SHO post lost due to loss of training accreditation

In hours cover: While the current level of in-hours cover is safe, the Trust has evidence to support its concerns over the vulnerability of sustaining this cover into the future. This evidence includes:

- Trust recruitment difficulties, including lack of applicants to three separate recruitment processes for Staff Grade doctors in the geriatric medicine speciality over the past year.
- Issues with maintaining medical training accreditation at Mullinure - the training post in South Tyrone Hospital has already been withdrawn.

Out of Hours Cover: Currently, out of hours cover for the non-acute beds in Mullinure is provided through the psychiatry junior doctor out of hours rota. There are a range of options the Trust could put in place if the current out of hours cover arrangements change, including GP cover similar to that operating in South Tyrone.

It is the Trust's assessment, based on clinical advice, known recruitment issues, and standards for training accreditation, that the current 3 site model is unsustainable over the period of the strategy.

The Trust has very seriously considered the additional option proposed by Mullinure Support Group and Armagh City and District Council for a combined inpatient unit for Dementia Assessment (24 beds) and non-acute hospital care for older people (18 beds) at Mullinure Hospital. The viability and relative merit of this option has

been discussed with medical colleagues specialising in psychiatry and geriatric medicine and nursing colleagues. This option would not address the in-hours medical cover issues detailed above. These views and an assessment of costs have been applied in assessing the overall viability of this option. Relative scores have been incorporated into a revised option appraisal which is further detailed in Appendix 5.1.

The Trust undertook an option appraisal to objectively identify the **service configuration** of the 2-site service model, to identify which hospitals would best provide for the requirement of 109 beds during 2009/10 with plans to move towards 94 beds over the next 2-3 years. A number of options were assessed: -

- Location on 1 site - Lurgan
- Location on 2 sites – Lurgan and Mullinure
- Location on 2 sites – Lurgan and South Tyrone
- Location on 2 sites – Mullinure and South Tyrone
- Location on 3 sites – Lurgan, Mullinure and South Tyrone

Criteria used to inform the assessment of these options were: -

- Quality of Care, including medical cover, access to diagnostics and ability to meet infection prevention and control measures
- Accessibility to service users and their families and carers
- Quality of Environment, including the current estates condition and ratio of patients to single rooms and toilets/bathrooms
- Ease of Implementation, specifically how quickly and easily options could be implemented to achieve change
- Economic Viability, including the relative capital and revenue consequences of each option.

Specific issues raised in the consultation are addressed below:

Influences on occupancy levels within Mullinure Hospital, specifically an undeclared policy of the Trust to discharge patients from Craigavon Hospital to Lurgan Hospital in preference to Mullinure: The Trust has reviewed place of residence for admissions within its non-acute hospital sites. These statistics

have been consistent over the previous 4 year period showing between 3 and 7% of patients are admitted to Mullinure and Lurgan Hospitals from geographical areas which lie between the two hospitals and would suggest that people who live in these areas may choose to go to either hospital. The numbers of patients going to each non acute site would cancel each other out. This would support that lower occupancy levels in Mullinure Hospital are not as a result of Trust management decisions.

Ability for South Tyrone Hospital to provide an effective service for a higher number of non-acute hospital beds: Some respondents suggested that because the length of stay in South Tyrone Hospital is currently longer than in Mullinure Hospital that South Tyrone Hospital is providing a less effective and timely service. They stated that the proposal to admit patients from the current catchment area of Mullinure to South Tyrone Hospital in future would therefore provide a lesser quality of care to those patients.

In relation to comments that the average length of stay within Mullinure Hospital has been reduced over the last number of years, the Trust would wish to point out that the occupancy levels within all three non acute hospitals in the Southern area have fallen dramatically over the last 3 years, including Mullinure Hospital. This reflects the working practices of the staff providing care in Mullinure.

Any agreed increase in bed numbers at South Tyrone Hospital would be associated with increased staffing levels and combined medical teams and leadership. The Trust is currently taking steps to harmonise processes and clinical pathways for patients on discharge across all the non acute sites and this will result in a more uniform length of stay across all sites. Therefore, the Trust would not expect any issues with providing an effective and timely service from the South Tyrone Hospital site.

The assessment of options resulting in the identification of the preferred two sites (Lurgan and South Tyrone Hospitals) was not correct as scoring had not adequately taken into account a number of considerations: The Trust has listened to and considered the comments raised. This has been reflected in a revised option appraisal in Appendix 5.1.

The **implementation issues** raised have been previously addressed in this section.

The issues raised in relation to **impact on users, relatives and carers** will be addressed by the planned development of locally accessible community services including:

- Implementation of one stop assessment clinics which will improve access to early assessment, diagnosis and treatment for older people.
- Establishment of early supported discharge stroke rehabilitation services which will provide people with rehabilitation at home and reduce disability associated with stroke.
- Integration of hospital and community services for older people to prevent unnecessary hospital admission and support timely discharge, enabling people to return home earlier.

In regards to the issue raised concerning the differential quality of care provided within non-acute hospitals, the Trust will continue to ensure this is of high quality in all non-acute sites. With regard to differential lengths of stay, work is already in progress to harmonise processes and clinical pathways for patients on discharge across all the non acute sites.

