



**Southern Health
and Social Care Trust**

Consultation Document

Rationalisation of Acute Mental Health Inpatient Care

28 November 2008

ST 129/08

Section 1: Strategic Direction for People with Mental Illness

The Southern Health and Social Care Trust (the Trust) is publicly consulting on its 5 Year Strategic Plan 'Changing for the Better'. The consultation document can be accessed on the Trust's website at www.southerntrust.hscni.net.

This document sets out The Trust's Strategy for people with mental illness, shaped by:

- The Strategic Framework for Adult Mental Health and Disability as described in the Bamford Review¹.
- The Regional Strategies 'A Healthier Future'², 'Challenge and Change'³, 'Equal Lives'⁴ and 'Caring for Carers'⁵.

These strategies set out a clear direction for services for people with mental illness and have shaped the Trust's priorities for the development of care and services. These priorities are:

- Promoting and protecting people's health and wellbeing, tackling the key causes of mental ill health and disability
- Improving quality of life, recognising the valuable contribution that people with mental illness and disability can and do make, and building the capacity in communities and individuals to live as full a life as possible and attain parity of citizenship.
- Accessible Services, more timely, more responsive and, where possible, provided locally.
- A 'Person-Centred' focus, providing people with choice, self-determination and control in their care and support.
- Enabling Independence through early intervention, a focus on rehabilitation and recovery, and supporting people to live an independent, fulfilling lifestyle.
- Supporting Carers, recognising their contribution and providing them with the help they need to continue in their caring role.
- Working in partnership with other agencies to improve the outcomes for service users and their families, and working with our voluntary sector partners to formalise our partnerships and provide stability for their services through long term contracts and funding arrangements.

¹ Bamford Review of Mental Health and Learning Disability (NI) 2002

² A Healthier Future a Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 - 2025

³ Action Mental Health Annual Report 2005/06 Challenge and Change

⁴ Review of Policy and Services for People with a Learning Disability in Northern Ireland September 2005

⁵ Strategy for Carers – Caring for Carers January 2006

These priorities reflect national and regional strategy for the care of people with mental illness. The Strategic Framework for Mental Health Services as detailed in the Bamford Review of Mental Health and Learning Disability (NI) 2002, supports the fundamental principle that mental health and social care should be provided in the community unless there is good reason for not doing so. Bamford supports a process of reform and modernisation of services which results in the delivery of high quality integrated services and well designed facilities. With the development of this new service model it is anticipated that the need for reliance on hospital based services will be reduced.

The intention to achieve this strategic vision for a new service model for mental health care has shaped recent developments in services in the Southern area. Over the past number of years there has been significant investment in a range of developments to support this vision and ensure that people with mental illness have access to appropriate and high quality care in community settings that reduce the need to be admitted to, or stay for long periods, in hospital.

This investment has included:

- The development of crisis response and home treatment services which offer an alternative to inpatient admission.
- The development of mental health hospital liaison psychiatric services
- The development of day resource centres
- Supported living and community care services

There has been investment of over £2.3m in the above service areas since 2006.

The success of this investment and the continued focus on providing an alternative to admission for people with a mental illness has impacted on the level of need for acute mental health inpatient services, and this reduction in need has resulted in the Trust reviewing the current level of service and location for same.

The Trust is publicly consulting on a proposal to centralise acute inpatient care on one site and on the analysis of the equality impact of the proposed change. This document includes both consultation papers.

Section 2: Consultation Process and Timescale

The Trust wishes to consult as widely as possible on the service changes set out in this consultation document and associated EQIA. The Trust proposes to consult with all interested persons over a 12 week period from Monday, 15 December 2008 until Friday, 6th March 2009. In doing so, it will conform with the guiding principles governing consultation contained in section 6 of its Equality Scheme and the Commission's Guide to the Statutory Duties. All enquiries regarding this consultation process and responses to this consultation document should be directed to:

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The outcome of the consultation will be brought to the Trust Board for decisions at its meeting on Thursday 26 March 2009.

The Trust's Equality Scheme and a copy of this consultation document can be made available on request, in an alternative format or in languages for those who are not fluent in English, by contacting the above named person.

Section 3: Future Need for Mental Health Inpatient Care and Proposal for Service Change

3.1 Assessment of Need

Current Service Provision

The Trust currently provides mental health inpatient services from two sites; St Luke’s Hospital Armagh and the Bluestone Unit on the Craigavon Hospital Site. Services that are currently provided on these sites include general acute psychiatric care for adults aged 18 – 65, adolescent admissions and care for the over 65 population with a mental illness, psychiatric intensive care and addiction inpatient services.

