

# Consultation Document



## Provision of Dementia Inpatient Services in SHSCT

Consultation from 3<sup>rd</sup> October 2022 until  
23<sup>rd</sup> December 2022

## 1. Executive Summary

Psychiatry of Old Age (POA) and Memory Services are delivered through a mixed care model. Psychiatry of Old Age services offer assessment and intervention for individuals over 65 with a functional mental illness. The Memory Service offers assessment and treatment to individuals with dementia.

There is a single inpatient dementia assessment and treatment unit for SHSCT (Gillis ward) on the St Luke's hospital site in Armagh. Gillis is a stand-alone unit on the St Luke's hospital site, Armagh looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Inpatient dementia care is provided when patients require a short period of medical assessment and treatment in hospital because their condition has deteriorated or they need very specialised treatment. For clarity an inpatient dementia ward is not a head injury, neuropsychiatry unit.

Due to significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age it has been necessary to review Inpatient Dementia service provision across SHSCT.

As of 31<sup>st</sup> March 2022 there has been no aligned / available Consultant Psychiatry cover for the 18 bedded Gillis dementia assessment and treatment unit.

As an interim contingency arrangement Gillis Ward was relocated from the St Luke's hospital site, Armagh to Willows ward (Bluestone Unit, Craigavon Area Hospital) on 4<sup>th</sup> May 2022. This was to ensure safe and effective care.

Co-location of the two units offers a more robust access to the wider multi-disciplinary team than was available in the Gillis unit and allows the Specialty Doctor from Gillis ward greater access to Consultant Grade Psychiatrists on site.

In relation to the potential enhancement of the community placements in the independent sector, the source of the majority of admissions to Gillis is from the independent sector where placements have broken down due

to a deterioration in the mental state/progression of dementia in the individual. As such, the potential for the independent sector to provide such cover has not been explored as we are aware that such expertise is not available. The review of Community Memory services which is ongoing will aim to provide enhanced 'wrap-around' care to individuals in nursing/residential homes at the onset of issues in an attempt to prevent further deterioration and potentially the need for hospital admission.

The main issues driving us to review the inpatient dementia service relates to recruitment, retention and training issues. According to the Royal College of Psychiatrists Faculty Report the population of SHSCT should have 9 WTE Consultant Psychiatrists of Old Age. The funded position is 4 WTE. Regionally there is a lack of available, suitably trained and experienced workforce for permanent and locum recruitment. The Trust has been proactive in seeking to attract Consultants in Psychiatry of Old Age, including a recent permanent recruitment campaign.

Currently there are 13,325 patients registered with dementia in Northern Ireland (aged over 65 years). SHSCT have 2,257 patients registered with dementia which is the lowest of the five Health and Social Care Trusts in Northern Ireland. However given population projections to 2032 SHSCT is expected to have the highest number of patients registered with dementia over 65 years of age.

**We are proposing the creation of an inpatient dementia unit within the Bluestone Mental Health unit. This option proposes the creation of an inpatient dementia unit either via use of the existing space and through extension of the existing facility.**

The key reasons for this recommendation and why it should be located at Bluestone Mental Health unit include:

- It allows for the future provision of inpatient dementia service that are safe, secure and effective providing services that are in the right place, with access to a range of specialist support.
- It is important to have ease of access to a range of professionals within a multi-disciplinary team with expertise in delivery of safe and effective care for patients with mental ill health.
- Enhances opportunities for provision of input from and access to Consultant Psychiatrist for assessment and treatment pathway

which is critically important. It is important to maximise opportunities to recruit and retain adequate Consultant staff to deliver the proposed service model.

- Provision of safe and effective care, reflecting current strategic direction and best practice.
- Supports interface from Acute Services, Psychiatry of Old Age and Older People's services.
- Supports an integrated approach to working across community and inpatient settings.
- Provides inpatient beds to meet the future projected demand.
- Provision of an inpatient environment for the care of dementia patients aligning with current recommendations.
- Ability to progress a solution that will comply with Health Building Notes, statutory standards, RQIA standards and recommendations relating to inpatient dementia units. The proposed environment should be dementia friendly and for purpose with private spaces, safe internal and external therapeutic spaces.

## 2. Introduction

The Trust wants to deliver the best outcomes for patients who require Inpatient Dementia services by providing services that are in the right place, with access to a range of specialist support. Our priority is to provide safe and effective patient care, reflecting best practice.

The Trust believes that their pursuit of sustainability and excellence, with an emphasis on quality, safety and the best health outcomes will be achieved through the reconfiguration of their services.

The Trust aims to provide a comprehensive inpatient dementia service that:

- is attractive for potential new staff, with opportunities to develop specialist skills that aids both recruitment and retention in Southern Health and Social Care Trust (SHSCT).
- will provide improved training opportunities through access to adequate peer support and mentoring for newly appointed Consultants and doctors in training which is essential to ensure the provision of a safe, high quality service.
- ensures alignment with other services.
- ensures alignment with national and regional strategic direction.

This consultation paper explains the changes that we propose to seek to achieve this vision in our area including:

- Our current services
- What the proposed future service model is
- What will be better after the change

The purpose of this consultation paper is to give you, the public and service users, the opportunity to:

- understand how we want to improve this service, and
- make any comments or raise any questions that you might have about the change we outline below.

