



Northern Health
and Social Care Trust

Reprovision of mental health inpatient services



Consultation Document June 2014

Foreword from the Director of Mental Health and Disability Services



The Northern Trust's mental health services have changed dramatically over recent years. Improvements across a wide range of community mental health services means that the vast majority of people, who need mental health assessment and treatment now receive this in their own homes and communities. I firmly believe that people should, where clinically appropriate, be offered the choice to receive the help they need in their own homes. Where someone requires an inpatient admission then this should be to a high standard of care within appropriate accommodation.

This document outlines our proposal to develop a new, purpose built Mental Health Inpatient Unit for the Northern Trust area. It is the next stage in our on-going commitment to providing high quality, modern mental health services to the population of the Northern Area.

In developing the proposal we have considered national best practice and have selected from a range of possible options the solution that we feel will provide the best outcome for adults who need access to inpatient mental health services.

Our current inpatient accommodation needs to be updated and we believe that by centralising our service on a purpose designed, new build unit on the Antrim Hospital site we can provide an inpatient environment that is therapeutic, accessible, safe and secure.

This consultation document details our current acute mental health services and why we feel they need to change. The document also asks for your views on our proposal and outlines how you can tell us what you think. At the heart of our plans are the people who use our mental health services. We look forward to the period of consultation to give us an opportunity to listen to your views and to develop services for the future.

Oscar Donnelly

A handwritten signature in black ink, appearing to read 'Oscar Donnelly'. The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Director Mental Health and Disability Services

About the Trust

The Northern Health and Social Care Trust became operational on 1 April 2007. The Trust covers ten local council areas and provides services for a population of over 465,000. Our services are provided from nine different local, community and acute hospitals and a large number of community based settings including people's own homes.

Our mission statement

“To provide for all, the quality of service we expect for our families and ourselves.”

Introduction

This document explains why we need to provide a new, purpose built Mental Health Inpatient Unit to replace our existing inpatient facilities. It outlines our current mental health inpatient services, why our services need to change and describes our proposed new model of inpatient care.

We propose that patients who currently receive inpatient mental health services in the Ross Thompson Unit at Causeway Hospital and Holywell Hospital will receive future services in a modern facility on the Antrim Area Hospital site. The physical condition and functional suitability of both Holywell Hospital and the Ross Thompson Unit are not fit for purpose. A single unit will give us the opportunity to better meet patient needs through a high quality integrated structure, with integrated team working and a single cohesive staff culture. We will be able to introduce new service models which will enhance patient experience in an improved therapeutic environment.

Key drivers for change

The main drivers influencing the changes required to our mental health services are as follows.

The Bamford Review of Mental Health, published in June 2005, recommended a shift towards community based services and away from an over reliance on hospital services. The review recognised that some people will need admission to hospital from time to time for specialist assessment or treatment but states that such admissions must be short, therapeutic and focused on a speedy return to life in the community.

The publication and Minister's endorsement of *Transforming Your Care* (TYC) set out a vision of making 'home the hub of care'. We need to work with GPs and other primary providers to reduce the number of people living in institutional care and inpatient beds by investing in intensive home support. The *TYC Vision to Action Post Consultation Report* sees the development of a single acute mental health unit for those aged 18+ in the Northern Area. In order to reduce stigma and ensure there is good access to acute care, it also identified the necessity to locate mental health

hospitals close to general acute hospital provision, recognizing that this may not be possible in all circumstances.

The Trust's "New Ways of Working" project is taking forward a number of improvements to include dedicated psychiatric inpatient teams linked to community sectors. The appointment of dedicated ward based Consultants will improve the quality and consistency of inpatient care. It is envisaged that the continued implementation of the "New Ways of Working" project will result in a reduced need for acute inpatient beds over the next 2 to 3 years.

Overall this strategic direction endorses an increased level of community and home based treatment and care along with a reduced reliance on mental health inpatient services.