With regard to the **impact on staff**, the Trust does not intend to make any compulsory redundancies and is committed to doing everything possible to avoid this. Whilst an absolute assurance cannot be given, the Trust's record on this issue in the past shows that where staff have been prepared to be flexible with accepting offers of suitable alternative employment we have never had to resort to compulsory redundancies. The Trust plans to minimise the impact on staff by offering redeployment opportunities, particularly those associated with the proposed new developments. The mitigating actions planned by the Trust are included in Appendix 4.1.

Respondents raised concerns in relation to the impact of bed closures in Mullinure Hospital on the **local economy** in the context of other proposals for St Luke's and Longstone Hospitals.

The Trust is committed to minimise the impact of any decisions on proposed service changes and plans to reprovide a range of jobs in local areas through new service developments. In relation to this proposal, 31.07 WTE posts would be reduced and 18.83 WTE posts reprovided in the Armagh area through new service developments.

The Trust is sensitive to the potential to the impact on the local economy. The Trust's primary responsibility is to provide high quality, effective and efficient health and social care. However, in implementing any decisions by Trust Board, the Trust is committed to work with local stakeholders, including working with Armagh City and District Council and other interested parties to explore options for the future use of the St Luke's and Longstone site to maximise employment opportunities.

Trust Board is asked to consider:

- Approval of the strategic direction.
- Approval of the assessment of need for non acute hospital care proposing a reduction from 135 beds to 109 beds during 2009/10 and to 94 beds over the following 2/3 years in line with the development of community care services.
- Approval of the service model to provide future non-acute hospital beds on two sites, and the service configuration of Lurgan and South Tyrone Hospitals, with the cessation of this service in Mullinure Hospital.

3.4 Centralisation of Acute Mental Health Inpatient Care Proposed Service Changes and Equality Impact Assessment

The Trust is committed to implementing the Strategic Framework for Mental Health Services 2002 (Bamford Review) recommendations, which support the fundamental principle that mental health and social care should be provided in the community unless there is good reason for not doing so.

The Southern Health and Social Services Board (SHSSB) have invested significantly in a range of mental health services within the Trust over recent years. As a consequence of this investment, SHSSB have set out a bed reduction plan to reduce inpatient mental health beds from 121 to 102.

The Trust has undertaken a comprehensive analysis of mental health services through its 'Change in Mind' strategic review. As part of this process, in line with the Bamford Review recommendations and the SHSSB strategic commissioning plan for mental health services, the Trust reviewed the future need for mental health inpatient beds. The review involved assessing the potential for further reduction through alternatives to hospital admission resulting from new service developments such as Home Treatment for patients aged 65 and over, psychiatric liaison and day resource centres.

As an outcome of this **assessment of need**, the impact of current and proposed mental health service developments and modernisation of care, the Trust is proposing a reduction of 27 inpatient beds from 121 to 94 beds, with a single site **service model** and centralisation of these beds at the Bluestone Unit at Craigavon.

Response to Consultation

A total of 14 individual responses and two sets of standard responses totaling 216 signatories were received on this proposal. The 'Armagh United' petition also referred to this proposal. The respondents and a summary of their comments are detailed in Appendix 6.

Key Themes from Consultation Responses

- **Strategic Direction**

There was general support and acceptance that the Trust's strategic direction for mental health services is consistent with regional strategy, however a number of respondents queried whether the centralisation of acute mental health hospital care was contrary to recommendations in the Bamford Review. There was support for Trust plans to continue to strengthen its community infrastructure to support people to live independently and provide alternatives to hospital admission.

- **Assessment of Need**

A number of respondents raised concerns about the Trust's assessment of need for inpatient mental health beds, in relation to capacity, bed availability, and the management of risk within a reduced number of inpatient beds.

- **Service Model**

The Trust proposes to centralise all mental health inpatient services on one site. The current provision of mental health inpatient care and the proposed future service model is set out in the table below:

Inpatient Service	Current Site	Current Bed Numbers	Proposed Single Site Bed Numbers
Acute Mental Health Beds	St Luke's	24	60
	Bluestone	54	
Psychiatric Intensive Care (PICU)	St Luke's	13	10
Addiction Beds	St Luke's	10	10
Functionally Mentally Ill (FMI)	Bluestone	20	14
Total Beds		121	94

Concerns were raised by respondents that the proposed single site model of mental health inpatient care is contrary to the recommendations of the Bamford Review, and citing the Bamford recommendation for a move from large institutions.

A number of respondents also commented that the proposed plans are in conflict with the strategic direction for the Southern area, with reference being made to the outcome of the SHSSB Review of Mental Health Services 2002 which recommended a two site model, and to a subsequent outline business case developed by Armagh and Dungannon legacy Trust for a new build on the St Luke's site Armagh.

Specific areas of concern with the centralised service model included a reduction in geographic access to services and loss of service flexibility provided through a critical mass of mental inpatient services at St Luke's which would enable the Trust to bid for location of regional facilities on this site.

- **Service Configuration**

Based on the assessed need for the future provision of 94 mental health inpatient beds, the Trust undertook a non financial option appraisal to identify the preferred location for the future delivery of a centralised mental health inpatient service. The preferred location was assessed as the Bluestone Unit, Craigavon.