In Appendix 1 you will find a consultation questionnaire which has been developed to help you provide a response to the Trust on this document. The timeline for responses is 12 weeks commencing 3rd October 2022 ending 23rd December 2022.

All enquiries regarding this document should be directed to:

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### **Alternative Formats**

This document can be made available on request in alternative formats.

### **Privacy, Confidentiality and Access to Consultation Responses**

For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public).

We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but may include the names of organisations responding.

For more information about what we do with personal data please see our consultation privacy notice which can be accessed via:

<https://southerntrust.hscni.net/involving-you/consultations/>

Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR);

however all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation.

If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Trust should receive a request for the information under FOIA or EIR.

### 3. Background

Psychiatry of Old Age (POA) and Memory Services in the SHSCT are delivered through a mixed care model. Psychiatry of Old Age services sit within Mental Health Support and Recovery and offer assessment and intervention for individuals over-65 with a functional mental illness. Memory is a stand-alone service that offers assessment and treatment to individuals with dementia.

Medical staff work across both POA and Memory Services, on a sectorised basis across the three SHSCT localities, i.e. Craigavon & Banbridge, Newry & Mourne and Armagh & Dungannon.

There is a single inpatient dementia assessment and treatment unit for SHSCT (Gillis ward) on the St Luke's hospital site in Armagh with equity of access to all SHSCT patients and a single responsible Consultant. Older people with a functional mental illness are admitted to the Bluestone Unit on the Craigavon Area Hospital (CAH) site with a single Consultant responsible for their care.

Due to significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age it has been necessary to review Inpatient Dementia Service provision across SHSCT. It is recognised that there are significant challenges relating to service provision and that a new approach is required to be considered.

As an interim contingency arrangement Gillis Ward was relocated from the St Luke's hospital site, Armagh to Willows Ward (Bluestone site, Craigavon Area Hospital) on 4<sup>th</sup> May 2022. This was to ensure safe and effective care.

In relation to the potential enhancement of the community placements in the independent sector, the source of the majority of admissions to Gillis is from the independent sector where placements have broken down due to a deterioration in the mental state/progression of dementia in the individual. As such, the potential for the independent sector to provide such cover has not been explored as we are aware that such expertise is not available. The review of Community Memory services which is ongoing will aim to provide enhanced 'wrap-around' care to individuals in

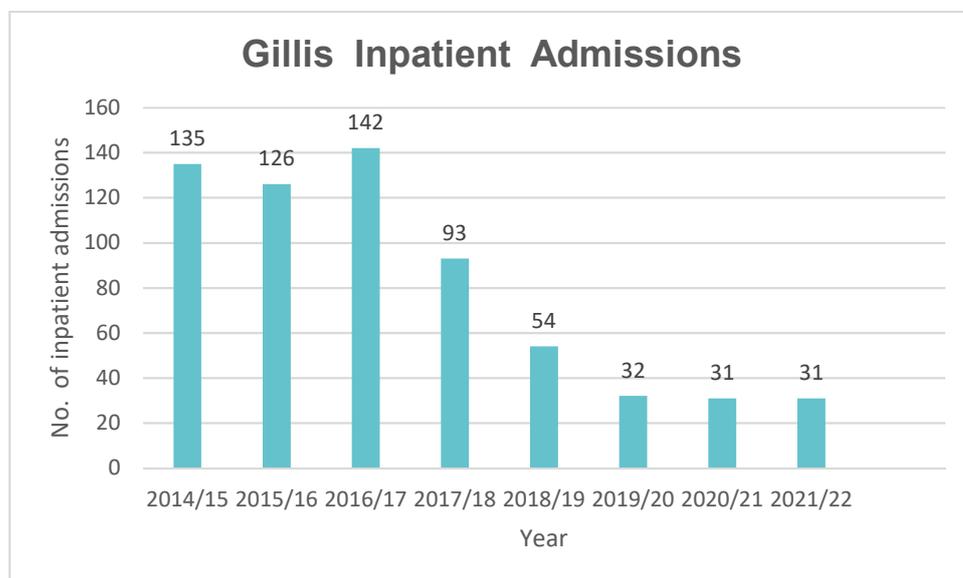
nursing/residential homes at the onset of issues in an attempt to prevent further deterioration and potentially the need for hospital admission.

## 4. Current Service Provision

### Gillis Ward, Armagh

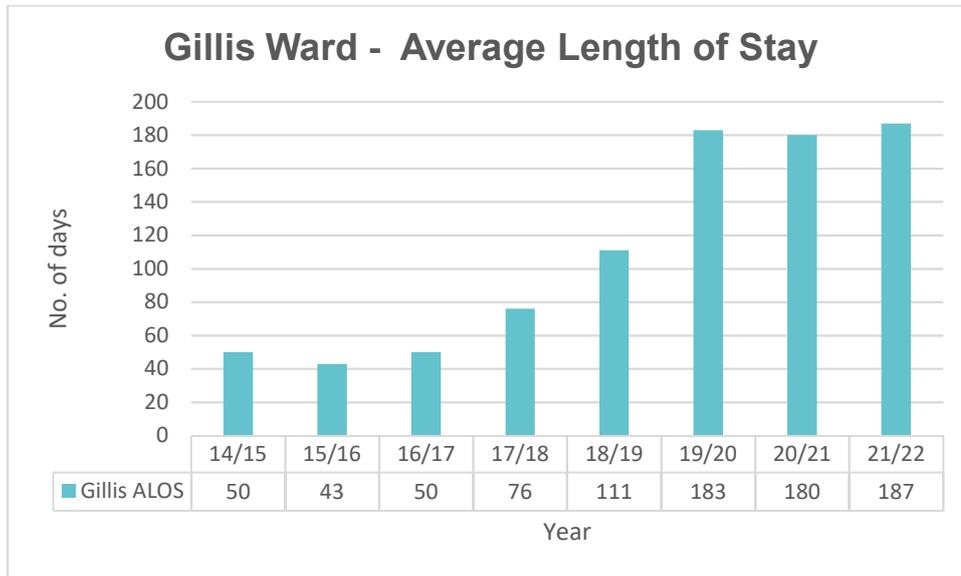
Dementia services have been provided by three locality community teams and an 18 bedded inpatient assessment and treatment unit, Gillis Ward Armagh. Psychiatry of Old Age services are provided within the Support and Recovery service, across three locality community teams and are supported by the 16-bedded Willows ward, Bluestone site, Craigavon Area Hospital.