Our current inpatient services

Holywell Hospital in Antrim was opened in 1898. It currently (March 14) provides 139 beds although at one time had over 800. The wards do not meet contemporary standards for inpatient accommodation. Whilst capital investments have significantly improved patient environments in recent years, these are limited by the constraints imposed by existing buildings. Property appraisals indicate that the physical condition, building and engineering conditions are poor and that full compliance with statutory standards cannot be achieved within the current buildings. Overall the accommodation of patients within a former asylum setting is not compatible with providing mental health care within a non-stigmatising environment and is by definition unacceptable for 21st century service provision.

The Ross Thomson Unit is a 23 bedded acute psychiatric admission ward attached to Causeway Hospital which was built in 2001. Although the unit is less than 20 years old, it is based on a general hospital design and there are problems with the ward layout. There is a lack of good observation, single bedrooms, and clear sight level. It is not conducive to providing a therapeutic environment and has limited areas for private discussions

Within wards in Holywell and Ross Thompson, Coleraine the current accommodation does not meet modern standards for therapeutic mental health inpatient care. Patients do not have single ensuite bedrooms and there is inadequate provision of clinical, occupational and recreational space. Staff and visitor accommodation is inadequate.

The main Holywell hospital building currently houses the Intensive care, Rehabilitation, Challenging Behaviour, Continuing Care and Addiction wards. Forty three inpatient beds are located in the main hospital building with the remainder of beds located in the three Tobernavreen blocks which were built in 1952.

There are 17 Psychiatric Intensive Care Unit (PICU) beds on the Holywell Hospital site. The main function of a PICU is to rapidly assess and manage acute mental illness and behavioural disturbance, within an integrated care pathway. The multi-disciplinary team takes an active, treatment focused approach aimed at rapid

stabilisation, crisis resolution, risk reduction and prevention of relapse and promotion of recovery. A purpose designed unit would provide better quality accommodation with more space and privacy for patients and visitors and allow for more flexible use of these beds.

Our 10 bedded inpatient addiction service for people with drug or alcohol addiction is currently provided within Holywell Hospital main building. The regional commissioning framework sees the continuing need for addictions inpatient services as part of a comprehensive addictions provision.

The modernisation of our dementia services, including the development of specialist community services, has reduced the number of inpatient dementia assessment admissions and beds required. In line with our Adding Life to Years Strategy (2007) and NICE-SCIE guidelines there is continuing needs for inpatient dementia assessment beds provided as a part of an overall spectrum of care.

In future most people will receive the specialist rehabilitation they receive in appropriate community settings. However a number of people will continue to require inpatient rehabilitation in a more secure setting. Currently we do not have a low secure ward to treat patients who require care and specialist rehabilitation in a more secure environment. We have identified the need for 12 low secure beds for the Trust population with future provision for low secure services being taken forward regionally.

Our future services

Our mental health services have undergone significant transformation involving the development and enhancement of community based services and a reduction in the need for inpatient services. We plan to consolidate these improvements within a modernised estate providing a condition specialised inpatient service that is fully integrated with community services. We anticipate some further reduction of the need for inpatient beds over the next 2 to 3 years, facilitated by further development of community services.

The modernisation of our mental health services is guided by the following principles.

- Services are person-centred
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs
- Everyone has the right to community living
- Everyone has the right to experience the same level of service regardless of location
- Services will be planned, implemented and evaluated in partnership with users and carers
- All mental health services will be provided on a Trust wide basis
- Service improvement and modernisation will be based on best practice

- Staff will be supported in their professional and personal development
- Services will be delivered in an efficient and effective manner within available resources

Our proposals are underpinned by the development of a recovery focused model with care provided in partnership with service users and their carers. A recovery focus for services across acute and community settings will help better integrate care to help ensure that each service user;

- can access services more easily,
- has choice about where and how services are delivered, and
- receives seamless, person centred care.

We believe it is better for people to be treated at home whenever possible and we have already seen a shift to many more people receiving home treatment and being supported within their communities. This shift is partly a result of our modernisation programme and improvements in treatments and partly because of people's desire to have care and treatment provided as close to home as possible.

Treatment at home or in the community reduces the stress and anxiety for people who are acutely unwell and enables them to stay in touch more easily with friends and family. It also allows people to retain more independence and to continue making choices about their lives, thus reducing the risk of institutionalisation.

