Consultation

Future Location of Dementia Inpatient Care

Consultation from 12th June 2014 until Friday 31st October 2014

HSC Southern Health and Social Care Trust
EXECUTIVE SUMMARY

The vast majority of care for people with dementia is provided in their own homes. The Trust is committed to the ongoing development of community services that provide early intervention, diagnosis, support and care for people with dementia and their families. With these developments in specialist dementia services, community and domiciliary care we have reached a position where no one with dementia is living in long term hospital care.

Where people with dementia require a short period of medical assessment and treatment in hospital because their condition has deteriorated or they need very specialist treatment, this is currently provided in the Gillis Unit in Armagh.

The Gillis Unit is a specialist dementia assessment unit for the population of the Southern Trust. It was designed to provide short stay inpatient assessment. With the development of our Community Dementia Teams most dementia assessment now happens in the community. This means we have to review our dementia inpatient service, ensure it is fit for purpose for the people now using this service, and that it can be safely delivered to modern standards.

The Gillis Unit is on the St Luke’s site and is a stand-alone unit, now geographically isolated from other inpatient health care facilities. Patients cared for here can have very challenging behaviours, as well as complex medical issues.

We are proposing that this Unit is moved to more suitable accommodation on to the acute site at Craigavon Area Hospital, to ensure that patients are cared for in a more suitable environment and have access to all the benefits and support which are only available from an acute hospital. This would ensure that there is the right level of medical support for patients who may have a range of health issues, as well as a diagnosis of dementia.

The increasing range of treatment means that patients with dementia can be well managed in their own familiar surroundings. When
patients with dementia need to be admitted to hospital, the service should be able to treat their physical and mental health needs with the same timely access to top quality care.

**PROPOSAL:**

A new unit providing beds for dementia assessment, designed to the highest standards and with specially trained clinical staff to be developed on the Craigavon Area Hospital site.
1.0 INTRODUCTION

The Trust wants to ensure that we are able to respond appropriately to the needs of people with dementia and their families, recognising individual needs and circumstances and ensuring that when care and a period of admission to a specialist dementia inpatient service is required that this is in the right place, with access to a range of specialist support and the right environment.

The Dementia Strategy for Northern Ireland was launched in 2011 and with it has come a number of recommendations to improve services and service user and carers experiences. The Trust is currently working with commissioners to plan the future delivery of local community and hospital services which will deliver on these recommendations and will continue to engage with local people in developing these plans. This document primarily focuses on one element of the future patient pathway ‘inpatient services’.

What is already clear is that we need to change where and how we provide dementia inpatient services. This document sets out;

- Our current inpatient services and how they are being used
- What issues and challenges we have with these inpatient services and Why this has to change
- What the proposed future service model is
- What will be better after the change

These proposals mean change for current services. We are consulting on these proposals and would welcome your views. 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 20 weeks commencing Thursday 12th June 2014 ending Friday 31st October 2014.
Responses will be accepted up to 4.00 pm on the 31 October 2014

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 e.g. easy-read, electronic version, Braille, computer disc, audiocassette, large font, DAISY, and in other languages to meet the needs of those who are not fluent in English.

2.0 Current Service Model

The vast majority of care for people with dementia is provided in their own homes and community and the Trust is committed to the ongoing development of community services that provide early intervention, diagnosis, support and care for people with dementia and their families. We currently work with carers, families, GPs and the voluntary sector to provide services to people with dementia who live at home, and support people with placements in residential and nursing home placements. With these developments in specialist dementia services, community and domiciliary care we have reached a position where no one with dementia is living in long term hospital care.
Where people with dementia require a short period of medical assessment and treatment in hospital because their condition has deteriorated or they need very specialist treatment, this is currently provided in the Gillis Unit in Armagh.

The Gillis Unit was opened in 2010 as a specialist dementia assessment unit to serve the population living in the Southern Trust area, it was designed to provide short stay inpatient assessment. With the development of our Community Dementia Teams and other new services, the vast majority of dementia assessment now happens in the community, in people's own home and local clinics. This means we have to review our dementia inpatient service, ensure it is fit for purpose for the people now using this service, and that it can be safely delivered to modern standards.