Over recent years there has been a reduction in admissions to Gillis ward from 135 2014/15 to 31 in 2021/22 (**Table 1**). This can in part be attributed to a reduction in admissions during the height of the Covid-19 pandemic, potentially reflecting an element of family reluctance to have loved ones admitted to an inpatient facility. An overall downward trend has progressed from 2016/17 onwards however admissions during 2020/21 and 2021/22 remained static with 31 recorded in both years, most likely to have been impacted by the Covid-19 pandemic.



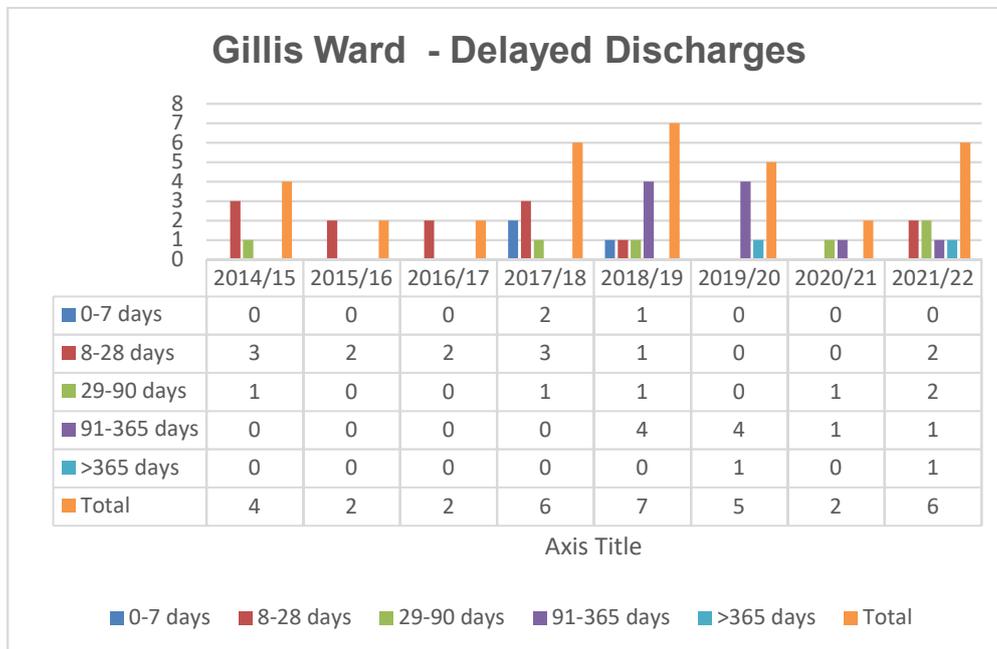
**Table 1 – Gillis Ward Admissions**

In contrast the average length of stay within Gillis Ward has an increasing trend. (**Table 2**).



**Table 2: Inpatient length of stay**

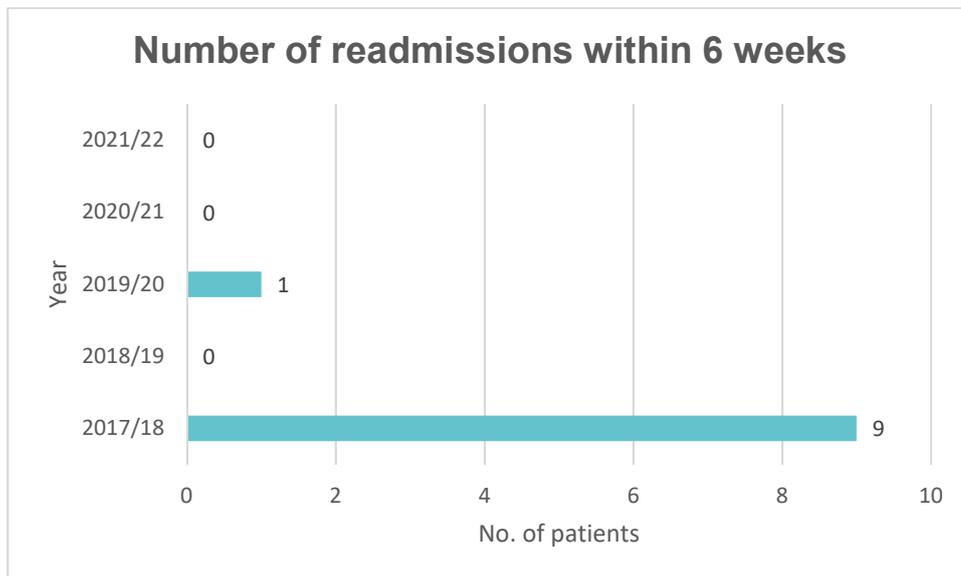
In addition, there is evidence of patients remaining cared for in the Gillis ward after being deemed medically fit for discharge (**Table 3**) owing to the lack of suitable places in nursing homes for their complex needs.