The current provision of acute mental health inpatient beds is:

- St Luke’s Hospital 13 PICU Beds
- St Luke’s Hospital 10 Addiction Beds
- St Luke’s Hospital 24 General Acute Beds
- Bluestone 54 General Acute Beds
- Bluestone 20 Functionally Mentally Ill

In addition to the above a number of people living in Kilkeel currently receive their mental health inpatient services by the South Eastern Health and Social Care Trust. The Trust has included the future provision of inpatient services for the Mourne population in its proposal to centralise acute inpatient services

The Bluestone Unit based on the Craigavon hospital site is a purpose built 74 bed mental health inpatient unit. The building was commissioned in May 2008, complies with all statutory and building regulations and includes all design features which enhance patients privacy dignity and safety.

In comparison the acute inpatient provision in St Luke’s Hospital is provided in two separate buildings known as ‘The Main’ and ‘The Hill’ Buildings built in 1851 and 1901 respectively. Although the Trust is meeting the required standards in the St Luke’s facilities, it is becoming more difficult in each of these wards to continue to meet the changing needs of the patients now using this service. It is recognised that the wards are no longer able to provide appropriate environments to meet clinical and technological developments in the field of mental health care.

Assessment of Need

A range of factors have impacted on the future provision of mental health inpatient hospital care for people in the Southern area. These include the requirement for the Trust to respond to regional strategic plans and those of our commissioner, the Southern H&SS Board, (SHSSB) as set out in:

- The SHSSB Health & Wellbeing Investment Plan 07/08 - Planned reduction in the number of mental health beds commissioned to 102 in line with Bamford recommendations of acute beds per population.
- Achievement of Ministerial Targets for mental health, includes that Trusts ensure a 10% reduction in admissions to mental health hospitals by 2011.

The SHSSB bed reduction plan and the Ministerial Target for a reduction in the number of admissions to mental health hospitals is in line with Bamford recommendations which support a process of reform, renewal and modernisation of mental health services. These plans emphasise the importance of the development of community based services which will be an essential step to service development and restructuring of inpatient services.

A key factor that has influenced the changed need for mental health hospital inpatient care is the impact of recent and planned developments to support community-based care including :

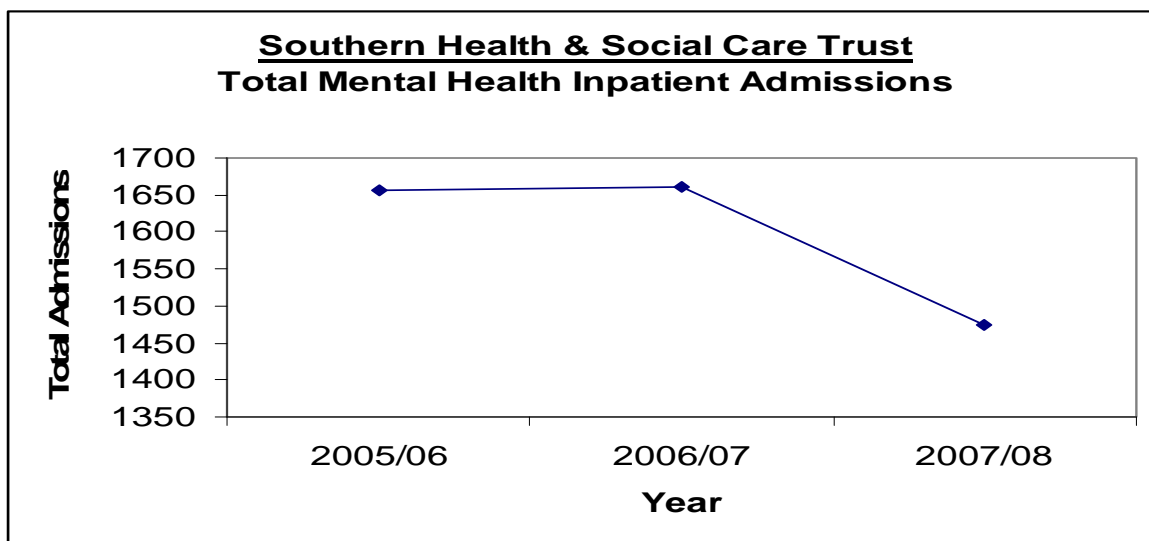
- The development of community services such as Crisis Response Home Treatment over the last two years and the intention to further develop these services by extending their ability to support people aged over 65 with mental illness by early 2009.
- Development of psychiatric liaison services over the last two years, and the planned extension of this service in March 2009 to 7 days per week to ensure that people with mental health needs accessing Accident & Emergency and other general hospital services are provided with specialist assessment and appropriate referral for care when needed.
- Improving responsiveness and accessibility of mental health services by introducing a single point of access in April 2009.
- Further developing our rehabilitation and recovery services, including the development of our Day Hospitals as 'one stop shops' and resource centres which will provide a range of therapies to assist people to recover as soon as possible, and to reduce their need for

inpatient care by supporting them to remain well. We will develop new centres in Craigavon and Dungannon by early 2009.

