Continuing Engagement Document

Proposed Changes to Mental Health Services for Older People and Adult Mental Health Rehabilitation Services

Cardiff and Vale University Health Board

March 2017
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SUMMARY

1. **Purpose of the document**: This document sets out proposals to further improve mental health services for older people and the adult mental health rehabilitation services currently located at the Iorwerth Jones Unit. The proposals have been shaped by engagement with partners and stakeholders (including patients, carers and staff). The document is being used to inform the next stage of the engagement process, where we are sharing the feedback from the earlier stage of engagement and setting out how we are responding to the issues raised. The document also sets out the next steps for completing the engagement process and how the proposals would be implemented.

2. **What changes are being proposed?** There are three separate but related changes being proposed to further improve the mental health services for older people and to change the location of adult mental health rehabilitation services as detailed below:

- Relocate the functional mental health for older people inpatient assessment service from wards East 14 and 16 at UHL to the Llanfair Unit at University Hospital Llandough (UHL), and reduce the number of beds overall from 32 to 16 to reflect reducing demand resulting from increasing numbers of people supported at home.
- Relocate the two wards (Coed Y Nant and Coed Y Felin) that provide mental health services for older people (dementia) from Iorwerth Jones to UHL (East 14 and 16), vacated by the function mental health service move to Llanfair Unit.
- Relocate the adult mental health rehabilitation ward from IJ to the Llanfair Unit at UHL to be co-located with the mental health assessment services for older people (that would relocate from East 14 and 16) and the adult mental health services provided in Hafan y Coed.

The rational for the changes, the options considered, and why these are the preferred options are detailed in the document.
1. INTRODUCTION

Cardiff and the Vale University Health Board is one of the largest NHS organisations in the UK, providing healthcare services for the 475,000 people living in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote healthy lifestyles whilst planning and providing healthcare in people’s homes, community facilities and hospitals. In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South Wales, Wales and for some services, the wider UK.

Our mission, Caring for People; Keeping People Well is why we exist as a health board and our vision is that a person’s chance of leading a healthy life is the same wherever they live and whoever they are.

In making this vision a reality, we have been working with staff and people who use our services and partner organisations to shape our strategic direction. At its heart our strategy, Shaping Our Future Wellbeing, has the desire to achieve joined up care based on the ‘home first’ idea, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

In this document we set out some of the specific changes we would like to make to mental health services for older people and adult mental health rehabilitation services in order to address concerns over some of our accommodation and staffing levels, and crucially, to make change that will help us work towards our vision for the services. The catalyst for this relates to previous Health Inspectorate Wales reports relating to the quality of accommodation concerns for older people’s services within the Iorwerth Jones Unit in Llanishen.

The need to look at these specific changes is also being used as an opportunity to further progress the already developing service re-design of the home first strategy which is informed by benchmarking across the UK, which confirms that our model of care for mental health services for older people has not shifted care out of hospital and into the community as quickly as other parts of the UK.

To inform and support this work, we have already sought the views of the patients, carers, staff and the wider community in preparing the proposals in this document. We now want to test back what we have heard, share our response to the issues raised and discuss the proposed way forward.
We are committed to working with our communities and partners to improve health outcomes for everyone, delivering outcomes that matter to people, and would like to thank everyone who has contributed so far and people who contribute to this next phase of engagement. As the UHB takes the next steps we are also looking forward to working with partners and stakeholders to further progress our services.
Mental well-being has been defined by the World Health Organisation as: ‘A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities’. This sits at the heart of our vision for mental health in Cardiff and the Vale of Glamorgan. Our mental health strategic plan is designed to ensure that people will be resilient in life and to life changes, will be prevented from developing a mental illness and where a mental
illness has developed, to promote recovery. It has an all ages, life course approach, and includes both prevention and treatment elements. Therefore our strategy focuses on the needs of people with and without a mental health diagnosis. It acknowledges the roles that primary care, the statutory and third sector play in promoting well-being for service users and carers.

In order to continue to shift the balance of care towards home, there are a number of strategic priorities being taken forward to strengthen the care and support available at home and close to home in the community. These include the following actions.