**Table 3: Inpatient Delayed Discharges**

The Trust continues to work with the nursing home sector to maximise capacity for people with more complex needs.

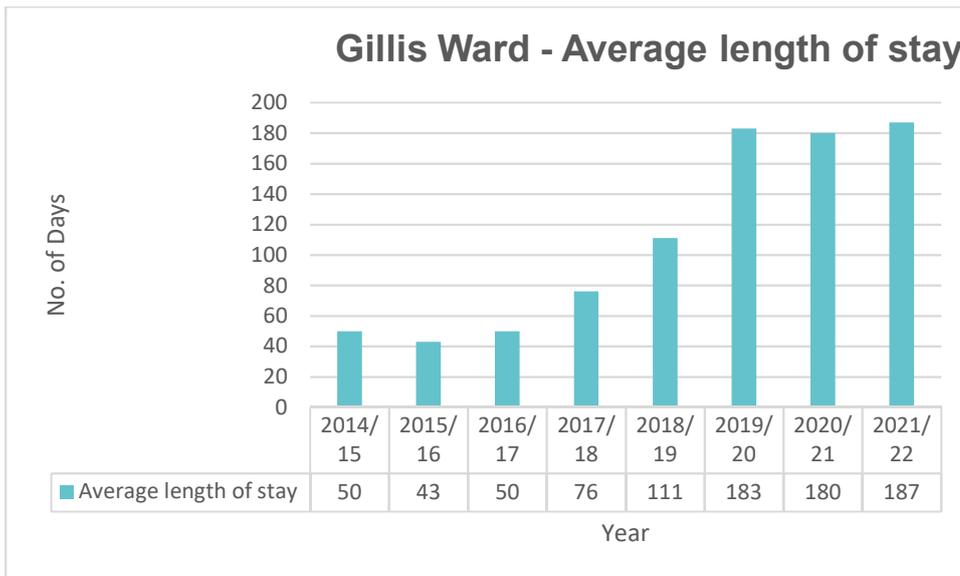
The number of readmissions to Gillis ward within 6 weeks of discharge is relatively low. (**Table 4**) ranging from 9 2017/18 to zero during both 2020/21 and 2021/22.



**Table 4: Number of patient readmissions within 6 weeks of discharge**

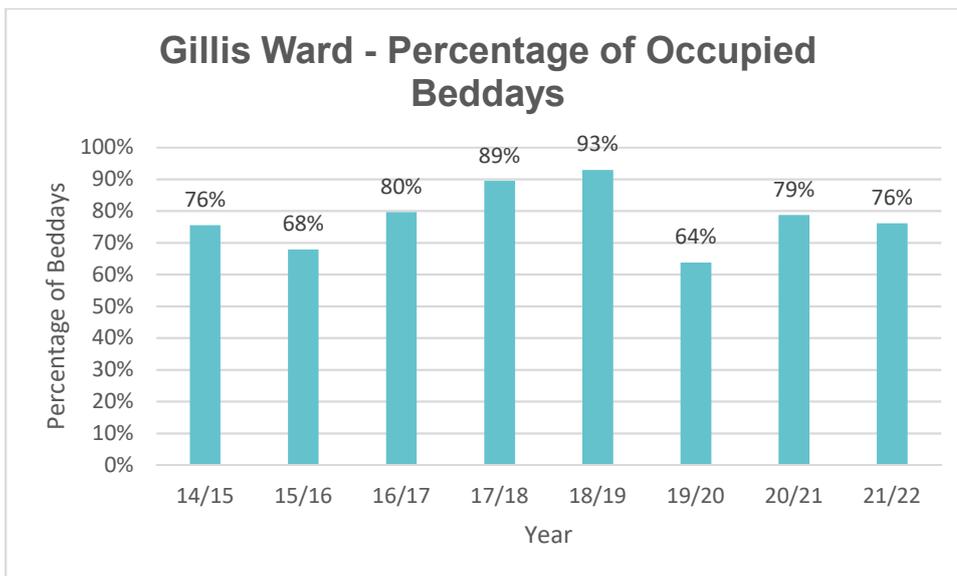
It is considered that this low level of readmissions was supported by an appropriate admissions criteria and effective gatekeeping including enacting a practice of having patients out on leave prior to formal discharge.

The average length of stay of patients increased as follows over recent years (**Table 5**). Again the data from the latter years (2020/21 and 2021/22) is considered to be impacted by the Covid-19 pandemic, however the increase across the other years indicates a more challenging patient cohort requiring specialist inpatient support.



**Table 5: Gillis Ward - Average length of inpatient stay**

Bed occupancy over recent years has been as follows: 2017/18 – 89%, 2018/19 – 93%, 2019/20 – 64%, 2020/21 – 79% and 2021/22 – 76% (Table 6).