A number of respondents made comments on the Trust's assessment of the preferred location and the robustness of the appraisal as follows:

- Proposals that the centralised service should be located on the St Luke's site.
- Comments on the option appraisal included
 - Based only on non financial criteria
 - In applying the quality of accommodation criterion, capital investment at St Luke's Hospital was not considered.
 - 'Double counting' of accessibility

- Trust did not apply the accessibility criterion correctly and assessed an option which would have provided inpatient mental health care at both Armagh and Craigavon as less accessible than provision only at Craigavon.

- **Impact on Users**

Respondents have raised concerns in the following areas;

- quality of care
- accessibility
- management of risk
- availability of beds

- **Impact on Relatives and Carers**

There was minimal concerns raised from respondents in relation to the impact on relatives and carers in relation to the accessibility issue and any extra mileage individuals would have to travel to visit their relatives.

- **Impact on staff**

Respondents, many of them staff in the affected wards, commented specifically on the impact on staff. Comments related to job loss, the impact of staff having to relocate to another site (travel).

- **Impact on Local Economy**

Respondents commented that this proposal will result in the movement of jobs and services from Armagh and will negatively impact on the local economy of the Armagh area. A petition of over 16,000 signatories has been submitted by 'Armagh United', on this issue relating to the impact of this and other Trust proposals on the Armagh economy.

Trust Response to Consultation Themes

The Trust welcomed the support for its **strategic direction** and priorities for the development of mental health services.

The Trust's **assessment of need** for inpatient acute mental health inpatient care was based on a number of factors including the current trends in admissions, ratio of beds to population as recommended within the Bamford Review and associated recommendation for reduced dependence upon inpatient beds, SHSSB Commissioning Plans and investment in crisis response and home treatment services, acute Day Hospital provision, development of specialist mental health services and community based services, and the Ministerial target for a reduction in the number of admissions to mental health hospitals.

It is the Trust's position that the success of the recent community investment and the continued focus on providing alternatives to reduce the need for and duration of hospital admission for people with a mental illness has and will continue to result in a reduced need for inpatient beds. Since the establishment of Crisis Response and Home Treatment services in 2007 there has been a significant reduction in the number of admissions to hospital. The impact of current investment, and SHSSB plans for ongoing investment and further service development to strengthen community services over the next two years, will enable the assessed need for 94 inpatient beds to be safely achieved.

The Trust will continue to provide a core range of mental health inpatient assessment and treatment beds across a range of acute and specialist mental health services (psychiatric intensive care and addiction services) for those users for whom there is no alternative to hospital admission. Through planned investment, the Trust will further develop and enhance community services such as Home Treatment, Crisis Response and Day Resource Centres, which will offer an alternative to inpatient admission, and facilitate early discharge.

The Trust, in line with the recommendations of the Bamford Review, is implementing a stepped care model for the future delivery of

mental health services. This new **model of service** provision will focus on assessment and treatment and rehabilitation and recovery services, providing alternatives to hospital admission and facilitating earlier discharge. Centralisation of mental health inpatient services on a single site will aid this process. It will improve clinical effectiveness and ensure the safe delivery of effective and high quality care.

In December 2007, the SHSSB asked for formal discussions with the Trust regarding future mental health inpatient provision and specifically the exploration of a single site option. The SHSSB and Trust have discussed this issue subsequently, examining the impact of current and planned service developments on inpatient provision, and the SHSSB is supportive of the single site service model as set out in the consultation document.

The SHSSB Review of Mental Health Services (2002) recommended a two site model for the provision of mental health inpatient care. However this Review was completed before the Bamford Review. The outline business case for a replacement build on the St Luke's site by Armagh & Dungannon Trust in 2005 was based on the strategic direction at that time.

The issues raised in relation to geographic access are addressed in the following section.

The Trust has carefully considered the issues raised by respondents on the proposed centralised service model, however it is assured that this model of inpatient mental health services will significantly improve the quality and clinical effectiveness of hospital and 'recovery' oriented mental health services. It will provide standardisation of services and practice and will deliver a 'Centre of Excellence' for the provision of mental health across all inpatient specialties. It will provide a single cohesive staff base that will aid recruitment and retention of staff, develop skills and competencies and enable flexibility and development of staff as they can rotate across specialties.

There would be sufficient capacity on the Craigavon site to accommodate any future developments in mental health services including regional specialties.

The Trust has reviewed its Option Appraisal in light of the consultation responses on the preferred **service configuration** of centralisation at the Bluestone Unit and has addressed the specific issues raised as follows:

Quality of Service: This criterion considered the safe and effective delivery of high standards of care, the effective management and use of inpatient beds, the clinical adjacencies of services and how this will enhance the quality and delivery of safe effective care to patients.

One response queried the duplication of access within the appraisal, as it is referenced in both Quality of Service and Accessibility criterion. Access in Quality of Care criterion referred to the safe and rapid access of inpatients to other mental health and acute hospital services only, while geographic access is measured under the 'Accessibility' criterion in the option appraisal.