To strengthen MHSOP primary and community based services by:

- Improving support surrounding diagnosis with the use of people with lived experience mentoring others
- Improving support and decision making closer to GPs and primary care practice
- Improving the availability of day opportunities at or close to the service users and carers home to ensure families are not always separated, and develop memory retention skills support
- Improving support to nursing and residential homes to prevent unnecessary admissions to mental health or physical health services
- Improving support to carers and families through routine support networks and the availability of specialist family psychological support
- Improving capacity and access to specialist community mental health teams such as CMHTs and crisis and home treatment services to prevent unnecessary admission

To strengthen in-patient and community rehabilitation services by:
- Reducing the number of isolated community rehabilitation units where appropriate to support the reduction through repatriation of out of area rehabilitation placements
- Reduce the number of isolated rehabilitation community units where appropriate to improve service user access to community rehabilitation facilities and professional mental health services support.
- Increase the capacity of community rehabilitation services through repatriation of costly out of area private placements and reinvestment.
3. PROGRESS ALREADY MADE TOWARDS OUR STRATEGY

In recent years the health board has worked with local authority and third sector partners, sharing their respective strategies in preparing for and implementing a ‘home first’ principle wherever possible, both based on the UHB ‘Shaping our Future and Well Being’ strategy and the national mental health strategy - ‘Together for Mental Health’. This collaborative approach has been achieved through a multi agency partnership forum, whose agenda is set by third sector and service user organisations.

In 2012, all inpatient older people’s assessment beds were brought together into a brand new purpose built unit at the University Hospital Llandough – this included beds for both functional and organic (dementia) mental health. Additional Welsh Government funding was used to develop services further including:

- **REACT** – Cardiff and Vale services have established the first national crisis resolution and home treatment service for older people. This service has become adept at providing care packages at home to those in social or health crises in order to avoid unnecessary and often harmful admissions. This service has evaluated very positively from a quality and economic perspective.
- **Care Homes Liaison** – these local services to nursing and residential homes enhance the capacity of these homes to care for and treat older people with mental health problems such as dementia.
- **Older people’s district general hospital liaison services (RAID)** – Implemented in 2016/17 to establish a mental health multi-disciplinary team both inside district general hospitals to support the care and treatment of those with dementia, and outside hospital to prevent admission where appropriate.
- **Community Mental Health Team co-location** – In early 2017, all mental health services for older peoples services co-located into a single integrated health and local authority base to enable the implementation of a single point of access. This simplifies the referral process for general practice and others, to allow inter agency management and clinical integration and enables closer clinical contact and clinical pathway efficiencies with in-patient areas.
4. CURRENT SERVICES AND WHY WE NEED FURTHER CHANGE

Services for older people with dementia and functional illnesses in old age
Coed Y Nant and Coed Y Felin are male and female wards in Iorwerth Jones for people with dementia needing extended assessment or continuing healthcare. The two wards are part of a system of in-patient care for people with dementia across Cardiff and the Vale of Glamorgan that includes the five older people’s assessment wards at University Hospital Llandough and St Barucess Ward young onset dementia and continuing health care beds in Barry Hospital.

The Health Board established the Community REACT (Response Enhanced Assessment Crisis and Treatment) service in 2012. This service has the principal aim of providing crisis and home treatment for older adults with functional mental illness (usually over the age of 65) and patients with dementia of any age. The service works to both avoid admission to hospital and facilitate early discharge from hospital. Evaluation of this service has shown that admission has been avoided for 75-80% of patients referred to the service. This reduces the need for beds, and helps shift the balance of care to the community, in line with our ‘home first’ principle.

The above services are for people who need specialist care in looking after their dementia. As the number of people with dementia increases, many people are also admitted to general hospital wards as their immediate needs are to do with their physical health. As a consequence we are enhancing the skills in dementia care of teams in general hospitals looking after this group of patients. We are supporting this through both enhanced training of the general teams, and also through the creation of a clinical in-reach service that supports the care team in dementia care.