**Table 6: Gillis Ward - Percentage of Occupied Bed Days**

## **Interim Contingency Arrangement**

As of 31 March 2022 there has been no aligned / available Consultant Psychiatry cover for the 18 bedded unit Gillis dementia assessment and treatment unit. Gillis is a stand-alone unit on the St Luke's hospital site, Armagh looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Service provision was unsustainable and as such the Trust instigated an interim change in service delivery to ensure safe and effective care.

Gillis ward, as an interim contingency arrangement, relocated from the St Luke's hospital site, Armagh to Willows Ward, Bluestone site, Craigavon Area Hospital on 4<sup>th</sup> May 2022.

As a consequence of this interim contingency arrangement bed capacity is currently:

- 10 inpatient dementia assessment and treatment beds (reduction of 8)
- 10 inpatient functionally mentally ill assessment and treatment beds (reduction of 6)
- reduction of 4 inpatient general adult psychiatry beds.

Co-location of the two units does offer more robust access to the wider multi-disciplinary team than was available in the Gillis unit and allows the Specialty Doctor from Gillis ward greater access to Consultant Grade Psychiatrists on-site.

This is a temporary interim arrangement to ensure safe and effective patient care which is monitored closely on an ongoing basis.

As part of the process embarked on to review the ongoing situation and to enable the creation of the interim contingency arrangement, consideration was given to both the risks and consequences on Gillis and other services such as beds for functional mental illness and beds for general adult psychiatry. In an attempt to ensure service provision of inpatient dementia beds locally and prevent greater regional pressure, a reduction and move of site was considered the safest and most appropriate interim arrangement.

## **Safe and Effective Care**

Ensuring safe and effective care for both the populations of Gillis Ward and Willows ward is paramount in our thinking. To this end we have undertaken The Kings Fund 'Enhancing the Healing Environment (EHE) Environmental Assessment Tool for Dementia-Friendly Environments'. Findings from this, along with clinical expertise in the provision of good dementia care, informed the environmental adaptations required to the ward.

Efficient patient flow is a key attribute of a functioning inpatient and community service. To this end, the Trust will continue to promote timely and effective discharge for all individuals from inpatient care. The Trust will continue to work with both the Regional Bed Coordinator and commissioned providers to secure timely discharges from general adult and functional beds. There is the ongoing regional challenge of access to bed based low secure and rehabilitation services for general adult psychiatry and individuals over the age of 65 years with a functional mental illness. This does impact on bed days in our wards and we welcome the focus on development in these areas. Unfortunately, the complex behavioural presentation of older people who meet threshold for admission to dementia assessment and treatment beds would not be suitable, or safe, for a service such as described in the community and voluntary sector.

In relation to the potential enhancement of the community placements in the independent sector, the source of the majority of admissions to Gillis is from the independent sector where placements have broken down due to a deterioration in the mental state/progression of dementia in the individual. As such, the potential for the independent sector to provide such cover has not been explored as we are aware that such expertise is not available. The review of Community Memory services which is ongoing will aim to provide enhanced 'wrap-around' care to individuals in nursing/residential homes at the onset of issues in an attempt to prevent further deterioration and potentially the need for hospital admission.

## 5. Why is there a need to change?

This section summarises the main issues driving us to review the provision of inpatient dementia services.

### **Mental Health Strategy 2021-2031**

The Mental Health Strategy 2021-2031 was launched by the Minister of Health during June 2021 and sets the vision and future strategic direction for mental health services in Northern Ireland over the next decade.

The Strategy states that Mental Health services for older adults in Northern Ireland have not kept up with the changing demand and it is essential to:

*Ensure mental health services continue to meet the mental health needs of an ageing population and those with dementia through specialist Old Age services. These will be needs based rather than solely dependent on age. The quality of care provided must be equal to that provided to other service users and must be open to younger people when necessary.*

### **Regional Dementia Care Pathway (March 2018)**

The Regional Dementia Care Pathway sets out our vision for high quality dementia services in Northern Ireland.

This Care Pathway describes the care that a person with dementia may receive from the moment they consult their GP with concerns about symptoms such as short-term memory loss, and are diagnosed with dementia, through to the end of their life. It has been developed using the expertise of people working in dementia care and seeking the views of people living with dementia and their families and carers.

The vision of the Dementia Care Pathway for Northern Ireland is that people living with a dementia, the community and voluntary sectors, Health and Social Care work together to enable early intervention, a timely diagnosis and access to the most appropriate supports across the dementia journey.

There are 5 elements of the pathway:

1. Improved public awareness and healthy active ageing

2. Finding out if its dementia
3. Living well with a dementia
4. Coping with changes
5. End of life

In terms of inpatient care where a person no longer has the capacity to make decisions any decisions including those about treatment and care will be made in the person's best interests.

Dementia is a progressive condition. There needs to be access to the full range of health and social care services including palliative care services. Any advanced plans or expressed wishes will be respected as far as possible. Everyone caring for the person will work together to ensure dignified, safe and comfortable care. Family and carers will be supported throughout this stage including the offer of bereavement support.

### **Memory Service National Accreditation Programme (MSNAP) Royal College of Psychiatrists**

MSNAP is a quality improvement and accreditation network for services that assess, diagnose and treat dementia in the UK. The purpose of MSNAP is to:

- help Memory Services to evaluate themselves against agreed standards.
- award accreditation to services that meet the required level of performance.
- support local clinical and service improvement in line with the standards.
- produce a local report that highlights achievements and areas for improvement.
- produce a national report which allows a local service to compare its performance against other participating services.