Accessibility: This criterion considered two factors:

1. The mileage that service users and their relatives would have to travel to access beds or visit a facility.
2. Ease of access to public sector transport and ease of access to major road infrastructure

In considering the options against the accessibility criterion, the current location of inpatient services was considered in relation to geographic access as follows:

- Acute mental health inpatient care provided at Bluestone for Craigavon, Banbridge and Newry and Mourne population.
- Acute mental health inpatient care provided at St Luke's for the Armagh and Dungannon population.
- Functionally Mentally Ill (FMI) inpatient care for the total Trust population provided at Bluestone

- Psychiatric Intensive Care (PICU) and Addictions beds for total Trust population provided at St Luke’s.

Therefore, while acute mental health beds are located on two sites and provide more accessible services for the Armagh and Dungannon population, the location of the area services (PICU, Addictions) at St Luke’s and FMI at Bluestone were tested as to their accessibility for the total Trust population.

The following table demonstrates the distance from the main towns in the Southern Trust to the two options for the location of area wide mental health specialist services (PICU, Addictions, FMI).

	Distance to Portadown	Distance to Armagh	Difference in Miles
Newry	20	18.5	(1.5)
Kilkeel	38	37.5	(0.5)
Armagh	11	0	(11)
Dungannon	17	13	(4)
Portadown	0	11	11
Lurgan	6	18	12
Banbridge	11	19.5	8.5

This demonstrates that locating these area services in Portadown (at Bluestone, CAH) would improve accessibility for Portadown, Lurgan and Banbridge residents, and would only marginally impact on Newry (1.5 miles), Kilkeel (0.5 miles) and Dungannon (4 miles) residents. The greatest impact would be on Armagh residents who would have to travel 11 additional miles for acute, PICU and addiction area services. Armagh residents currently access FMI services in the Bluestone, therefore there would be no additional impact in relation to this service.

The centralisation of Acute Mental Health Services at Bluestone would directly affect the Armagh and Dungannon population who

currently access this service at St Luke's, as the remaining Trust service users currently access this service at the Bluestone Unit.

For a proportion of Armagh and Dungannon residents the Bluestone Unit would be a more accessible location.

Bluestone at Craigavon is serviced by good road networks and public transport links which improves its physical accessibility. Therefore in considering the most accessible location for the Trust's total catchment population, the Trust is satisfied that the Bluestone Unit at Craigavon Hospital remains the preferred option.

Quality of Accommodation/Environment: This criterion looked at environmental factors which support quality of care such as the promotion of privacy and dignity, safe internal and external spaces, therapeutic spaces etc and at the compliance with statutory and building standards for mental health inpatient care. The requirement for and cost of capital works to achieve acceptable standards of accommodation was also considered.

Option 3 (Centralisation at Bluestone, Craigavon) was scored highest because of quality of the current accommodation as a purpose built mental health unit and a recent winner of the Better Health Care Ward 2009 Best Mental Health Facility in the United Kingdom. The capital costs of centralising services and locating 20 extra beds at this unit is relatively low (£6 million) as the majority of services are already on this site and no further work to current accommodation is required.

Option 1 (Retain the 2 site provision) scored lower as the current accommodation at St Luke's (38 beds) would require significant capital investment - estimated at £12 million - to replace the current accommodation with a new build to bring this facility up to current standards. Refurbishment is not a viable or cost effective option.

Option 2 (Centralisation at St Luke's) considered the quality of accommodation against current standards and the cost to provide replacement accommodation for the 38 beds at this facility. The estimated cost of this is £12 million. The further cost to provide the accommodation for the relocation of 56 beds from the Bluestone Unit

is estimated at £18 million. This would incur an approximate total cost of £30 million. This option would leave the Bluestone Unit, a purpose built unit, vacant. This facility is not currently suitable to be used as an acute medical facility due to lack of medical gases, etc.

Ease of Implementation: The least number of beds would have to relocate under Option 3 (centralise at Bluestone). Disruption to service users will be minimal as the majority of patients will be immediately facilitated to relocate to Craigavon with the remaining services (Psychiatric Intensive Care and Addictions) continuing to be based at St Luke's until the additional capital works at Craigavon are complete. Craigavon currently employs the greater number of mental health staff.

The Trust view this proposal as having a significant positive impact on **service users** as it will provide enhanced service quality and environment for the delivery of inpatient care. It will enable the safe and rapid transfer of patients between both acute and specialist services mental health services and to acute hospital care for emergency medical services, anaesthetics and diagnostics as and when their needs change.

This proposal would enable current services users to receive their inpatient care for both acute and specialist services on the one site, thus reduce distance and travel that **relatives and carers** have to endure when their relatives are moved between sites, as well as being more accessible to the total Trust population.

The Trust is committed to address any negative **impact on staff**, and has given a commitment to doing everything possible to avoid compulsory redundancies. Whilst an absolute assurance cannot be given, the Trust's record on this issue in the past shows that where staff have been prepared to be flexible with accepting offers of suitability alternative employment we have never had to resort to compulsory redundancies. Appendix 4.1 sets out the Trust's plans to mitigate any impact on staff.