In addition there are co-located community mental health teams now based at Llandough hospital run by an interagency team of community staff who aim to support dementia and functionally ill people who have specialist needs in the community for as long as possible.

Services for adult mental health rehabilitation
The Cefn Onn rehabilitation unit at Iorwerth Jones provides recovery focussed rehabilitation for patients of working age with chronic psychotic mental illness, as part of a wider system of rehabilitation services provided across Cardiff and the Vale of Glamorgan. The wider service includes other inpatient facilities at Park Road in Whitchurch, a step down recovery unit in the centre of Cardiff
known as the Phoenix Unit and inpatient services at the new Hafan Y Coed unit in University Hospital Llandough. Rehabilitation services also have specialist community teams to both support community mental health teams’ work as well as support people with chronic and serious mental health needs. In addition there is a significant cohort of service users placed in private placements who require repatriation to local services, including in patient and community services.

The aim of recovery focused rehabilitation is to enable individuals with chronic psychotic illness to develop a life that is meaningful and purposeful and lived at the highest level of independence possible, while living with persistent symptoms of severe psychotic illness. This is achieved through specialist interventions designed to increase skills and confidence in personal, social and occupational functioning and to enhance the individual’s understanding of their illness, enabling the use of coping strategies in response to difficulties.

There is a wealth of evidence demonstrating the success of these services in improving outcomes for people. They also reduce the need for costly placements in specialist mental health units, which are usually some distance from the individual’s community and family.

In the financial year 2014-15 Cardiff and Vale spent in excess of £13.5million on continuing healthcare placements, the majority of which were for recovery focused rehabilitation, with £2.5million spent on hospital based placements alone.

Locally, High Dependency Rehabilitation is provided by the Supported Recovery Unit at University Hospital Llandough. The Cefn Onn Unit at Iorweth Jones provides longer term complex care rehabilitation. Community based rehabilitation in-patient units for patients to step down are provided in Park Road Houses, Whitchurch and the Phoenix Community.

**Why further change is needed**

Over the past two years, the Iorwerth Jones mental health unit in Llanishen, North Cardiff has been subject to routine inspections by Health Inspectorate Wales and Welsh Government. Our own inspections and visits from Cardiff and Vale Community Health Council have also taken place.

In these inspections, concerns have been raised in relation to the physical environment, maintenance and location of the unit to provide care to older people with mental illness. This has always been accompanied by very positive feedback in relation to the quality of direct care provided by the staff.
The Iorwerth Jones Unit was originally built as a local authority residential home, and was transferred to the NHS when the current inpatient services were established. The unit has three in-patient wards:

- Cefn Onn is a long stay rehabilitation ward. This is a mixed sex ward caring mainly for older patients undergoing rehabilitation and has 14 beds.
- Coed Y Nant and Coed Y Felin are male and female wards of 16 beds each, for people with dementia needing extended assessment or continuing healthcare.

Inspections by Welsh Government in December 2014, and by Health Inspectorate Wales in June 2015 both highlighted that:

- The Health Board should review the location and condition of this unit, if it remains in its current location, it will need to be substantially refurbished and upgraded.
- The Health Board should review whether Coed Y Felin and Coed Y Nant wards are appropriate for providing care to patients with dementia given the number of environmental challenges the wards pose on the provision of care.

The Health Board implemented some immediate changes to the environment in the three wards that address some of the concerns raised through the inspections. However, the Health Board accepts that creating a modern care environment appropriate to the needs of people with dementia requires a major refurbishment of the facility, a new build, or re-locating the service to alternative purpose-designed accommodation.

The services provided at the Iorwerth Jones Unit are just a part of the overall picture of how we provide mental health services for older people. As we consider the future of services at the Iorwerth Jones, we are at the same time changing the ways in which we deliver all of our services. Our over-riding principle is for them to be delivered at ‘Home First’ supported by a range of integrated community multi-agency services. This means increasingly our services will be provided in people’s homes, and the need for individuals to be treated in hospital will reduce. This also means that those who do need hospital care will be the people with more highly complex needs.