Treatment at home is now becoming the norm for people in an acute phase of mental illness. People are now admitted to an inpatient unit if clinical assessment shows it would be unsafe for them or for others to stay at home. We want to provide our inpatient services in an environment that is comfortable, therapeutic, safe and secure.

Our decision-making process

We set up a multi-disciplinary team to look at how we would provide our inpatient mental health services in the future. We drew upon regional strategic direction and national best practice. We also carried out a number of focus groups to gather the views of service users. Having gathered advice from our team of advisors we explored a number of options for the future of our mental health inpatient services. Full details of the options explored are in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which can be found on our website www.northerntrust.hscni.net

Our proposal

We have identified that we will need 134 inpatient beds to meet the future needs of the Northern population. These will comprise Acute, Psychiatric Intensive Care, Dementia Assessment, Addictions and Low Secure provision.

A number of options for the new inpatient service were identified and subsequently short-listed and appraised against agreed benefit criteria. These criteria were weighted to reflect their relative importance. Shortlisted options were then scored against each weighted criteria. The outcome of this analysis is a preferred option to build a standalone mental health inpatient facility on the Antrim Area Hospital site. The facility will provide 92 acute beds including 12 intensive care beds (PICU), 22 non-acute beds for low secure and addictions services, and 20 beds for dementia assessment and intermediate treatment.

The centralisation of our mental health inpatient services will allow the very vulnerable patients who in future will be admitted to our beds, to be safely cared for within a comprehensive inpatient system. Locating the service on the Antrim site will help reduce stigma and improve care provision across mental health and general acute hospital settings. There is adequate room on the Antrim site to accommodate this development.

National and regional standards will be met in the design and quality of the building and the patient accommodation will be at ground floor level. All bedrooms will be single rooms and accessible for people with a physical or sensory disability. Both the internal and external surroundings will maximise therapeutic benefits for patients. The location of the proposed new build will lessen the stigma associated with a mental health facility as the entrance will be via the Antrim hospital site. Dedicated car parking will be available for service users and carers.

Currently all inpatient services for the Trust area, with the exception of acute services for Causeway, are provided at Holywell. We recognise therefore that this will have an impact on some inpatients and their relatives/carers from Causeway as they will have further to travel for some services. This has to be balanced against the increasing challenges presented in providing care safely and effectively in a small isolated mental health unit that has not access to the other specialist wards and clinical team back up available in a larger central unit. We will explore transport for the service users, carers or nearest relatives as part of the admission assessment.

Involvement of stakeholders in developing our proposals

During 2013 we engaged with our Mental Health Forum, client consultation groups and service user groups on the future of our mental health inpatient services and they have told us that:

- Linkages to regional services should be maintained.
- A new facility in Coleraine area does not make financial sense as Trust would have to purchase land.
- Stigma around mental health does not relate to the where facilities are located.

- A new build on the Antrim Area site would be quite separate and quite apart from the main building and could in itself be stigmatizing.
- Going to Antrim Area would make it a “medical” issue and would therefore not be stigmatizing. Best way to reduce stigma would be to have a common entrance for medical and mental health services.
- Availability of green fields, gardens and nature is important.
- A new name for the site on Holywell would remove the stigmatizing effect of the Holywell identification. Ross Thomson Unit (RTU) in Coleraine, even though in the same building as the Causeway hospital was known as a psychiatric unit. Physical environment should be part of a package of care
- Antrim hospital proposed site stigmatizing as it is in the back of car parks. To remove stigma, best to have mental health and other services under the same roof.
- Access is important - new site should have close links to the acute hospital.

We have considered the range of views about the type of inpatient services people want to have in the future. We have a responsibility to design our services for the future at the same time as taking account of the needs of those who currently use our services. We understand why some people might feel that a new build on the Holywell site would be the best option but having considered all of the feedback and the key drivers for change we feel that a new build on the Antrim Hospital site provides the best opportunity to create an environment that will meet the needs of service users, carers and staff.

Our “New Ways of Working” Project Team and Project Board include service user and carer representation to allow for effective user involvement at a strategic level. The sharing of views and experiences has influenced the redesign of our inpatient and community services.

Engagement and discussion with stakeholders has helped to shape our proposals and we are committed to continued dialogue in taking forward our plans.