The overarching principles of MSNAP are that people living with dementia/suspected dementia have fair access to assessment, care and treatment on the basis of need, irrespective of age, gender, social or cultural background, and are not excluded from services because of their diagnosis, age or co-existing disabilities/medical problems. Also that people living with dementia/suspected dementia and their carers receive

a service that is person-centred and takes into account their unique and changing personal, psychosocial and physical needs.

### **Dementia NICE Guideline 2018**

The Dementia NICE guideline 2018 provides information on assessment, management and support for people living with dementia and their carers. The guidelines recognise that providing care and support is very complex, because of the number of people living with dementia and the variation in the symptoms each person faces. This has led to considerable variation in practice.

### **Bamford Review, 2002**

In October 2002 DHSSPS initiated a major, wide-ranging and independent review of the law, policy and provision affecting people with mental health needs or a learning disability in Northern Ireland. The Review follows similar exercises in England and Scotland.

In October 2009 the Minister for Health, Social Services and Public Safety published 'The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability – Action Plan 2009-2011'.

The Bamford Framework envisages that, with the appropriate development of community based services, the need for admission to hospital will be much reduced and that patients will stay for a much shorter period. This will result in reduction in the number of acute mental health inpatient beds required.

Bamford specifically recommends the siting of assessment and treatment units on a General Hospital site as this permits ready and timely access to the full range of diagnostic and treatment services required for a population with significant levels of co-morbid physical illness.

Dementia patients often require timely access to investigations, medical opinion and potentially admission to acute wards. Transferring patients between sites can be unsettling for patients with dementia, consequently there are advantages in co-locating Psychiatry of Old Age and acute

inpatient services and specifically aligning with hospital care for older people.

These benefits include:

- Enhanced access for patients in acute wards to dementia liaison input. *'Who care wins – improving the outcome for older people admitted to the general hospital – Guideline for the development of liaison mental health services for older people' 2005, Royal College of Psychiatrists*
- Improved access for people in inpatient dementia units to a range of hospital services including diagnosis, acute physicians and geriatrician
- Avoiding or minimising the disruption for patients and staff having to travel long distances to access medical services and wait for transport to return to wards off site.

## Dementia Prevalence

Patients registered with dementia is outlined in the Department of Health Raw Disease Prevalence Northern Ireland 2022, this indicates the following:

|  | SHSCT   | BHSCT   | SEHSCT  | NHSCT   | WHSCT   | Northern Ireland |
|--|---------|---------|---------|---------|---------|------------------|
| Dementia Patients Registered, 31 March 2022      | 2,257   | 2,998   | 2,558   | 2,907   | 2,605   | 13,325           |
| GP Practice List                                 | 428,737 | 440,869 | 336,863 | 478,283 | 334,219 | 2,018,971        |
| Raw Prevalence of Dementia per 1,000 GP Patients | 5.5     | 6.6     | 7.5     | 5.9     | 7.9     | 6.6              |
| Over 65 Population 2022                          | 61,890  | 57,000  | 73,426  | 90,067  | 52,143  | 334,526          |
| 5 Year Population Projections - 2027             | 70,761  | 62,888  | 82,876  | 100,930 | 58,797  | 376,252          |
| 10 Year Population Projections - 2032            | 80,874  | 69,673  | 93,595  | 113,160 | 66,074  | 423,376          |
| % Population Projections by 2032                 | 31%     | 22%     | 27%     | 26%     | 27%     | 26%              |

Source -2018 Mid-Year Population Estimates and Department of Health Raw Disease Prevalence Northern Ireland 2022

- There are 13,325 patients registered with dementia in Northern Ireland.

- SHSCT have 2,257 (17%) patients registered with dementia and the lowest across Northern Ireland Health and Social Care Trusts.
- Department of Health Raw Disease Prevalence Northern Ireland 2022 indicates that SHSCT have experienced a 26% increase in patients registered from 2010 until 2022.
- As noted SHSCT have the lowest registered prevalence of dementia however with population projections this is anticipated to be the highest by 2032.