Our services also need to meet the needs of two distinct groups of older people:
 Older people with functional mental health problems: these are people who may have had mental illness for all of their lives
 People with dementia, which mostly affects people in older age

The main components of our service include:

- Services that keep people well and help them manage mental illness
- Early diagnosis and treatment of dementia through GP practices and Memory services
- Community services that support people at home with functional mental illness, to stay well in the community
  - Primary Care Mental Health and Memory services
  - Navigation Services
  - Day Opportunities in a range of setting
  - Patient and Carer Support Services
  - Community Mental Health Teams
  - Crisis Intervention Teams including REACT
  - Care Home Liaison and Advisor services
- Hospital services for people with acute functional mental health problems, including hospital based rehabilitation
- Hospital based services for people with dementia with complex needs
- Long term/continuing healthcare for people with dementia, provided through independent care home placements

The work that we have done to review our services tells us that we do not have the right balance between caring for people in the community and what we provide in hospitals, when we compare our services with others in the UK.

We have used information from the NHS Benchmarking Network to help us understand this. The Network has 100% membership of Mental Health organisations in the UK and its work on mental health in 2016 involved all mental health trusts in England and Health Boards in Wales, as well as some services in Scotland and Northern Ireland and the Channel Islands.

In this study Cardiff and the Vale UHB has 108 beds per 100,000 of our over 65 year old population in our mental health services for older people. This compares to a UK average of 48, and is the second highest out of the 60 areas in the study. Cardiff and
Vale also has the third highest average length of stay. Cardiff and Vale UHB is also in the lower 25% of organisations in respect of capacity for services for older people in the community.

Overall the benchmarking information tells us that there is more we should be doing to shift the balance of care to a ‘home first’ model. Carers and patients have also told this too – people want to remain living safe at home for as long as possible. We have already started this process through the investment we have made in the REACT (Response Enhanced Advanced Crisis Treatment). This service started in 2012, and our evaluation shows that the support it offers in the community reduces the need for emergency admission in times of crisis by 75-80%. Our plan is to expand this service further, and the consequence will be that we will need fewer in-patient beds at University Hospital Llandough.

As community services are strengthened and become increasingly successful in supporting people in their community, the needs of the smaller number of people requiring in-patient care will become increasingly complex, including the need for support for both their mental health and physical health needs.

The HIW visits demonstrate to us how important it is that the physical environment for caring for older people with mental health problems is modern and meets the specific needs of these older people. It is clear that not all of our buildings currently meet these requirements and that we need take action to make improvements.

We need to ensure that we are developing a centre of excellence around the services we currently provide for mental health at University Hospital Llandough, and that patients in every setting receive the combination of care they need for both their physical and mental health needs.

All of our plans are critical for putting in place services that are able to cope with the future. The number of people with dementia in Cardiff and the Vale of Glamorgan is projected to increase from 4000 in 2010 to 8000 in 2030. The number of people with functional mental illness in patients of 75 and above is projected to increase from 4000 in 2010 to 6000 in 2030. Shifting the balance in our investment from hospital to community services will help more of these people to stay at home.
5. **What engagement has already taken place, what options for change have we considered, and what did you tell us?**

There is a strong history of continuous engagement between the UHB’s mental health clinical board and its partners regarding its service plans.

The mental health service co-chairs the local multi-agency partnership forum alongside the local umbrella organization for local third sector mental health providers and service user and carer organizations. The mental health partnership board was established a number of years ago to deliver the national mental health strategy and is attended by all agencies with a stake in local mental health services including service users and carers and the Community Health Council (CHC). This forum provides the opportunity to take a co-productive approach to designing service change plans. In addition, senior representatives of the mental health service regularly attend meetings with the local CHC to present and test its ongoing service plans in the context of local and national strategy as well as to brief the CHC on matters of day to day importance.

The mental health services routinely shares its integrated annual service plan with mental health strategic partners and attends local fora and groups to access service user and carers opinions on how local services work.

In addition to these arrangements for continuous engagement, during the spring and summer of 2016 we specifically engaged with services users, their carers, staff of the Health Board and community organisations and others with an interest in mental health services for older people, to discuss the future options for all mental health services for older people including services currently provided at the Iorwerth Jones Unit. We undertook 13 community and service based engagement events over a 3 month period where over 200 individuals were engaged with, approximately half being staff and half being service users, carers or third sector provider representatives. These events were held in both Cardiff and the Vale of Glamorgan.