The Trust is sensitive to the potential of this proposal to **impact on the local economy**. The Trust's primary responsibility is to provide high quality, effective and efficient health and social care. However,

in implementing any decisions by Trust Board, the Trust is committed to work with local stakeholders, including working with Armagh City and District Council and other interested parties to explore options for the future use of the St Luke's and Longstone site to maximise employment opportunities.

Trust Board is asked to consider:

- Approval of the strategic direction for mental health services.
- Approval of the assessment of need for 94 mental health inpatient beds.
- Approval of the centralised service model for this service.
- Approval for the location of the centralised service model at the Bluestone Unit at Craigavon Hospital.

3.5 Care for Children and Young People - Statutory Residential Care Proposed Service Changes and Equality Impact Assessment

The Trust's strategic direction is to support parents to provide care for young people by developing a range of family support services and preventing young people being admitted to care. It supports the fundamental principle that where possible, services to children and young people should be provided in a community setting.

In line with this strategic direction, the Trust has reviewed the future need for residential care for children and young people. The review considered current utilisation trends, the number of vacant places, and the impact of current and future service developments.

The Trust proposes a future service model of 18 places for long term care, 6 places for intensive support and 7 places for short term assessment - a reduction from 38 to 31 places - provided from five of the current six statutory residential homes as follows:

- A three home model for longer term residential care (Bocombra in Portadown, Cedargrove in Newry, and Woodside in Armagh)
- Intensive Support residential care retained at Cherrygrove, Lurgan
- Drumglass in Dungannon to become an area-wide short term assessment unit.
- Cease long term provision in Edenvilla, Banbridge and locate this service in Bocombra, Portadown.

Response to Consultation

A total of 13 individual responses were received on this proposal, including a joint response from staff and young people in Edenvilla, a response on behalf of the Bocombra Children's' Centre Team, VOYPIC (Voices of Young People in Care) advocacy response on behalf of children and young people at Bocombra and Edenvilla, and a petition with 206 signatories opposing the proposed home closure from staff at Edenvilla. The respondents and a summary of their comments are detailed in Appendix 7.

Key Themes from Consultation Responses

- **Strategic Direction**

Comments from respondents on the strategic direction were generally supportive. Concerns raised included reference to emerging policy or standards which may indicate that residential homes for children should have no more than four places, and the slow progress of implementation of the Regional Foster Care Strategy.

- **Assessment of need**

A range of concerns relating to the Trust's assessment of need for residential care were raised by respondents, including:

- The valuable contribution residential care makes to the lives of young people who need this form of care.
- The proposed closure of the Children's Home is contingent on the development of high tariff foster homes and additional family support placements.
- The number of children in residential care should be minimised, however to do this safely child protection cases need to be allocated and managed and family support services working with vulnerable families need to carry reasonable caseloads with adequate supervision and communication between professionals.
- Reference to breakdown in fostering placements leading to increased demand for residential care
- Need for differentiated residential child care provision which includes short term, long term and specialist provision
- The need to assess the impact of community based services in reducing the need for residential child care placements before implementing this new service model.
- Viability of reducing the period of residential assessment.

- **Service Model and Configuration**

The proposed service model and configuration are set out on the previous page. Respondents raised a number of issues including:

- Bearing in mind the increased number of children and young people on the Child Protection Register and the consistent number of children and young people in care, a more robust case needs to be made for the increase in long term places and the proposed closure of an assessment facility.
- Risks with a lack of flexibility of having just one assessment facility, resulting in a reduction in placement choice.
- The homely environment of Edenvilla, which is located in a residential area, being preferable to a more institutionalised environment, (Bocombra site) with less anonymity.
- The loss of a neutral location of Edenvilla in terms of religious affiliation.
- Accessibility and geographical implications.
- Robustness of option appraisal and the relative scoring to identify the preferred option.

- **Implementation Issues**

Some respondents expressed concern about the ability to manage the demand for all young people in one short term assessment facility.

- **Impact on Users, Relatives and Carers**

Respondents, particularly current residents, staff and advocacy group have highlighted the negative impact the Trust's proposals will have on current and potential residents and their families. Concerns included:

- There would be a less choice of care and that residential care is an important option in the care continuum.
- The new environment at Bocombra will not be as homely and will be more institutionalised than Edenvilla.
- That the changes will not result in enhanced care for young people.
- A reduction in placement choice.
- The need for a homely environment.
- The need for a neutral location.
- The loss of contact for former Edenvilla residents with Edenvilla and its staff

- That the centralisation of short term assessment residential care in Dungannon would present access difficulties for young people and their families.

- **Impact on Staff**

Comments included concerns around the adverse impact on staff, intensity of work and capacity levels. These could present difficulties in managing a group of residents with varied needs, particularly when there are serious incidents and challenging behaviour.

Trust Response to Consultation Issues

The Trust welcomes the endorsement of its **strategic direction**. The Trust is involved in the Regional Strategic Review of Residential Care Services and awaits its publication and recommendations. The Trust will take cognisance of the Review's findings and recommendations once available. Retaining capacity of 6 places in long term children's homes provides the Trust with flexibility in discharging its statutory functions, and the Trust would aim to operate its homes at lower occupancy levels.

In delivering the strategic direction for children and young people the Trust will continue to develop community and preventative services including family support, outreach, foster care and adolescent services.