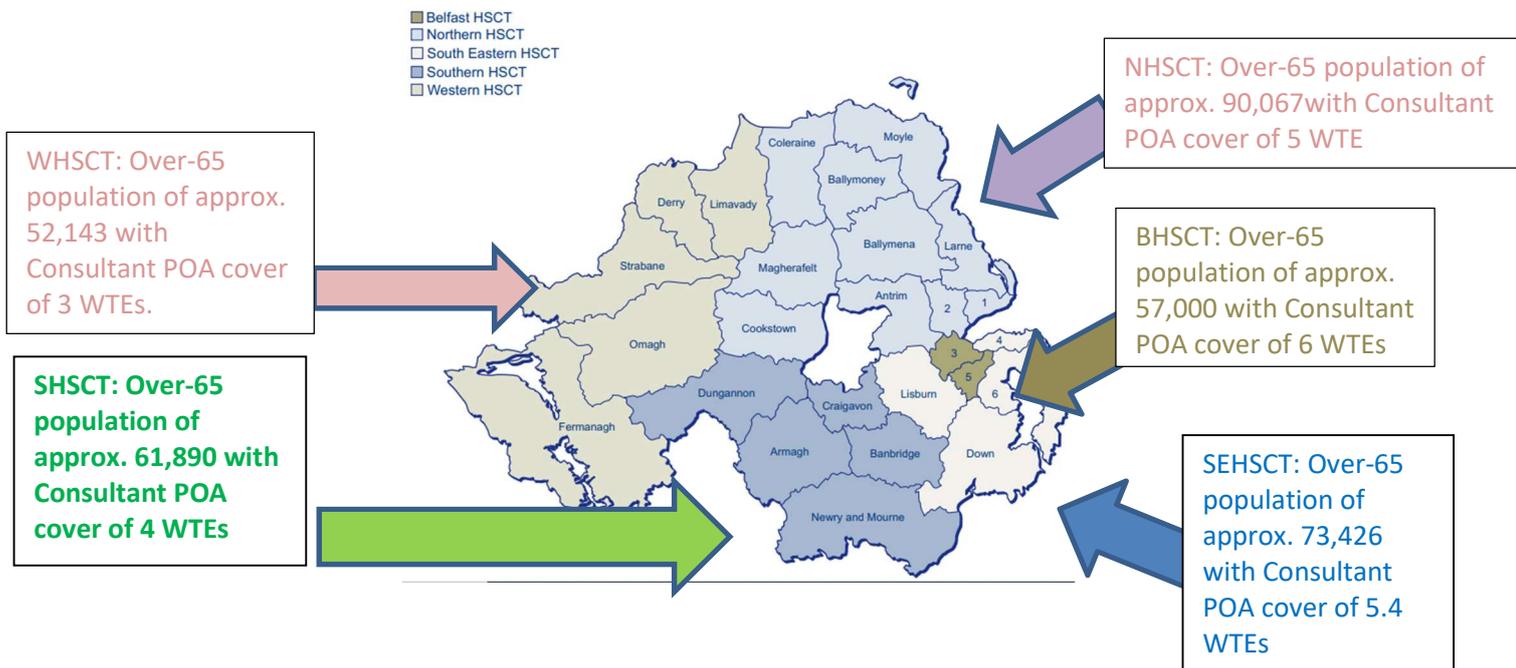
### Consultant Psychiatrist Workforce

According to the Royal College of Psychiatrists Faculty Report (2015) (RCPsych) for the population of the SHSCT, there should be 9 WTE Consultant Psychiatrists of Old Age. This sits against a funded position of 4 WTE Consultants for SHSCT.

Regionally there is a lack of available, suitably trained and experienced workforce for permanent recruitment. There is also a lack of available, suitably trained and experienced locum staff.

### Regional Context – Psychiatry of Old Age (POA) and Memory Staffing

POA and Memory Services are not consistently staffed or delivered across the region.



As referenced, the SHSCT has less Consultant Psychiatry of Old Age provision per capita than the rest of the region, given the current level of vacant posts. In addition, other services have a multi-disciplinary workforce inclusive of Consultant Psychologists and Consultant Geriatricians who are involved in the assessment and diagnosis, whilst the Southern Trust is reliant on Consultant Psychiatrists only for assessment and diagnosis.

### **Recruitment, Retention and Training Challenges**

There are significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age. Instability of the Consultant workforce has been an issue across POA and Memory Services for the past 5 years, with at least one of the four funded posts vacant.

As at 31st March 2022 there was 1 permanent Consultant in Psychiatry of Old Age in place for all of the services detailed above.

As of 31st March 2022 there was no aligned/available Consultant Psychiatry for the 18 bedded Gillis dementia assessment and treatment unit.

The Trust has been proactive in seeking to attract Consultants in Psychiatry of Old Age to join our services, including a recent permanent recruitment campaign.

Recruitment efforts include:

- Psychiatry of Old Age posts were recently advertised, recruitment campaign was unsuccessful.
- There has been regular attempted sourcing of locums.
- SHSCT has attended a recruitment drive at International Congress during June 2022.
- All five Northern Ireland Health and Social Care Trusts have advertised Consultant Psychiatry of Old Age positions over the last 6 months.
- Regional work regarding medical workforce has been raised at Department of Health, Faculty and Northern Ireland Medical and Dental Training Agency on several occasions.

- Further recruitment campaigns are planned.

## **Community Memory Service**

The Trust is currently undertaking a review of Community Memory services as it is recognised that there are many areas of current service delivery which can be improved upon.

It is considered that there is a need to reconfigure the service model for Community Memory services in order to deliver safe, effective and high quality care for all residents with dementia in the SHSCT area.

A number of key issues have been identified with the current service provision, including:

- At present Community Memory services are being provided in the three Trusts localities. It is recognised that there is a need to streamline and harmonise the service to ensure consistent working across all localities.
- A need to work towards agreed standards as set out in MSNAP.
- Increasing demand for Community Memory services.
- A need to strengthen multi-disciplinary working and the key working role.

The service has large community Consultant caseloads and is at present unable to provide a responsive, timely intervention that would significantly impact on inpatient activity. The review of Community Memory services aims to focus on early intervention, education and consultation.

As such it is envisaged that the review of Community Memory Service will enhance provision to support individuals in their own environment at an earlier stage and prevent hospital admission where possible.

The review of Community Memory services will aim to provide enhanced 'wrap-around' care to individuals in nursing/residential homes at the onset of issues in an attempt to prevent further deterioration and potentially the need for hospital admission.

## **Gillis Ward – Standalone Unit**

Gillis was a standalone unit on the St Luke's hospital site looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Over recent years the Trust has faced challenges in maintaining medical cover for the Gillis ward due to wider service changes on the St Luke's hospital site over a period of years.