**The following options for change were presented:**

Five options were considered in respect of services for people with dementia, with a further two options relating to services for people undertaking rehabilitation at Iorwerth Jones. These options are as follows:

**Dementia Services at the Iorwerth Jones**
1. Do Nothing
2. Do minimum necessary
3. Transfer both Coed Y Felin and Coed Y Nant directly to two vacant wards in the Llanfair Unit, University Hospital Llandough
4. Vacate separate male and female functional assessment wards (E14 and 16 at Llandough Hospital) to the Llanfair Unit, reducing bed numbers in the process. Transfer Coed Y Felin and Coed Y Nant to East 14 and 16.
5. Commission extended assessment and continuing care beds from the independent sector

Rehabilitation Services at Iorweth Jones

1. Remain at Iorwerth Jones as an isolated community rehabilitation facility (ie do nothing)
2. Transfer rehabilitation beds at Cefn Onn to a merged bed resource in the Hafan Y Coed Rehabilitation ward and the Llanfair vacant unit, both at Llandough Hospital.

There is a need to consider these changes alongside each other, as both services share a stand-alone building, and changing the arrangements for one or other group of patients, will have a direct impact on the way in which the building is able to operate. Another important consideration is to acknowledge the current changes to community services and the likely impact on functional elderly bed numbers in the near future associated with the proposed re-investment in community ‘home first’ services.

A new build was eliminated from the options at an early stage as a consequence of two factors:
- The cost of a new-build facility would be unlikely to be prioritised against other UHB priorities for capital investment
- Given the availability of options within existing facilities, a new build option would be unlikely to gain wider support
A full report of the issues raised during the earlier engagement is available; main issues that people highlighted to us are summarised below, together with our plans for responding to those issues.

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<th>What you told us</th>
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| 1. Carers and staff raised concerns about the travel and transport arrangements to get to and from University Hospital Llandough, particularly public transport. | The Health Board recognises that transport to and from University Hospital Llandough has been a problem for patients and staff. We have worked with the local authority and transport providers, and the following improvements have been made, or are being implemented.  
  - The 95A, 95B and 303/304 now enter the UHL site four pick-up/drop off stops have been created on the site  
  - Buses now run every 15 minutes on weekdays from the City Centre, with onward travel to Penarth and Barry also available  
  - The 303/304 service offers discounted travel for NHS staff  
  The UHB operates a free car share system, and cycle racks are available on the site. A secure cycle compound for staff has been established on Deck 0 of the decked car park.  
  The UHB established a transport working group 2014 that continually reviews the travel, transport and parking requirements of patients, visitors and staff. We will continue to monitor and address the issues as any changes are implemented. |
| 2. Carers and staff were concerned about the availability of parking at the UHL site | Additional car parking spaces were provided with the new Adult Mental Health Unit and the anticipated problems of parking availability have not occurred.  
  Major improvements to parking capacity were introduced when car parking management changes were made up to 2016. Car parking availability can be more difficult at peak times and the situation is being monitored regularly, with plans being considered for the further expansion of car parking on the site (subject to the availability of capital funding and the necessary planning requirements). |
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<td>The RVS sponsored courtesy car continues to operate on site, providing transport for patients, visitors and staff to and from car parks.</td>
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3. **Staff recognised that the Llanfair Unit was designed for mental health care, but that efforts would need to be made to integrate it into the rest of the services, and avoid isolation on the unit.**

   The Health Board has re-located the Community Mental Health Teams for Older People (CMHTs), the Care Home Liaison Team and REACT (Response Enhanced Assessment Crisis and Treatment Service) to the Llanfair Unit. Consultant Psychiatrists are located on site which is substantially improving the access of patients and professionals at UHL to senior medical advice. The services would also be closer to the physical health care services provided in the main hospital.

   Co-location will enable the REACT team to visit the functional ward daily and provide support for earlier discharge.