The dementia inpatient service is a Trust wide service provided in the Gillis Ward, Mullinure Hospital on the St Luke’s Hospital Site Armagh. The ward is a mixed sex ward providing 24 dementia inpatient beds primarily for adults over the age of 65 and when required, also for those under 65 who have dementia. The ward is registered as a mental health ward and admissions to the ward also include a number of older people detained under the Mental Health (Northern Ireland) Order 1986 for assessment.

Over the last decade the commissioner has invested in Community Dementia Teams and the Trust has responded to increasing demand for early assessment and treatment by remodelling community dementia services overall and introducing nurse led memory screening and treatment clinics and consultant led diagnosis clinics in the community. and at that time the Trust also closed all dementia long stay hospital beds as part of the regional resettlement strategy which aimed to ensure that no one lived in hospital long term.

The dementia inpatient service is part of a continuum of a care pathway for dementia care. As a result of this enhanced community provision, dementia inpatient services have changed to meet the complex needs of individuals with dementia and associated difficulties, such as agitation
and restlessness, often combined with physical illness. Demand for admission to Gillis reflects these changes. As a result patients admitted to Gillis is now a specialist dementia treatment center providing for three main groups;

1. People with dementia and agitation and or restlessness (often frail and physically unwell)
2. People with dementia who are difficult to maintain safely in their own homes because of behaviours that put them at risk of harming themselves
3. People with dementia in private nursing homes whose behaviours are disruptive and difficult to manage and for whom the home is challenged to effectively meet the individuals' needs.

During the year 1 April 2013 – 31st March 2014 there were a total of 27 patients whose length of stay ranged from 80 – 500 days. Of the total admissions to Gillis in 2013/2014 59 (41%) admissions were from a person’s own home or nursing home, 77 (53%) admissions coming from other Trust acute and non acute hospitals and 9 admissions (6%) from mental health hospitals. Current ward activity also demonstrates that there is a high rate of admission and discharge for patients who require a period of acute medical assessment and diagnosis. In 2013/2014 there were a total of 77 admissions (53%) and 38 discharges (26%) to and from both acute and non acute hospitals.

Evidence from the review of patients cared for in the Gillis Ward also indicates that a small number of patients are remaining much longer in Gillis after being deemed medically fit for discharge because of the lack of suitable places in nursing homes for their more complex needs. There is also a trend of readmissions, demonstrating that in some cases the independent sector is finding it increasingly difficult to meet the complexity of need and challenging behaviours presenting to them within the current service we contract with them for. After a period of admission for treatment into Gillis it is therefore often difficult to find suitable alternative independent sector provision to meet the complexity of needs of this client group and even when alternative placements are found, there are often delays in these becoming available.
The Trust recognises the valuable contribution that independent nursing homes make to the care of people with dementia and their families. In our continuing development of community service provision the Trust will seek to provide additional support to independent sector nursing homes to assist them to develop strategies and skills to manage people with more challenging needs which will help to keep people closer to their original homes, and we will work with the nursing home sector to seek an increase in capacity for people with more complex needs.

Given the above analysis of the changing nature of patients being cared for in the Gillis Unit, ready access to medical expertise for this service is critically important. Currently medical cover is provided on a shared arrangement providing cover to the entire St Luke’s and Longstone Hospital site. Training Grade Doctors provide cover on site every day between 9am and 9pm and medical cover out of hours is provided via on-call from the Craigavon Hospital Site. These Training Grade Doctors are supported by senior medical staff including Consultant Geriatricians who are available weekly and Psychiatry of Old Age Consultants who visit weekly.

3.0 WHY IS THERE A NEED FOR CHANGE?

The needs of people with dementia and the type of services required to best meet these needs continue to change. While the number of people with dementia is increasing, the vast majority of these needs are now met in the community. However the increasing complexity of a small but significant proportion of people with dementia means that we have to provide a small number of specialist hospital beds for short term admissions, with the access to care for their other health needs should they require that. We also need to enhance provision of specialist nursing home places for those with the most complex needs so that their long term care needs can be appropriately met.