The Trust's **assessment of need** reflects our commitment and duty to provide the most suitable option for the child or young person to meet their assessed needs. Residential care is a key element in the range of placement options for children and young people needing our care. The assessment of need was based on the impact of service developments, current and planned, on the future need for residential care. The outcome of this analysis was that there was a reducing need for short term assessment residential care.

Residential care is the preferred placement for some children and young people with complex needs. The Trust is continuing to develop and support specialist foster care placements as an additional placement choice. The Trust will continue to gather

evidence on the impact of investment in alternatives, such as outreach and foster care, on the need for residential care.

The Trust believes that it is realistic and achievable to reduce the residential assessment period. Detailed work is ongoing on developing the assessment model and the Trust will ensure that its statutory responsibilities to children and young people for assessment are fully discharged.

The Trust undertook an option appraisal to robustly test the **service model**, and each form of residential care (short term, long term and specialist) was assessed against strategic fit and occupancy levels. The outcome of this analysis indicated that short term residential service provision should be reduced.

The Trust, within its appraisal, considered the current number of available places in each home and number of places occupied during the same period. This demonstrated that the facilities with lowest occupancy levels based on the number of places available were the short term assessment units. This informed Trust proposals to reduce short term residential care provision and to locate this service in one facility.

In relation to pressure on a single assessment centre, the Trust plans to develop and enhance alternative service provision, such as family support services, foster care placements, outreach and early intervention, to reduce the demand for short term assessment places. The Trust proposes to keep the effect of these changes under review until there is evidence in activity trends to suggest that the Trust could continue to deliver on its statutory functions with a single children's residential assessment unit.

The Trust also undertook an option appraisal to identify the preferred **service configuration**, and each of the six homes was assessed for its suitability to provide the service model, not limiting its future use to its current role. Therefore each facility was assessed against criteria of Quality of Environment, Estates Appraisal and Accessibility.

In relation to comments received on the Option Appraisal, the Trust would respond as follows:

Quality of Environment: This criterion examined each home on the ability to accommodate the new service model of care, in relation to enhancing the delivery of a quality service, a domestic setting, and appropriate functional and flexible space which provides a safe and secure place for children and young people to live and staff to work.

Comments have been raised with regard to the suitability of Bocombra as a long term facility. Bocombra was appraised as being a more suitable facility than Edenvilla due to the current functional layout of the facility which provides a safer and more secure environment for both children and young people and staff and provides greater flexibility in its layout. The Trust acknowledges that Bocombra is located on a multi-purpose site and that Edenvilla is a residential location, however the Trust will ensure that the quality of environment in long stay homes will be homely and will be of a high standard.

Estates Appraisal: This criterion assessed the current physical condition of the facility and compliance with building and statutory regulations, energy performance, fire and DDA. This criterion awarded Bocombra a score of 6 and Edenvilla a score of 7.

Accessibility: This criterion considered access in terms of the geographic location of the facility to the Trust population. It also considered access to other public services within a town centre, and ease of access for children and young to public transport. The Trust endeavored to ensure that a long term/medium facility would be located in each of the Trust localities (Craigavon & Banbridge, Armagh & Dungannon, Newry & Mourne).

It was felt that there are adequate transport options and road networks to ensure that Drumglass, as a short term assessment unit, is accessible to most of the Trust's population.

In relation to neutral environment, the Trust has successfully provided residential child care services for integrated groups of young people in all its homes.

The **implementation issue** of a single short term assessment facility has been largely addressed in the response to concerns on the service model but the Trust wish to provide further assurance on this issue. The Trust will ensure that there is an adequate staff to young person ratio within Drumglass. The Trust undertakes risk assessments to ensure that where children have conflicting or complex needs, these risks are managed through, for example, alternative placements, co-operation with other Trusts and providers, and the development of satellite services.

Most of the concerns raised by respondents in relation to **impact on users** have been addressed earlier in this section, however the Trust acknowledges the particular issue raised in relation to former residents of Edenvilla having contact with the facility and being provided with ongoing support. Change of location can lead to a sense of loss for former service users. The Trust will continue to offer these young people and adults ongoing support through its leaving and after care services.

This proposal will have no impact on the current residents of Edenvilla as they will have been discharged by 2010. The Trust acknowledged that by 2010, new residents will have moved to Edenvilla. It is the Trust's intention to engage with young people and their carers from the outset and advise that their long term residence will be Bocombra, Portadown.

There are adequate transport options and road networks to ensure that Drumglass as an area short term assessment unit is reasonably accessible to most of the Trust's population, and will not unduly **impact on relatives and carers'** ability to visit children in this facility.

The Trust will mitigate the **impact on staff** by ensuring the staff to young person ratio is adequate given the complex behaviours that young people can display. The Trust will adhere to all policies and procedures relating to working environment and staff care.

Throughout the consultation process the Trust has stated its commitment to avoid compulsory redundancies. The Trust will liaise with all staff affected by this proposal and will ensure that individual

meetings are arranged to discuss employment options. Appendix 4.1 sets out the Trust's plans to mitigate impact on staff.