   With the improvements planned to community services, functional assessment bed numbers can be more flexibly managed according to need at Llanfair.

4. **Carers questioned the quality of care in other venues such as University Hospital Llandough.**

   The wards into which patients with dementia and behaviour challenges would be admitted at UHL are new, modern and purpose built to suit the needs of patients with dementia. Locating all dementia care together will ensure we can provide better support to other services and a smoother pathway for patients when physical health needs are present.

   The Llanfair unit is designed to provide care for people with functional mental illness who require in-patient care. The unit is designed with facilities for male and female patients on each ward. As it is designed for mental healthcare the unit is also better placed to deliver rehabilitation care.

5. **Staff felt that the homely environment at Iorwerth Jones was important for patients**

   The Older Person’s Mental Health wards at UHL into which the two IJ wards would transfer are purpose build, and any additional work required to maintain the homely environment would be undertaken.

   We are also committed, as far as possible, to transferring the existing staff team with the
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<td>6. The importance of the familiarity of staff with individual service users was highlighted. Concern was expressed by families and staff over staff teams being broken up</td>
<td>We fully understand that any move is a potentially distressing time for service users and carers. Individual plans would be prepared with each patient and their carers to ensure the transition to a new facility is managed as smoothly as possible. We can also provide assurance that the staff will be moving with the patients and the aim is to keep teams together wherever possible.</td>
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<td>7. Carers were concerned that there is a lack of local facilities at UHL.</td>
<td>Recent developments at UHL include the creation of the Plaza which accommodates a shop, café with indoor and outdoor seating, cash point, art gallery and a reception. The main UHL site also benefits from multi-faith facilities, Citizen Advice Bureau sessions, a library service and Rookwood Sound which holds concerts and broadcasts from the hospital chapel. Long stay rehabilitation patients at UHL would be supported by Hafan y Coed with arrangements to improve access to recovery opportunities in the local community as well as on site.</td>
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<td>8. Carers were concerned about the lack of Mental Health Services for Older People beds in the Cardiff area</td>
<td>Our overarching priority is to provide services that enable to people to remain in their own homes. We are planning to further invest in services such as REACT, Care Home Liaison, Day Hospital Services, Day Care Respite and other community services to enable this. Our experience of introducing the REACT service has shown that we can both improve care at home, and reduce the need for hospital beds, releasing resources that can be further invested in community services. As we improve and extend our community services, the people who still require a hospital admission are likely to have highly complex needs, and will need access to the specialist multi-disciplinary service, including physical health services, that is available at University Hospital Llandough.</td>
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<td>Continuing Health Care beds will continue to be commissioned from the independent sector and will be available in Cardiff and the Vale of Glamorgan.</td>
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<td>9. Primary care community directors felt that the community model was ‘untested’</td>
<td>For functional patients (those with a diagnosis of severe and enduring mental illness) there is a wealth of published evidence that shows that older adults have better health outcomes if cared for in their own environment as long as care beds are available if they present a significant suicide risk; hospital care for these patients will continue to be available. In addition, there is considerable evidence from the published work of crisis teams that people in crisis recover better if they can be cared for in their own environment. The REACT service, introduced in 2012, has consistently shown that it plays a huge part in avoiding admissions to hospital. The service has got positive feedback both quantitatively and qualitatively from patients and carers; evaluation of the service has shown that 75-80% of referrals for admission avoidance work alone has resulted in positive outcome of admission avoidance, with patients being safely managed in the community.</td>
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<td>10. GPs felt that access to services in MHSOP were currently confusing as there were multiple points of referral.</td>
<td>The co-location of the team bases for the four community teams at UHL will provide a simplified central referral process for GPs and close proximity to the crisis team and the wards to allow for closer multi-disciplinary team working.</td>
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<td>11. Service users were concerned at the safety of mixed sex wards</td>
<td>Mixed sex wards are already part of the service, and provide separate bedrooms and day areas for men and women. This is alongside sensitive gender design, and staffing and skill mix levels that support safe practice. There will be an opportunity through the design phase of the Llanfair unit, to design in gender specific areas for privacy and safety purposes. The current design of the unit allows a separation of patient groups with separate dining and other facilities.</td>
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<td>12. Staff were concerned about potential job losses</td>
<td>The proposed changes would not result in any staff job losses, nor would it impact on banding. Staff will have access to opportunities for new and developing roles in community settings and will have one to one meetings to discuss their options.</td>
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<td>13. Service users and carers were concerned about the need for elderly people to walk up the hill at UHL from the Llanfair unit.</td>
<td>A courtesy shuttle service, run by Royal Voluntary Service volunteers is available to transport patients and visitors around the site if they have mobility problems.</td>
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<td>14. Carers reported experience of poor care for people with dementia and their families in general hospital wards</td>
<td>We acknowledge this as a significant concern of families and carers. The Mental Health Clinical Board is, as a priority, leading discussions with senior clinicians in non-mental health settings to take action to address these concerns. We plan to invest over £600K in enhanced care for patients with cognitive impairment who are in general hospital wards and are looking at what the most effective model for this would be. Of this money £6000 is for teaching and training of staff. The remaining funding will support an enhanced multi-disciplinary Liaison Psychiatry for Older People Service to in-reach into general wards to positively enhance and enrich the experience of patients with dementia their families.</td>
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<td>15. Third sector groups highlighted the importance of joint work between the UHB, Local Authorities, Third and Independent sectors to develop collaborative models within the ‘perfect locality’</td>
<td>The mental health clinical board is continuing to work closely with partners. For example we are planning a workshop in collaboration with LA colleagues to work out an integrated pathway for the ‘dementia journey’ of patients to improve equity, reduce duplication and strengthen inter agency working. We are also actively engaged with a project in partnership with a charity to develop enhanced services for patients and families affected by young onset dementia.</td>
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<td>16. Carers expressed concern that proposals were financially driven</td>
<td>The Mental Health Clinical Board’s cost reduction programme includes savings related to efficiencies gained by vacancy reductions and the subsequent reduction in the use of bank and agency staff.</td>
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### 6. HOW WE HAVE CONSIDERED EQUALITY