This will mean we will have to change the way we provide services now. The key internal and external factors driving this need to change where and how we provide specialist dementia inpatient care include:
The fact that some people currently being admitted to Gillis could have their care needs more appropriately met outside of hospital if the right services were in place

Demographic changes from both the growing numbers of people with dementia and the fact that as people live longer they have more complex medical needs that need to be appropriately looked after alongside their dementia care

Challenges to maintain the current level of medical cover due to wider service changes on the St Luke’s hospital site

Evidence of benefits for patients of co-location of psychiatry of old age and acute inpatient services

Regionally set strategic direction and recommendations

Challenges with the current physical ward environment

Providing the best possible care for those with dementia who require admission to specialist dementia inpatient services for a period of short term assessment and treatment

The overriding need for change come from the Trust aim to ensure that when a period of admission is needed in an inpatient setting, that this is in the right place, with access to staff with the right skills and in a fit-for-purpose environment.

The following sections summarize the main issues driving us to propose changes to our current dementia inpatient services;

3.1 Demographics

Currently there are 2,268 people with dementia in the Southern Trust and this figure is predicted to rise by 47% by 2020. This represents one in 20 people aged 65 and above rising to one in four aged over 85. The risk of developing dementia increases as people grow older. Between June 2012 and 2015 in the southern area there will have been a 21% increase in people with dementia with the largest increase in the population over 85.
Evidence also indicates that there is likely to be an increase in the number of adults aged under 65 with dementia. Reports such as Bamford already recognise that there is a lack of specific provision for this group of individuals and recommends that specific pathways should be developed. The vast majority of those individuals with dementia and their families will receive care and support in the community. Only a small percentage of individuals with dementia will require a short admission to a specialist dementia inpatient service. Most services are already provided in local communities supported by families and carers, voluntary groups and a range of domiciliary care and specialist services.

In addition to this actual demographic growth in demand for dementia health and social care services, evidence from both the Gillis ward and the acute hospitals at Daisy Hill and Craigavon indicate a growing need for acute medical care for people with dementia. As referenced above, from 1 April 2013 – 31st March 2014 there were a total of 77 admissions and 38 discharges between Gillis ward and other Trust acute and non acute hospitals.

3.2 Strategic Direction

The Dementia Strategy for Northern Ireland was developed to provide clear strategic direction in order to improve services for people with dementia and for their carers. Its aim is to provide appropriate support to those within our current population who have dementia and recognise the need to prepare for the challenges that lie ahead associated with the anticipated increases in the number of people with dementia in the future.
The Strategy recognises that some people will still require admission to a mental health or geriatric unit for assessment, but notes that such admissions should be short term with a view to returning the patient to the person’s former home or securing a more suitable placement to meet his or her continuing needs.

A key action outlined within the Strategy is the need for Trusts to review the current bed provision for dementia assessment and harmonise provision across the Trusts, with an emphasis on developing assessment services in the community.

The Bamford Review also made a series of recommendations in relation to services for people with dementia. These recommendations were intended to improve the identification, treatment and care of people with dementia and to give greater support to their carers. Bamford specifically recommends that the siting of assessment and treatment units within a local General Hospital 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 illnesses.

Together, these plans emphasise the importance of the development of community based services and an appropriate range of long-term care placements as part of a comprehensive and effective service that also supports the restructuring of inpatient services.

### 3.3 Future Medical Cover on the St Luke’s Site

The Trust is in the final phase of relocating all remaining mental health inpatient services from the St Luke’s hospital site to the Bluestone site at Craigavon and the resettlement of the remaining long stay patients to community supported living schemes. By September 2014 the Gillis Ward will be the only remaining inpatient unit on the St Luke’s/Longstone site which means that providing medical cover both in and out of hours will be difficult to maintain. While the Trust has plans in place to retain this cover after the other inpatient services on the site are relocated, these plans are not sustainable in the longer term for the following reasons:
• Providing medical cover at all times across 2 hospital sites creates challenges in securing enough junior doctors to cover rotas on both sites and providing appropriate senior medical supervision.

• Providing medical staff for 2 hospital sites will reduce the number of doctors available to complete outpatient clinics and may lead to longer waiting times for patients needing assessment or review.

• Any gaps in medical cover to two sites will have to be filled with locum doctors who may not always be available and are more expensive

• Over the last few years, junior doctor numbers available to the Trust have gradually reduced and this position is likely to continue. This already leaves gaps in the junior doctor rota which the Trust has found difficult to fill.

• The more nights a junior doctor has to cover reduces their availability the next day for them to see patient at outpatient clinics.