- Developing the range of specialist services, including services for people with personality disorders, eating disorders, drug and alcohol addiction and forensic services
- Reducing the time people have to wait for specialist mental health assessment and treatment services and for specialist psychological therapies services to 9 and 13 weeks respectively by March 2010 and to further reduce these waiting times over the next 5 years.

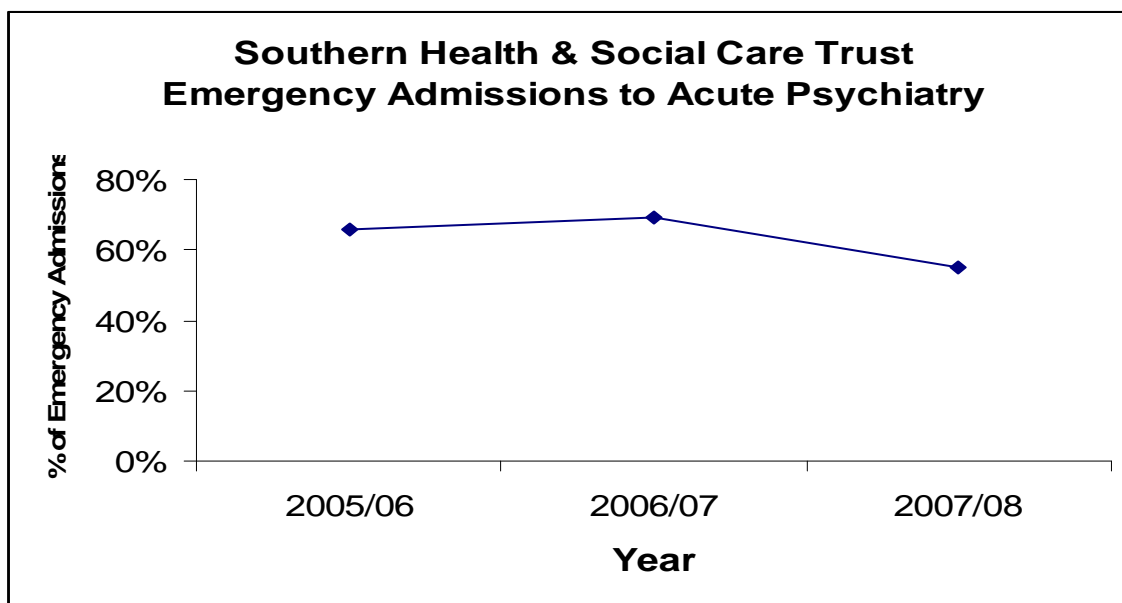
The developments already in place in relation to Crisis Response and Home Treatment, psychiatric liaison services and enhancements of community services have already demonstrated success in providing people with alternative care options when acutely ill. The following table highlights rates of admission to inpatient beds since 2005/06.

Table 3.1.2.



The above table shows that since the investment in alternative community mental health services there has been a decrease in the number of mental health inpatient admissions from the period 2005/06 which equates to an 11% reduction.

In addition there has also been a 10% reduction in emergency admissions in Acute Psychiatry from the period 2005/06. This is demonstrated in the table below.



3.2 Proposed Future Provision of Acute Mental Health Inpatient Care

As outlined in the Bamford Review of Mental Health and Learning Disability there is a strategic imperative for the Trust to enhance service infrastructure while at the same time reducing dependency on in-patient hospital care. Taken alongside the impact of the ongoing developments in community mental health services reflected above, the Trust expects the level and duration of hospital admissions to reduce. .

The SHSSB has identified its intention to commission beds in line with Bamford recommendations of 20 beds per 100 000 population. The commissioner aims to achieve the recommended bed numbers as outlined in the regional review by 2010. This equates to a total reduction of 19 acute inpatient beds from 121 to 102 beds.