A full equality impact assessment (EIA) has been undertaken in respect of these proposals to consider the impact of the changes on people with protected characteristics under the Equality Act. The full document is available.

The key aspects of equality that these proposals will impact on are as follows:

- Providing improvements to the design and layout of in-patient facilities in services for mental health services for older people who also have a physical disability
- Maintaining and improving the environment of care to meet standards of separation of facilities for men and women while in hospital
- The proposed re-location of services will have an impact on carers in that some carers may need to travel further than they currently do to visit. Additionally the move to a more community based model places potential additional responsibilities on carers and families. Section 5 of this document sets out the actions we propose to take to mitigate against these potential negative impacts.

We know that severe and enduring mental health problems disproportionately affect some people with protected characteristics including some Black and Minority Ethnic Groups and people from the Lesbian, Gay, Bisexual and Transgender community. The EIA demonstrates that our proposals do not have a direct impact on these groups.
7. **PREFERRED OPTION**

In arriving at a preferred option, the UHB has considered issues of safety, quality, sustainability, access, equity and strategic fit associated with the options described in this document, and has taken account of the views expressed by patients, carers, staff and interested organisations through engagement.

**Our preferred option**

- Improve the environment of care for older people with dementia, through the re-location of two wards at the Iorwerth Jones Unit in Llanishen to University Hospital Llandough
- Improve the environment of care for older people with functional mental health problems undertaking rehabilitation, through the re-location of one ward in the Iorwerth Jones Unit in Llanishen to the Llanfair Unit at University Hospital Llandough
- Merger of two wards in University Hospital Llandough and transfer to the Llanfair Unit, supported by reinvestment in community services, with an associated reduction in 16 beds.

The table below is designed to provide a summary of our preferred option.