• None of the above increases consultant input to Gillis for those patients who are medically unwell.

• The majority of senior medical staff will be based on the Craigavon site and therefore supervision for Junior Doctors on this St Lukes site will become more difficult.

The Trust is aware that evidence of learning drawn from experience in similar services recommends that inpatient wards like Gillis are not left vulnerable and geographically isolated from other psychiatric and medical services when these services are relocated to other sites.

“In any further major capital projects or reprovision, the trust and health community partners must ensure that vulnerable services are not left isolated during the process.” p4, (Sept. 2003) Commission for Health Improvement. Investigation into matters arising from care on Rowan ward, Manchester Mental Health and Social Care Trust.
There are also opportunities to improve the level of medical input for dementia inpatients. The current medical cover arrangement will not comply with the recommendations made by the Faculty of the Psychiatry of Old Age of the Royal College of Psychiatrists for future service models. They have commented that previous common practice of once-weekly consultant input is no longer sufficient to meet the needs of this patient group due to their increasing comorbidities and hence increased medical staff at all levels are required in these environments. In acute assessment areas, regular consultant ward reviews should be held at least twice weekly and additionally the consultant should be available to review urgent cases at any time during the working week. Providing this level of senior cover at a small stand-alone inpatient unit would present significant challenges in ensuring both effectiveness and efficiency.

3.4 Evidence of benefits for patients of co-location of psychiatry of old age and acute inpatient services

Bamford specifically recommends the siting of assessment and treatment units on a local 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 illnesses.

The average age of patients admitted to Gillis ward over the last year was 76 and there is evidence that these patients require timely access to investigations, medical opinion and sometimes admission into acute wards. Evidence also indicates that such transfers from one environment to another can be extremely stressful and unsettling for patients with dementia and that there are real benefits to be achieved from co-locating Psychiatry of Old Age and acute inpatient services and specifically, aligning with hospital care for older people (geriatric care). These benefits include:

- Enhanced access for patients in acute wards to dementia liaison input. ‘Who Cares 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 dementia inpatient units to a range of hospital services including diagnostics, acute physicians and geriatricians
- 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

“Joint geriatric/psychiatric wards are a potential solution to improving care of older patients with both psychiatric and medical illnesses in acute hospitals…. These wards share common characteristics and there is evidence that they may reduce length of stay and be cost-effective,” George, J. et al 2011 PubMed.gov.

3.5 Needs of the Challenging Behaviour Patient

There is an emerging need to develop specific services appropriate to the needs of patients who present with severe challenging behaviours and or acute medical problems. Evidence from Gillis indicates that some patients are staying beyond the average length of stay, after being deemed medically fit for discharge, because of their complex health care needs and or challenging behaviours. This group also require more intensive nursing support which is currently not available in sufficient numbers in private nursing homes to meet demand, and we will have to design a different funding model for this very complex type of care

The Mental Welfare Commission for Scotland (2010) reported that on average 2.5 patients on dementia inpatient wards are there because of delayed discharges at any one time, the main reason for delay being lack of independent provision. The Trust is aware of the lack of appropriate independent sector provision to meet the needs of people with complex health care needs and challenging behaviours and the need for this to be addressed to improve options for care and ensure that the inpatient service is one focussed part of the continuum of care and not the default because nothing else is available.
It is intended to work with commissioners to implement a number of new services for the local area including

- ensuring the availability of appropriate places in private nursing homes that can meet the needs of individuals with challenging behaviours. The Trust is of the view that such places will need to specifically commissioned, procured and funded. Payment rates beyond regional nursing home tariff will be required for this client group however placements need to be flexible and frequently reviewed to ensure that the changing needs of patients can be appropriately met. It is estimated that each individual will only require this high intensity placement for two to three years, when thereafter, their needs are expected to reduce to the point where a regular nursing home placement would be suffice to meet their needs

- developing the capacity of Community teams to provide rapid response to individuals having difficulties either in their own home or private nursing homes. Community teams will provide assessment and treatment, consultation and additional support to families and private homes that aim to maintain the individual in the community. Such support would be available beyond office hours and at weekends. Further investment in community dementia services would be required to achieve this.