The Trust has commenced a bed reduction plan to deliver the SHSSB commissioning strategy and has already achieved a reduction of 4 beds with no negative impact on care. In addition to the SHSSB original planned reduction of 19 beds the Trust plans an additional reduction of 8 beds - 6 functionally mentally ill (FMI) beds and a further 2 psychiatric intensive care (PICU) beds. The further planned reduction in FMI beds is in line with the additional investment to expand the existing Home Treatment Crisis Response service to people aged 65 and over. The further reduction of 2 PICU beds will be enabled by additional investment in forensic services. These additional investments are enabling those

people with more complex mental health needs to be cared for in the community whilst still maintaining a core of 94 inpatient beds.

3.3 Proposed Future Configuration of Mental Health Acute Inpatient Care

Given the assessed need for the future provision of mental health inpatient beds (94 beds), the Trust has undertaken a detailed assessment to consider the optimum location of this service. The options considered were:

- Retain the current two sites (St Luke’s and Bluestone Unit) with a reduced combined number of beds to 94.
- Centralise the 94 acute inpatient beds on the St Luke’s site.
- Centralise the 94 acute inpatient beds on the Bluestone/Craigavon Hospital site.

Criteria were developed to assess these options, weighted relative to their importance to the provision of safe, quality care. The criteria and their weighting are listed below:

Criterion 1 Quality of Service	40
Criterion 2 Quality of accommodation	30
Criterion 3 Accessibility	20
Criterion 4 Ease of Implementation	10

A summary of the each of the above criteria is provided below.

Quality of service considered each option in relation to how it will deliver the future model of inpatient care (94 Beds), promotes the clinical effectiveness of the whole Mental Health System and provides a consistent approach to service quality and a safe service system.

Consideration is given to the effective management and use of acute mental health in-patient beds. The criterion also explores how each option facilitate rapid safe access to all mental health beds, ECT and a general acute services such as diagnostics, accident and emergency, cardiac and anaesthetics.

Finally options which promote integrated team working and facilitate a single cohesive staff culture which improves working and training facilities for staff will score higher.

Quality of accommodation considered the environment and how appropriate it was for the delivery of a high quality service. The accommodation was considered in relation to its compliance with statutory and building regulations and the Royal College of Psychiatry guidance on the design of mental health facilities.

Accessibility considered the Southern Trust Population and how accessible each option was in relation to the distance patients and their relatives would have to travel to access mental health inpatient services.

Ease of implementation was used as a criteria to consider the impact each option would have on current services. Those options which caused the least disruption to current services and required the least amount of capital investment scored highest.

The table below indicates how each of the options scored against the agreed criteria. (Low, Medium, High).

Table 3.3.1 Centralisation Options Appraisal

Criteria	Option 1 Retain the current two site.	Option 2 Centralise at St Luke’s Hospital Armagh	Option 3 Centralise at Craigavon Hospital Site
Quality of Service	Low	Medium	High
Quality of Accommodation	Low	Medium	High
Accessibility	Low	Medium	High
Ease of Implementation	High	Medium	Low
Accessibility	Low	Medium	High

The outcome of the option appraisal exercise demonstrates that the option which scored highest and identified as the preferred option is the centralisation of acute mental health inpatient services at Craigavon. Further detail on the appraisal process can be made available on request and is also on the Trust’s website at www.southerntrust.hscni.net.

The advantages of centralising services at Craigavon are listed below:

- A purpose built mental health facility is already on site which complies with all statutory and building regulations
- Close proximity to an acute general hospital and access to acute services such as A&E, diagnostics, anaesthetics and ECT.
- Better facilities on site for patients with mental illness which promotes dignity and safety.
- Less beds would have to relocate from St Luke's, Armagh than from Craigavon to Armagh, and Craigavon is a more accessible locality for the majority of the southern area population.
- Scope on site to extend or provide additional accommodation to facilitate the centralisation of all acute beds.
- Modern facilities at Craigavon will aid the recruitment and retention of staff.
- Access to Medical Education Centre
- Ease of access to the Beeches Management Centre for staff training.
- This option can be implemented within the timeframe for achieving the strategic vision.
- There will be a lesser impact on existing mental health inpatient services as the majority of acute mental health inpatient beds are currently located on the Craigavon site in the Bluestone unit. Additional capital work could be undertaken on the Craigavon site to enable the move and beds on the St Luke's site could remain at St Luke's until the works are complete.
- Reduces the risks associated with transferring patients from Armagh who require acute services at Craigavon.
- Less additional capital investment is required to achieve centralisation at Craigavon.