Impact on staff

We value and respect our staff and will keep them informed at every stage. The principles of the Trust’s Management of Change Human Resource Framework provide a robust and transparent process for proposals that impact on our staff. The Trust has systems in place to support staff through the changes such as the availability of retraining opportunities and eligibility for excess travel allowance payments. A communication strategy will make sure that staff are kept fully informed of any proposed action and developments. Staff will also have regular communication meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

Promoting equality

The Northern Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of its work. In keeping with our legislative requirements, the Trust has completed and is consulting on an Equality Impact Assessment (EQIA) on these proposals which is available on the Trust's website at <http://www.northerntrust.hscni.net>

Tell us what you think

We are committed to improving the way we provide our mental health services and we need you to help us to do this. We believe that the people who use the service, their carers and the staff who deliver the service are best placed to tell us what the new service should look like and we are keen to involve these groups specifically in this consultation process.

We wish to consult as widely as possible on the proposals within this document and the findings of our Equality Impact Assessment over a 16 week period commencing 1 July 2014.

This document is available, on request, in accessible formats, including Braille, CD, audio cassette and minority languages.

To facilitate your feedback, a consultation proforma is available on the Trust Website at <http://www.northerntrust.hscni.net>. However we welcome your feedback in any format. Comments on all aspects of our proposals are welcome by 21 October 2014.

If you have any queries or comments regarding this consultation document or EQIA and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact

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In compliance with the legislation, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust web site.

Questions and answers

Why is the demand for inpatient mental health services decreasing?

We have seen a reduction in demand for inpatient mental health services across the Trust. This is due to a variety of reasons including the fact that options now exist to treat people in their own homes and in the community and the development of specialist community supported living options. We believe people prefer to be treated at home whenever possible.

What will happen to people who currently use your mental health services?

The Trust will work closely with service users and carers to keep them informed and involved at every stage of the process. This process will be handled in a sensitive manner taking into account the specific needs of each service user and carer. Patients who currently receive inpatient mental health services in the Ross Thompson Unit at Causeway Hospital and Holywell Hospital will receive future services in a modern, purpose built facility on the Antrim Area Hospital site.

Why does the Trust need to change its existing services?

We must ensure that services are available that can support people both now and in the future, within their own home as far as possible. Our modernisation programme has resulted in an increased level of community home based treatment and care along with a reduced reliance on mental health inpatient beds. Both Holywell Hospital and the internal configuration of the Ross Thompson Unit do not support a modern inpatient mental health service. Our inpatient facilities need to be updated and we believe that by centralising our service on the Antrim Hospital site we can provide an inpatient environment that is comfortable, therapeutic, safe and secure.

What is the possible timescale for these proposals?

Timing will depend upon the availability of capital funding to pay for the new buildings. It is anticipated that the new facility could be built within the financial year 2019/20.

What support will be provided in people's homes and in the community?

A wide range of services and supports are provided in the community including generic Community Mental Health teams and more specialist services such as Crisis response, Home Treatment and Personality Disorder services. The Trust also provides both directly and in partnership with independent sector partners a wide range of social care provisions including specialist supported livings, day and vocational service and domiciliary care. The voluntary and community sector also provides practical support such as making sure people's homes are safe and secure, making regular contact for a chat, help people to apply for benefits and providing opportunities for people to get together so they feel less isolated.

What will happen to people who require mental health inpatient services?

For some people an inpatient admission will continue to be required and we know that future demand for mental health inpatient services is most likely to come from people with a clinical assessment that indicates that it would be unsafe for them or others to remain at home. For those people we want to provide the very highest quality inpatient care in modern fit for purpose environments that are therapeutic, comfortable, safe and secure.

What will happen to staff?

We value and respect our staff and will keep them informed at every stage. The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for supporting staff through the change process.

How are these proposals going to be funded?

If the proposals are approved the Trust will secure capital funding for the new build from the Department of Health Social Services and Public Safety.

What will happen to the views we provide – will they be considered by the Trust?

All the views gathered during this consultation will be considered before any final decisions are made. A consultation feedback report, detailing the feedback and how the Trust considered it, will be put on our website.

Thank you for taking the time to read this document.