### 3.6 Physical Ward Environment

There are clear recommendations on the patient environment for people with dementia which is referenced in both Bamford and the Strategy for Dementia Northern Ireland. Bamford highlighted that physical environments need to be in keeping with requirements of the person with dementia and highlighted the importance of providing single sex provision within dementia wards.

The Trust commissioned a survey by the Dementia Services Development Centre undertaken by the University of Stirling in 2011 on the current patient environment in Gillis and how to make the unit a more
‘dementia friendly environment’. The results of this survey indicated a number of areas for improvement which included:

- Access to safe and secure external areas
- Floor coverings
- Colour schemes
- Way finding
- Signage
- Acoustics
- Access to ensuites
- Toilets and bathrooms
- Personalised bedrooms
- Lighting
- Greater emphasis on 1 to 1 person centred activities

While the Trust has endeavoured to address these improvements as far as possible in the current environment, RQIA inspections of the Gillis Ward in May 2011 and August 2013 highlighted that the structure of the ward was not suitable for the patient population. RQIA did however recognise that staff were endeavouring to incorporate some of the best principles for patient care into an environment that was not structurally and functionally fit for purpose.

It is therefore clear that the physical environment and layout of Gillis is not suitable in the longer term, for the provision of dementia inpatient care.

All of the above factors indicate that to provide more appropriate, high quality dementia care we have to develop a range of services that better meet the needs of some people being admitted to Gillis ward now and that we cannot continue to provide inpatient care at Gillis ward into the future. Our proposals therefore focus on what the proposed future model
of care should be and where dementia inpatient services should be located.

4.0 WHAT IS OUR PROPOSED FUTURE SERVICE MODEL?

The Trust is committed to deliver inpatient dementia services as part of an integrated pathway of dementia care in which our community and hospital based staff work together to deliver the best possible care and treatment for people with dementia. The agreed future model for dementia services will not be age defined but provided on the basis of individual needs, with a person-centred approach and improved interfaces between Older People Services, Psychiatry of Old Age and Acute services, all essential to addressing the fragility and complexity of dementia patients.

4.1 Dementia Inpatient Care

The Trust plans to redesignate the purpose of the Dementia Inpatient Unit to reflect the patients now being admitted to this service and relocate dementia inpatient beds from Gillis to new accommodation that will better meet their needs. Admission to these beds will be for specialist assessment and treatment of individuals with dementia and complex psychiatric/behavioural difficulties, often with other acute medical problems. Admission should be for a period of investigation and treatment for a period of up to a maximum of 8 weeks, with discharge planning to appropriate places in the community or private nursing homes. Community services will be responsible for ensuring that discharges are not delayed because an appropriate place and care package cannot be secured.

The Trust plans to reconfigure its current provision of dementia inpatient care and introduce a multi-disciplinary staff skill mix on the ward delivering person-centred care. Adults will be admitted for a period of assessment to treat any associated psychiatric or medical problem, confirm their level of dementia and the level of care and support required to allow the individual to either return home or to a place in a suitable nursing home. The maximum expected assessment period would be 8 weeks with the multidisciplinary input expected to shorten the
assessment period and average length of stay. Clear referral criteria and patient pathways will be developed.

The specific number of dementia inpatient beds required will be reviewed as part of the local dementia review process that is seeking to work towards achievement of the recommendations of the regional Dementia Strategy. This will include consideration of further enhancements to community services as possible alternatives to admission. If there should be an opportunity to enhance service options and thereby reduce the numbers of inpatient beds from the current 24, this should allow the Trust to review the workforce profile and reinvest resources to contribute towards the development of enhanced:

- Multi-disciplinary inputs to dementia inpatients including Psychology/Behavioural intervention, Pharmacy, Social Work and Allied Health Professionals
- Enhanced community services and development of specialist private nursing home places

4.2 Dementia Community Care

The Trust has already modernised memory services to meet the increasing demand for early assessment and treatment by introducing memory screening clinics and nurse-led treatment clinics. With the support of the Southern Local Commissioning Group the Trust has recently secured additional investment to enhance the current provision of memory clinics for the early identification of dementia and to enhance the current provision of reviews in the community following the initial assessment for all people with dementia. This will assist the Trust to better meet increasing demand and move towards improved compliance with the recommendations of the N.I Dementia strategy. Through the local dementia review process, the need for further enhancement of community dementia services will be addressed through engagement with service users, their carers and staff delivering care. In taking into account the review of inpatient care above and recognising that some people are currently being admitted to Gillis who could have their care needs more appropriately met outside hospital if the right services were
in place, we believe that the following development of community services is a priority:

- A Community Intensive Support Team to provide the key link between the community and inpatient service. This Team will be the first point of contact for all referrals to the in-patient ward and will undertake an assessment in an effort to avoid an in-patient admission. This would usually involve this team providing a period of intensive support when a person is experiencing acute behaviour disturbances associated with their dementia and their behaviour is challenging to the family and/or staff. If admission is still required the team will liaise directly with the ward to arrange the admission.

The Team will also provide additional support post discharge for a minimum of two weeks to ensure the successful transition from inpatient care back to the persons’ own home or to a care home. The Team will maintain regular contact with the family, key worker/home to monitor how the person is settling in to their environment and to support the staff and family in addressing any issues that may arise thereby seeking to reduce the need for re-admission.

- The development of community long term placements for people who have prolonged periods of behavioural disturbances associated with their dementia and their behaviours remain very challenging. This will require a range of strategies including individualised bespoke enhanced tariffs in specialist care homes able to meet this type of need; the need to work with care homes to remodel their existing provision of services and to work closely with its partners to procure community long term places within the independent sector for adults with behaviours which challenge.
Where will dementia inpatient services be located?

The Trust is proposing to relocate the current dementia inpatient service from its current accommodation in the Gillis Unit on the St Luke’s site to a new dementia designed unit on the Craigavon Hospital site.

The move will improve the quality of care and provide accommodation which is an appropriate environment for the care of people with dementia. In reaching this recommendation the Trust completed an option appraisal that took into account best evidence. In summary, the key reasons for proposing to relocate to a new dementia inpatient unit at the CAH site include:

- The opportunity to provide better accommodation which is purpose built and dementia friendly and located alongside other proposed developments for care of older people at the CAH site
- The close proximity to the Bluestone Mental Health Inpatient Unit on the Craigavon site which provides a network of staff expertise in the delivery of care to those patients with mental ill health and promotes the clinical effectiveness of the whole mental health system to enable a consistent approach to service quality and safe service delivery
- Improved access, in terms of location and distance, to a range of hospital services including diagnostics, acute emergency and psychiatry of old age and avoidance of often distressing travel from one hospital site to another.
- The Craigavon Hospital site is the most central location for the majority of the Southern Trust population.
- The creation of better opportunity for integrated team working between older people services, psychiatry of old age and acute services
- Maintaining the service in the Gillis Unit, which will shortly be the only inpatient unit on the site, is not a safe long term option as this will create risks associated with sustaining medical cover and results in inefficient use of public funds
- Improved access to medical staff in hours and out of hours for both psychiatry of old age and geriatrician.
A larger pool of medical staff based and available on the Craigavon Hospital Site will make it more sustainable with greater potential to access existing 24 hours medical rotas on the acute hospital site. Staff will have more time for patient care due to reduced travel between sites.

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

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**Alternative Formats**

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5.1. **Proposals for Service Change**

In summary our proposal is

| To consult on a proposal to relocate the dementia inpatient service to a new unit on the CAH site. |
5.2 What will be better after the change?

- A more appropriate environment for those people with dementia who need to be admitted for a period of inpatient treatment and care.
- An increased range of services in the community for people with dementia including the assessment and treatment of disturbed behaviours and the ability to provide rapid support in the patient’s own home
- An increase in appropriate independent sector provision for people with dementia and challenging behaviours.
- An increase in the capacity of community services to advise and support independent homes in the care of individuals with challenging behaviours
- Improved working arrangements between the dementia inpatient service and enhanced dementia community services
- Easier access to the full range of clinical and professional expertise available on an acute site such as Craigavon Area Hospital
- Frail elderly patients will no longer have to travel across two hospital sites to undergo tests or investigations
- Better senior doctor review and cover and improved 24/7 medical cover
- Co-location with other older persons services which allows for rapid access to a range of skills and expertise for the elderly population
- Enhanced dementia liaison service for people admitted to acute hospital
- Comprehensive multidisciplinary inputs to the inpatient service

5.3 Potential Implementation & Timescales

Following consultation, should a decision be made to re-provide inpatient dementia assessment on the Craigavon Area Hospital site, the Trust will commence plans to implement the necessary changes from 2015/16 subject to business case approval and the availability of capital investments.
These plans aim to develop the operational interfaces between specialist dementia services and acute services. It is also important to recognise that implementing these proposals will require support from HSCB and SLCG to commission independent sector provision for those with challenging behaviours and enhanced community dementia services as described in this paper.

