

Name of Meeting	Paper Number
Cluster Board Meeting in Public	CB/11/68
Title of Paper	
Future Provision of East Berkshire Mental Health Inpatient Services	
Date of Paper	Date of Meeting
16.09.2011	24.01.2012
Purpose of Paper	
<p>To provide the Board with the necessary information to enable a decision to be made on the future provision of mental health inpatient services for East Berkshire.</p> <p>This includes information gathered as a result of the additional engagement undertaken by NHS Berkshire during the summer and autumn of 2011, and also from the consultation led by Berkshire Healthcare NHS Foundation Trust (BHFT) during 2010.</p>	
Summary	
<p>Mental Health Inpatient Services in East Berkshire are currently provided in three separate sites, in accommodation that is not now of the standard required for the delivery of the specialist care and treatment required by people with a serious mental illness. Local clinicians estimate that approximately 2-3% of people receiving specialist mental health services required admission to hospital, and therefore it should be regarded as a specialist service, required by a very small minority of patients.</p> <p>The Commissioning Statement for Mental Health Inpatient Services for Berkshire, approved in 2011, includes a vision statement aligned with that published by the Sainsbury Centre for Mental Health:</p> <p><i>To offer time-limited safety, support and therapy to people who are too unwell, and present too high a level of risk to themselves or others to be cared for outside hospital. To achieve this by providing a range of therapeutic and other activities in a good quality environment, with the aim of supporting recovery and return to the community as soon as possible</i></p> <p>In order to identify a way forward which achieves this vision for local people, evidence has been provided about the options which were subject to formal consultation, and also subsequent</p>	

engagement activity which enabled the proposal and exploration of a number of alternative options put forward by stakeholders. None of the alternative proposals proved clinically or financially viable, and therefore no further consultation has been recommended.

The paper includes a summary of the decision making process undertaken to date, an outline of the factors to take into account in the decision making process, the results of the engagement and consultation work undertaken and application of the four tests required for the consideration of NHS Service Reconfiguration Projects.

The criteria for making decisions about future provision of mental health inpatient services are set out under the following headings:

1. Clinical Evidence Base

2. Support of Clinical Commissioners

3. Promotion of choice for patients and improved patient experience

4. Engagement of public, patients and local authorities

5. Value for Money

The East Berkshire Clinical Executive Committee (CEC), comprising the leads of each of the 3 Clinical Commissioning Groups in East Berkshire and the NHS Berkshire Executive, has given careful consideration to the preferred way forward. The meeting of the CEC on 14.12.2011 confirmed recommendation of conditional approval of option1 for consideration by the NHS Berkshire Cluster Board. The conditions of approval were specified as follows:

1. The completion of an implementation plan with clear gateways to mark achievement of key targets prior to progression to the next stage. This will be monitored and reported back to CCGs and informed by “stress markers” to assess the effectiveness of community services as the implementation progresses.
2. The establishment of community services to minimise the need for admission to hospital prior to the closure of East Inpatient beds.
3. The phasing of closure of East Berkshire facilities to prioritise Ward 10.
4. The confirmation of detailed plans for transport support in line with the outlines provided to date, funded by the agreed £100k recurrent budget held by Berkshire Healthcare Trust.
5. Completion of feedback to CCGs on patient experience at Prospect Park Hospital.
6. The inclusion of required quality improvement of inpatient services in contractual arrangements, either through CQUIN or quality schedules.

This approach was discussed with the Slough Clinical Commissioning Locality Group (CCG) on 12.01.2012, and support was confirmed.

Progress in meeting these conditions will be reported to the CEC, by the Director of Joint Commissioning for NHS Berkshire, working closely in partnership with a nominated lead of the East Berkshire CCG Federation.

The consequences of this decision for patients is that inpatient accommodation will be provided in future in a purpose built facility, which will provide single bedrooms and ensuite accommodation, with

easy access to outside space – all factors which have been prioritised by patients. Taking forward option 1 enables continued investment in community services, with the emphasis on minimising the requirement for admission for as many people as possible.

However, taking forward option 1 will mean that patients and visitors will need to travel further to access services in Reading. This has been a major cause of concern for stakeholders during the consultation and engagement work undertaken to date. Transport support is therefore an explicit part of the conditions of approval of option 1 as set out above, along with other conditions which provide important safeguards which will ensure that the interests of patients and their families are prioritised during implementation.

A report on the progress achieved in meeting the conditions will be provided to the NHS Cluster Board on 27.03.2012.