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Location</th>
<th>Proposed Future Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dementia Beds (Male)</strong></td>
<td>Coed Y Nant (16 Beds)</td>
<td>East 14 (16 Beds)</td>
</tr>
<tr>
<td></td>
<td>Iorweth Jones</td>
<td>University Hospital Llandough</td>
</tr>
<tr>
<td><strong>Dementia Beds (Female)</strong></td>
<td>Coed Y Felin (16 Beds)</td>
<td>East 16 (16 Beds)</td>
</tr>
<tr>
<td></td>
<td>Iorweth Jones</td>
<td>University Hospital Llandough</td>
</tr>
<tr>
<td><strong>Working Age Adult Functional Mental Illness Beds (Male)</strong></td>
<td>East 14 (16 Beds)</td>
<td>16 beds, male and female</td>
</tr>
<tr>
<td></td>
<td>University Hospital Llandough</td>
<td>Llanfair Unit</td>
</tr>
<tr>
<td></td>
<td>Main Building</td>
<td></td>
</tr>
<tr>
<td><strong>Working Age Adult Functional Mental Illness Beds (Female)</strong></td>
<td>East 16 (16 Beds)</td>
<td>Increased capacity in community services to support reduced inpatient admissions and shorted length of stay, in line with strategic direction.</td>
</tr>
<tr>
<td></td>
<td>University Hospital Llandough</td>
<td>Main Building</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Functional Mental Illness Rehabilitation Beds</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cefn Onn (10 beds) lowerth Jones</td>
<td>Merged Hafan Y Coed / Vacant unit, Llanfair (14 beds)</td>
</tr>
</tbody>
</table>
8. IS THE PROPOSED WAY FORWARD AFFORDABLE?

Potential savings and reinvestment
We are anticipating that the reduction in functional beds from 32 to 16 will release approximately £0.500m. The services will require an investment of approximately £0.260m to provide sufficient additional capacity in the community to support people in their own homes.

Transfer Costs
The total funding of Mental Health Services for Older People in Cardiff and the Vale of Glamorgan is £13.747m. The dedicated budget for the Iorwerth Jones Unit is £2.871m. Closure and transfer of the unit to the Llandough site would be cost neutral. Facilities cost savings are to be quantified. The estimated cost of undertaking the necessary refurbishment works at Llandough Hospital to enable the changes proposed in this document is £100,000 which would be factored into the UHB capital programme. At the UK level the average cost of providing an NHS in-patient bed for year is £131,267. In comparison the cost of a ‘year of care’ from a community mental team is £2,880. This illustrates that for the cost of providing a single bed, 46 patients can be supported in the community.

Private sector option
The cost of commissioning the care of the 32 continuing healthcare patients at Iorwerth Jones from the independent sector is estimated to be £2.560m. This is based on a higher level cost for complex dementia care in the independent sector, which would be £0.080m per patient per year.

As well as providing a better model of care, the proposed changes will release funding for reinvestment in community services to support the national and local strategic direction of ‘Home First’
9. WHAT WILL HAPPEN TO STAFF?

Implementing our preferred option would require us to undertake a staff change process in full consultation and engagement with staff through a formal ‘Organisational Change Process’ exercise with staff. Our proposals include a reconfiguration that would affect staff in up to a total of six wards.

Taking into account what we have heard during the discussions with patients, carers and staff, our approach to change needs to be underpinned by the following principles:

- The commitment to retain, as far as is possible existing clinical teams, and for those teams to care for their current client group
- Merging of wards would reduce the overall number of clinical staff required in the hospital environment, which would result in the likely elimination of current vacancies across the in-patient system
- Non-clinical staff would be offered re-deployment through opportunities across the health board, if they are not able to be accommodated alongside the clinical teams
- Some staff, with re-training, may wish to join new models of care in the community mental health service
- Where required staff would be re-imbursed for additional travel costs

Experienced staff are highly valued in the Health Board and no redundancies will be required.

10. TELL US WHAT YOU THINK

We have shared with you the issues that people raised during the earlier engagement, and described how we think these can be addressed. See the table in Section 5. We would like to take the opportunity of this extended engagement to ask you:

a) Are the proposed changes in line with the Health Board’s strategy?
b) Have we adequately addressed the issues highlighted in the earlier phases of engagement?
c) Are there any other issues we should consider when the Health Board makes the decision about the proposed changes?