Trust Board is asked to consider:

1. Approval of the strategic direction for the care of children and young people.
2. Approval of the assessment of need for statutory residential care.
3. Approval of the proposed service model and configuration of residential care.
4. In relation to implementation, new investments and planned service developments will be put in place over the next few months and their impact requires to be evaluated. Approval is sought to continue to provide the current services provided at Bocombra and Edenvilla in their current form with no change to their roles at this time, and that the Trust Board review this position in March 2010.

3.6 Equality Impact Assessment on Resettlement of People from Long Term Mental Health and Learning Disability Hospital Care

The Trust's plans for further resettlement from mental health hospital based long stay care (Wards 2, 5 and Villas 1 and 2 at St Luke's Hospital Armagh) and from learning disability long stay hospital care in Longstone Hospital Armagh are in line with the Bamford Review recommendation that no one is living long term in hospital after 2014.

The Trust consulted on the Equality Impact Assessment (EQIA) of these resettlement plans and their impact on the Section 75 groups.

Response to Consultation

A total of 21 individual responses and two sets of standard letters from staff and relatives with 190 signatories were received on the mental health resettlement EQIA.

A total of 15 individual responses and 138 standard letters from staff and relatives were received on the learning disability resettlement EQIA.

The 'Armagh United' petition also referred to these proposed service changes.

The respondents and a summary of their comments are detailed in Appendix 8 (learning disability resettlement) and Appendix 9 (mental health resettlement).

As most of the concerns and issues raised in the responses to the EQIA consultation were common to both resettlement plans, they are dealt with together in this section.

Key Themes from Consultation Responses

- **Implementation Issues**

The implementation issues identified by respondents in relation to this proposal are:

- The location of the re-provision of services
 - Availability of Housing Executive and Supported Living funds to support resettlement schemes.
 - That lack of such funding will result in a more expensive resettlement solution to be funded by the Trust.
- **Impact on current users**

Respondents have stated that the principle of betterment of care must be at the heart of the process of resettlement, and that the Trust must ensure that the person to be resettled must be able to receive better care and support in the community than a hospital setting.

Other concerns included the disruption and stress resettlement plans could potentially have on individuals and their relatives. A number of respondents suggested that the relocation should be within the Armagh area.

- **Impact on Relatives and Carers**

A number of respondents have raised the location of the re-provision of services in relation to importance of enabling family engagement, and the potential impact on travel for families and the person's wider social networks.

- **Impact on staff**

issues were raised in relation to potential loss of jobs, concerns about redeployment of staff, and the preparation needed for staff moving to supported living models of care.

- **Impact on Local Economy**

A significant proportion of respondents have commented that this proposal will result in the movement of jobs and services from Armagh and will negatively impact on the local economy of the Armagh area. The 'Armagh United' petition referred to the impact of this and other Trust proposals on the Armagh economy.

Trust Response to Consultation Themes

In relation to the **implementation issues** raised, the Trust will continue to develop new and more appropriate models of supported accommodation and community living to enable safe, high quality care for those people to be resettled from Trust long term hospital care. The Trust is responsible for meeting people's assessed health and care needs in both supported accommodation and private accommodation. The Trust will endeavour to relocate individuals in a way that support ongoing contact with their families and wider social networks and will work closely with service users and carers to explore suitable community options.

The long stay clients in Longstone came from all areas of the Southern Trust and many families have had to travel long distances to visit them in Armagh. An analysis of the locality of origin for current clients in Mourne, Donard and Sperrin indicates that the majority originated from the Craigavon, Banbridge and Newry and Mourne council areas, with the minority from Armagh and Dungannon council areas. While the Trust has not been able to identify specific sites for the new supported accommodation for these clients, the preference for families would be somewhere within the Craigavon, Banbridge and Newry and Mourne areas. This would help clients to move closer to their own localities and would reduce travel for families.

The Trust is currently engaging with the Northern Ireland Housing Executive and the Southern Supporting People Partnership to identify and explore capacity and availability of funding to support the resettlement of individuals from long stay hospital wards. A range of other options are also being explored should this source of funding be insufficient to deliver the totality of the resettlement plans. The Trust is currently engaging with the private/independent sector to identify and explore their capacity to provide accommodation and care solutions to meet individual client needs.

In response to the concerns raised on the potential **impact on users, families and carers**, the Trust is confident that the resettlement process is robust and will deliver betterment for the clients involved. Experience from previous resettlement projects undertaken by the

Trust demonstrates the improved quality of life for clients. The Trust has and will continue to work closely with patients and carers during the resettlement process to ensure that individual circumstances are taken into consideration and that appropriate alternative options are made which best meet the needs of the individual and their families. This will include locations which recognise the need for ease of access for families and wider social networks. Independent advocacy services are and will remain available to service users and their carers throughout this process. The Trust will seek to actively address concerns in relation to disruption and stress on the people to be resettled and their relatives.

To mitigate any **impact on staff**, the Trust does not intend to make any compulsory redundancies and is committed to doing everything possible to avoid this. Appendix 4.1 sets out the Trust's plans in relation to mitigation of impact on staff.