4.0 Proposal for Service Change

Based on this evaluation of each hospital site against the criteria, the Trust is now publicly consulting on:

The proposed Centralisation of Acute Mental Health Inpatient Care on the Craigavon Hospital Site.

The Trusts proposed plan for the centralisation of acute mental health inpatient services (which is subject to consultation and approval) would be implemented by March 2011. This plan will involve a move from the current provision of acute inpatient care on two sites at St Luke's Hospital Armagh and the Bluestone Unit at Craigavon Area Hospital.

Inpatient services which include general acute, psychiatric intensive care and addictions at St Luke's Hospital Armagh will transfer to a proposed single site option at Craigavon Area Hospital Site.

4.1 Proposals for alternative use or disposal of facilities

The preferred option associated with the centralisation of acute mental health inpatient care (which is subject to consultation and approval) would enable St Luke's ward areas (Ward 6, Addictions Unit & Psychiatric Intensive Care Unit) to be re-designated for an alternative use.

5.0 Equality Impact Assessment - Summary

Section 75 Northern Ireland Act 1998

The Southern Health and Social Care Trust (the Trust) is committed to fulfilling its statutory equality duties set out in Section 75 of the Northern Ireland Act 1998 (the Act) and has conducted an Equality Impact Assessment on this proposal in line with the Equality Commission's guidelines. The Trust is also committed to the safeguarding and promotion of human rights in all aspect of its work.

A summary of the main findings of the EQIA are as follows:-

The Trust believes there is a sound clinical case for centralising acute services and for co-locating PICU to where acute care is provided. There are also obvious clinical advantages for such services to be provided in a facility that is built to achieve the highest in modern care standards for mental health patients. This facility now already exists in the recently established Bluestone Unit at Craigavon.

In considering the clinical case for centralisation along with the need to best utilise existing resources, Trust believes that centralisation is appropriate and that Craigavon is the correct location for these services.

The potential impact on staff on the St Luke's site is noted, particularly on support grades, where redeployment opportunities with the Trust will necessitate further travel. However, a range of mitigating steps can be implemented over the period of change to offset these effects.

In order to effect the proposed service changes outlined in this consultative document the Trust will be adopting a project management

approach. As part of this process a Human Resources project group will be established which will include trade union representatives so as to ensure robust, fair and agreed human resources processes are in place to manage the staffing changes. It should also be noted that at the date of issuing this consultation document the Trust is in the process of agreeing a *“Management of Change Human Resources Framework”* with its trade union representatives. This Framework will be supplemented with a number of agreed detailed protocols relating to issues such as arrangements for vacancy controls redeployment, pay protection, training, etc.

In association with the above framework, the Trust commits to the following underpinning principles in the management of changes for staff:

- Change will be taken forward through partnership approaches and in consultation and negotiation with trade unions.
- The principles of fairness, dignity and equity of treatment will be applied in the management of staff issues associated with this organisational change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust commits to ensuring that existing arrangements such as reasonable adjustments for individual staff or affirmative action programmes already entered into will be honoured.
- Sound HR processes will be in place and applied so that every possible effort can be made to avoid compulsory redundancies, to keep valuable skills and experience within the Trust and to minimise costs and provide value for money i.e. a balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies.
- HR processes will be applied with equity, consistency and transparency and will be mindful of the need to move quickly and to ensure that the quality of care delivered to residents is not compromised.
- All staff in the services affected will be offered one to one meetings with a senior representative from Human Resources (with their trade union representative in attendance) to ascertain their preferred employment options and to establish any particular personal circumstances which may need to be taken into account

eg, caring responsibilities, access to transport, health/disability issues etc.

- Every effort will be made to ensure staff requiring redeployment remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.
- Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities. Particular attention will be given to the need to support older staff avail of all training opportunities.
- Managers, who will be required to be at the forefront of leading change, will be adequately trained, equipped and competent to do so.
- All staff will be kept fully informed and supported during these change processes

In addition to the above, the Trust commits to ensuring that the change implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation operating in Northern Ireland. Existing arrangements such as reasonable adjustments for individual staff already entered into will be honoured throughout any process of change implementation.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place and will record all the decisions taken which affect the employment of groups and individuals. Screening and equality impact assessments will be carried out when appropriate.

Considering these measures to mitigate the adverse effects of the proposal with the prospective benefits to patients, the Trust is persuaded that there is clear justification in proceeding with the proposal.

The full Equality Impact Assessment can be made available on request and is also on the Trust's website at www.southerntrust.hscni.net.