Recommendations

<p>The Board is asked to:</p> <p>- Approve the following recommendations.</p>	<ol style="list-style-type: none"> 1. That conditional approval of option 1 is confirmed, in line with the recommendation of East Berkshire CEC. 2. That the conditions of approval agreed by the CEC are endorsed by the Board. 3. That the CEC and East Berkshire CCG Federation receive progress reports on the implementation of conditions in line with agreed timescales 4. That a summary of progress and any further work required is provided to the NHS Berkshire Cluster Board on 27.03.2012
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Has the content of this paper been discussed with GPC leads and if so what was the outcome?

The East Berkshire Clinical Executive Committee was consulted on 13.07.2011 about its preferred approach to the clinical engagement required to inform the decision making process on the future provision of Mental Health Inpatient Services.
 GP Mental Health Leads were involved in the engagement work carried out during summer and autumn of 2011
 Progress reports were provided at subsequent meetings of the CEC and a recommendation of conditional approval of option 1 was approved for consideration by the NHS Berkshire Cluster Board 14.12.2011.
 This approach was approved by the Slough CCG Locality Group on 12.01.2012

The Berkshire West Transitional Executive Group (TEC) was consulted on 16.09.2010	
Financial implications	
<p>The estimated capital cost of new build facility for mental health inpatient services for East Berkshire is in excess of £20m:</p> <p>In 2008 BHFT agreed to absorb the costs of the Private Finance Initiative required for the funding of option 3: development of a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire. This was consistent with funding assumptions made at the time regarding growth in NHS financial allocations.</p> <p>However, following the changed economic circumstances and subsequent reduction in NHS growth forecasts, the Trust was required to meet a forecast £12m gap between the cost of running services and the funding available over a 3 year period. This meant that absorbing the PFI costs was no longer possible.</p> <p>The total revenue impact of option 3 is now estimated at between £2.6 and £3m per annum. This sum would need to be found from achievement of savings in existing mental health service budgets. This presents a risk that patients may not be able to access the current amount and range of services in their own communities, and possibly be more vulnerable to hospital admission or requirement for more specialist treatment.</p> <p>Cost of changes required to Prospect Park Hospital for option 1, consolidation of all Berkshire mental health inpatient beds on the Prospect Park Hospital site, would be approx £5-6m. This capital funding is already available within BHFT budget, having been built up over a number of years, as a one-off sum to support anticipated necessary changes to inpatient services.</p> <p>This option includes community service investment of £350k for older people's mental health services already in progress, and £207k for enhanced community services for people with personality disorder, and an allowance of £100k for support with transport for service users and carers.</p> <p>Full financial appraisal of option 2 (All hospital beds at Prospect Park Hospital except for those for older people - aged 75 years and over - at St Mark's Hospital in Maidenhead) was not taken forward fully due to the inability to provide a clinically appropriate service on this site.</p> <p>During the additional engagement undertaken during summer and autumn of 2011, a number of alternative options were proposed and considered, however, none has emerged as clinically or financially viable through initial analysis.</p>	
Has an Equality Impact Screening been undertaken? If so please attach	
An Equality Impact Assessment (EIA) was undertaken by BHFT in 2010, and is available on the Trust website. The EIA at appendix 8 builds on this assessment, and adds additional information arising from the period of additional engagement conducted in 2011.	
Please list any other committees or groups where this paper has been discussed	
None	
Paper Author	Lead Director
Bev Searle, Director of Joint Commissioning Finance section authorised by Nigel Foster, Deputy Director of Finance, NHS Berkshire and Alex Gild, Director of Finance, BHFT.	Bev Searle, Director of Joint Commissioning

Future Provision of East Berkshire Mental Health Inpatient Services

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Future of East Berkshire Mental Health Inpatient Services

1.0. Background

The current adult inpatient service provision in East Berkshire is:

Ward 10 at Wexham Park Hospital, Slough:	20 general adult beds
Ward 12 at Heatherwood Hospital, Ascot:	25 general adult beds
Charles Ward at St Marks Hospital, Maidenhead:	26 older adult beds

Berkshire Healthcare NHS Foundation Trust (BHFT) is the main NHS provider of mental health services in Berkshire.

Adult inpatient services for Berkshire West are provided at Prospect Park Hospital in Reading, which also includes the Psychiatric Intensive Care Unit (PICU) and specialist Learning Disability Assessment Unit which serve Berkshire as a whole.

Mental health inpatient services for Children and Young People are provided on a Berkshire wide basis and are sited at Wokingham Hospital. These services are outside the scope of these proposals.

It is estimated by local clinicians that approximately 2 -3% of people requiring mental health services from secondary care providers require inpatient admission. Information provided by BHFT about inpatient admissions and total numbers of people receiving mental health services provided by the Trust in East Berkshire are as follows for the period 01.12.2010 – 30.12.2011:

Adults

Total Caseload	5,472
Admissions	279 (to East Berkshire Wards)

Older Adults

Total Caseload	2,489
Admissions	68 (to East Berkshire Wards)

It should be noted that some people will have had more than one admission during this period of time.