Due to the issues noted above regarding recruitment and retention of Consultant staff the Trust enacted an interim contingency arrangement to temporarily relocate inpatient dementia beds to the Bluestone unit.

## 6. What the Southern Trust Proposes

The Trust is committed to delivering safe and effective inpatient dementia services. The Trust aims to provide a comprehensive inpatient dementia service that:

- is attractive for potential new staff, with opportunities to develop specialist skills that aids both recruitment and retention in the Southern Health and Social Care Trust (SHSCT)
- will provide improved training opportunities through access to adequate peer support and mentoring for newly appointed Consultants and doctors in training which is essential to ensure the provision of safe, high quality service.
- ensures alignment with other services.
- ensures alignment with national and regional strategic direction.

The Trust plans to relocate the dementia inpatient unit from Gillis ward to new accommodation. No significant changes to the service model are planned. Admission to inpatient dementia beds will continue to be for specialist assessment and treatment of individuals with dementia and complex psychiatric/behavioural difficulties, often with other acute medical problems. The review of Community Memory services is ongoing and aims to provide enhanced 'wrap-around' care to individuals in nursing/residential homes at the onset of issues in an attempt to prevent further deterioration and potentially need for hospital admission.

The Southern Trust took forward a review of inpatient dementia services and established a structure around this process. The aims of the service model were agreed and a number of options for the provision of this service were discussed and analysed. The Trust undertook an option appraisal of all the options available. The outcome of this process identified a preferred option, creation of an inpatient dementia unit within the Bluestone Mental Health unit.

The Trust reviewed the future inpatient bed requirement in terms of recent bed usage and future demand based on increasing dementia prevalence, this has indicated as future need for circa 15 in patient dementia beds.

This is the option that the Trust is consulting on:

**We are proposing the creation of an inpatient dementia unit within the Bluestone Mental Health unit. This option proposes the creation of an inpatient dementia unit either via use of the existing space and through extension of the existing facility.**

Further detail on the appraisal process can be accessed on request to:

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## 7. Why is this the best option?

The key reasons for this recommendation and why it should be located at Bluestone Mental Health unit include:

- It allows for the future provision of inpatient dementia service that are safe, secure and effective providing services that are in the right place, with access to a range of specialist support.
- It is important to have ease of access to a range of professionals within a multi-disciplinary team with expertise in delivery of safe and effective care for patients with mental ill health.
- Enhances opportunities for provision of input from and access to Consultant Psychiatrist for assessment and treatment pathway which is critically important. It is important to maximise opportunities to recruit and retain adequate Consultant staff to deliver the proposed service model.
- Provision of safe and effective care, reflecting current strategic direction and best practice.
- Supports interface from Acute Services, Psychiatry of Old Age and Older People's services.
- Supports an integrated approach to working across community and inpatient settings.
- Provides inpatient beds to meet the future projected demand.
- Provision of an inpatient environment for the care of dementia patients aligning with current recommendations.
- Ability to progress a solution that will comply with Health Building Notes, statutory standards, RQIA standards and recommendations relating to inpatient dementia units. The proposed environment should be dementia friendly and for purpose with private spaces, safe internal and external therapeutic spaces.

## **Potential Implementation**

To deliver this vision the Trust will require investment to provide a dedicated inpatient dementia unit at Bluestone Mental Health unit. Creating a dedicated inpatient dementia unit at Bluestone Mental Health unit will mean the closure and permanent relocation of dementia inpatient beds from the St Luke's Hospital site.

## **Proposals for Alternative Use**

The Trust will continue to consider implementation of the proposed service model and the consequent best use of any vacated accommodation.

## **Management of Change**

In order to manage and mitigate any potential differential impact on existing staff the Trust will adopt a project management approach. As part of this approach a project management group will include Human Resources and Trade Union representative(s) so as to ensure robust, fair and agreed Human Resources processes are in place to manage any future staff changes. The Trust's Management of Change Framework is the main vehicle for effecting change within the Trust.

## **Equality Impact Assessment / Rural Needs Impact Assessment**

An Equality Impact Assessment (EQIA) and Rural Needs Impact Assessment has been prepared by the Southern Health and Social Care Trust (SHSCT) to assess the impact of this proposal.

These documents can be accessed from the Trust's website <https://southerntrust.hscni.net/involving-you/consultations/>

## Appendix 1 - Your chance to have your say – Consultation Questions

The Trust wishes to consult as widely as possible on the proposal. Please use this consultation questionnaire to register your comments by **23<sup>rd</sup> December 2022**.

Section 2 of this document provides additional information on the Trust's communication, consultation and engagement processes and how you can be involved.

### Question 1

Do you agree that for a sustainable and safe service into the future, that inpatient dementia services provided by the Trust need to change?

Yes

No

**If you do not agree, please give your reasons below:**

**Question 2**

Do you agree with the proposal to have an Inpatient Dementia unit on a single site at Bluestone Mental Health unit (as outlined in Section 7 of the consultation document)?

**Yes**

**No**

**If you do not agree, please give your reasons below:**

### Question 3

Do you have any further views on the assessed impact of the proposals and any other potential impacts you feel we should consider?

Yes

No

**If Yes, please include any views below:**

## **Any other Comments**

**Please include any other comments you wish to make on the proposals outlined within this document.**

*Thank you for taking the time to complete*