The Trust is sensitive to the potential of our resettlement plans to **impact on the local economy**. The Trust's primary responsibility is to provide high quality, effective and efficient health and social care. However, in implementing any decisions by Trust Board, the Trust is committed to work with local stakeholders, including working with Armagh City and District Council and other interested parties to explore options for the future use of the St Luke's and Longstone site to maximise employment opportunities.

Trust Board is asked to consider:

- Approval of further resettlement from mental health hospital based long stay care on the basis that the issues raised through the consultation or Equality Impact Assessment have been adequately addressed.
- Approval further resettlement from Learning Disability hospital based long stay care on the basis that the issues raised through the consultation or Equality Impact Assessment have been adequately addressed.

3.7 Equality Impact Assessment on Introduction of Car Parking Charges and Exemption Criteria

The Trust is committed to providing safe, accessible car parking for service users, staff and visitors to our facilities, and is introducing a Traffic Management Strategy, with a phased implementation across all its facilities. This will entail having a combination of free and paid parking, initially on hospital sites.

The Trust plans to implement car parking charges in line with DHSSPS Regional Review of Health & Social Care Car Parking issued in March 2008. The Review states that the decision to introduce car parking charges is a matter for each Trust, authorising them to cover costs by charging to ensure funding is not diverted from front line services. The Regional Review sets out recommended exemption criteria, identifying certain groups of people who should not have to pay for car parking. The Trust is consulting on the equality impact of introducing a combination of free and 'paid for' car parking and on introducing the regional exemption criteria.

Response to Consultation

A total of 5 responses were received commenting on the Trust's EQIA on the introduction of car parking charges. The respondents and a summary of their comments are detailed in Appendix 10.

Key Themes from Consultation Responses

One respondent stated opposition to the introduction of car parking charges.

One response opposed the principle of parking charges that could adversely affect employees.

A range of individual responses were received relating to:

- Recommendation to extend the exemption criteria to include people with stroke and COPD attending A&E and Outpatients;
- That the proposal will have a general impact on people with dependents.

- That the Trust, having identified an adverse impact on people with disabilities, has not outlined mitigation in relation to concessionary fees.
- That charges should be kept to a minimum.
- Adverse impact on service users.

Trust Response

The Trust has considered the responses received and would comment as follows:

- The Trust would propose to adhere to the regional exemption criteria, however if the regional criteria changes or is amended to incorporate people with a disability then the Trust will implement these changes.
- The Trust is committed to providing disabled parking in accessible areas.
- The charges are set at minimum in comparison to other hospital sites and will be kept under review
- The Trust will continue to provide a large number of free Car parking spaces.
- The Trust has made no decision to charge staff for parking.

The Trust Board is asked to consider:

- Approval of the proposed car parking charging regime and exemption policy as set out in the Trust's Traffic Management Strategy.

3.8 Summary of Recommendations

The final proposals for Trust Board consideration are:

“Changing for the Better” 5 Year Strategic Plan

- Trust Board is asked to consider and approve the amendments noted in the ‘Changing for the Better’ 5 Year Strategic Plan.

Care for Older People - Statutory Residential Care Proposed Service Changes and Equality Impact Assessment

- Approval of the strategic direction for care of older people.
- Approval of the assessed need for up to 90 statutory residential home places for the period of the Strategy
- Approval of the revised service model maintaining the Trust’s current five statutory residential homes and the revised service profile for Skeagh House and Slieve Roe House.

Care for Older People - Non-Acute Hospital Provision Proposed Service Changes and Equality Impact Assessment

- Approval of the strategic direction
- Approval of the assessment of need for a move from 135 beds to 109 beds during 2009/10 and to 94 beds over the following 2/3 years in line with the development of community care services
- Approval of the service model, to provide for future non-acute hospital beds on two sites at Lurgan and South Tyrone Hospital with the cessation of this service in Mullinure Hospital.

Centralisation of Acute Mental Health Inpatient Care Proposed Service Changes and Equality Impact Assessment

- Approval of the strategic direction for mental health services.
- Approval of the assessment of need for 94 mental health inpatient beds.
- Approval of the centralised service model for this service.
- Approval for the location of the centralised service model at the Bluestone Unit at Craigavon Hospital.

Care for Children & Young People - Statutory Residential Care Proposed Service Changes and Equality Impact Assessment

- Approval of the strategic direction for the care of children and young people.
- Approval of the assessment of need residential care.
- Approval of the proposed service model and configuration of residential care.
- In relation to implementation, new investments and planned service developments will be put in place over the next few months and their impact requires to be evaluated. Approval is sought to continue to provide the current services at Bocombra and Edenvilla in their current form with no change to their roles at this time, and that the Trust Board review this position in March 2010.

Equality Impact Assessment on Resettlement of People from Long Term Mental Health and Learning Disability Hospital Care

- Approval of further resettlement from mental health hospital based long stay care on the basis that the issues raised through the consultation or Equality Impact Assessment have been adequately addressed.
- Approval of further resettlement from Learning Disability hospital based long stay care on the basis that the issues raised through the consultation or Equality Impact Assessment have been adequately addressed.

Equality Impact Assessment on Introduction of Car Parking Charges and Exemption Criteria

- Approval of the proposed car parking charging regime and exemption policy as set out in the Trust's Traffic Management Strategy.