5.4 Proposals for Alternative Use or Disposal of Assets

The preferred option associated with the relocation of the dementia inpatient assessment service to Craigavon Hospital Site would enable the Gillis ward accommodation within Mullinure to be re-designated for alternative use/purpose.

5.5 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) to ensure robust, fair and agreed human resources processes are in place to manage any future staff changes.

5.6 Equality Impact Assessment

An Equality Impact Assessment (EQIA) has been prepared by the Southern Health and Social Care Trust (SHSCT) to assess the impact of this proposal. This document can be accessed from the Trust’s website www.southerntrust.hscni.net/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 31st October 2014.

Section 1.0 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 with the Trust’s proposals to further enhance dementia services in the community?

Yes ☑ No ☐

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

Although research has shown that many of the risk factors behind dementia cannot be modified, there are some ways that risk factors can be reduced, for example by reducing high blood pressure or stopping smoking. The Commissioner hopes that the relocation and improvement of dementia facilities is combined with efforts to encourage lifestyle choices that reduce some of the risk factors of dementia, and to improve awareness of dementia among medical and care staff, and the general public, in the Southern Trust area.

1. DHSSPS Dementia Strategy.
Question 2

Do you agree that the current inpatient dementia assessment service provided from the Gillis Memory Centre in Armagh has to change?

Yes ☑️ No ☐

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

Despite the fact that 2011 data shows the Southern Trust area has the lowest raw prevalence of dementia, dementia is an increasing challenge as the population grows older with the number of people with dementia predicted to rise by 47% by 2020, with one in four aged over 85 projected to develop dementia. Transforming Your Care outlined research that found people with dementia on average stay longer than other patients undergoing the same procedure, and stays in an acute hospital environment can have a detrimental effect on the symptoms of dementia. It is beneficial if services to dementia patients are the best possible, and they have an appropriate level of medical support. This must be accompanied by a commitment to long term support in an appropriate place for those living with dementia.

The Commissioner welcomes the recognition in the consultation documents that many of the patients presently in the Gillis Centre are readmissions from residential homes and the Trust should provide additional support to independent sector homes when they are finding it difficult to provide support to those with complex and challenging needs.

3. Transforming Your Care/DHSSPS Dementia Strategy.
Question 3

Do you agree with the proposed relocation of inpatient dementia assessment beds from the Gillis Memory Centre in Armagh to a new unit on the Craigavon Area Hospital site?

Yes [ ] No [✓]

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

The relocation of the Dementia Inpatient Assessment Centre from the Gillis Unit in Armagh to a new fit for purpose unit on the Craigavon site is only appropriate as long as it continues to honour the proposed standards that the Trust has set for it, i.e. that “patients are cared for in a more suitable environment and have access to all the benefits and support which are only available from an acute hospital.”

This follows the proposals in the Bamford Review that assessment and treatment units be placed on a local General Hospital site with timely access to a full range of diagnostic and treatment services. The Commissioner also notes the issues with providing a supportive physical environment in the Gillis Unit and recognises how a purpose built unit could be better configured. The Dementia Strategy published by the Department of Health, Social Services and Public Safety outlines how important it is that those in hospital with dementia receive “appropriate care” in this setting, and that staff with “high knowledge and skills” will improve dementia treatment.

The proposals in this consultation are broadly consistent with these principles, however how they would be implemented and the resulting impact on older people remains an area of concern for the Commissioner, who is statutorily obligated to safeguard and promote the interests of older people by providing advice and monitoring the progress of implementation.

4. Southern Health and Social Care Trust, ‘Future Location of Dementia Inpatient Care’.
5. The Bamford Review of Mental Health and Learning Disability (Northern Ireland), A Comprehensive Legislative Framework.
Please include any other comments you wish to make on the proposals outlined within this document