3.0 Summary of process to date

The future location of inpatient services for people with mental health problems in East Berkshire has been under review since 2007. The progress of this project has spanned a number of significant changes in the NHS and wider context:

- The introduction of the Health White Paper, and subsequent Health and Social Care Bill, paving the way for the establishment of GP-Led commissioning and closure of Primary Care Trusts in April 2013.
- The establishment of specific requirements associated with NHS Service reconfiguration, introduced by the Secretary of State for Health – often referred to as the four “Lansley Tests”.
- The establishment of PCT clusters as transition organisations prior to formal establishment of Clinical Commissioning Groups subject to the passage of the Health and Social Care Bill.
- Changed economic circumstances leading to a reduction in public spending and review of assumptions informing previous financial planning.

In 2008, the consultation “Right Care, Right Place, Your Say”, was led by Berkshire East Primary Care Trust (PCT) on the future provision of health services in East Berkshire, and a parallel, linked consultation on the future provision of mental health inpatient services was led by BHFT. Following this, the preferred option was to reprovide existing mental health inpatient services in a new build at Upton Hospital, Slough.

“Next Generation Care” was commenced by Berkshire Healthcare NHS Foundation Trust (BHFT) in 2009 – which prompted the review of all services to meet the then current financial constraints, local need and quality requirements.

Public consultation was undertaken between August and November 2010 on 3 options for the future provision of mental health inpatient services:

- Option 1. All hospital beds to be provided from Prospect Park Hospital in Reading resulting in BHFT closing all beds on the current three sites in East Berkshire
- Option 2. All hospital beds at Prospect Park Hospital except for those for older people (aged 75 years and over) which would continue to be provided at St Mark’s Hospital in Maidenhead.
- Option 3. Develop a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire

In January 2011 Berkshire East PCT asked BHFT to progress an Outline Business Case (OBC) for option 1 and issued a joint statement with BHFT stating option 3 was unaffordable and option 2 not clinically appropriate. The statement confirmed that the detail of option 1 would be worked up, including exactly what and where additional community investment can be made and how the transport scheme would work. It was also stated that once this information was known, a final decision would be made. This was anticipated by June 2011.

In April 2011, Slough Health Scrutiny Panel advised BHFT that they wished to complete further work in connection with the earlier public consultation. In response to this, BHFT agreed to postpone consideration of the future of inpatient services in East Berkshire to its July meeting.

In line with the requirement for Primary Care Trusts to join together to establish “Clusters”, Berkshire East Primary Care Trust formed a Cluster with Berkshire West Primary Care Trust in June 2011, and a joint Executive Team was appointed.

During June and July, work was undertaken by senior NHS Berkshire representatives to confirm the position of key stakeholders in preparation for the Board decision making process. In particular, emphasis was placed on the need to effectively address the “four tests” for NHS service redesign proposals required by the Secretary of State for Health:

- Clinical evidence base underpinning the proposals
- Support of the GP commissioners involved
- Promotion of choice for patients
- Engagement of the public, patients and local authorities

A stakeholder briefing was issued by NHS Berkshire and BHFT on 11.07.2011, confirming that an additional period of engagement work would be undertaken as a result of the identification of significant concerns that had been expressed by some stakeholders about the options consulted on, and the lack of consensus about a way forward. It was the intention should new options emerge during this period, that formal consultation would follow.

Activity undertaken during the additional period of engagement was initially informed by the East Berkshire Clinical Executive Committee and included discussions with Unitary Authorities (Council Leaders, Lead Members for Health and Social Care, Directors of Adults Social Services and Health Scrutiny Committees) Health and Wellbeing Boards, LINKs representatives, BHFT Governors, Clinicians and Managers. Detail of this activity is outlined at appendix 7. A number of potential options were proposed by stakeholders, and were considered during the additional engagement period, however none were identified as clinically or financially viable and therefore no additional consultation has been proposed.

A Gateway Review was undertaken in September 2011. This is an independent peer review which is undertaken by a team of experts through the Department of Health in order support effective delivery of NHS service reconfiguration projects. A further Gateway Review is planned for April 2012, as one of the elements of delivery assurance outlined in section 8 of this paper.

4.0. Decision making process

In making a decision about the future provision of East Berkshire Mental Health Inpatient Services, NHS Berkshire Cluster Board Members will need to consider:

- The case for change – with a particular focus on the needs of patients and their families – summarised in section 5.
- The decision making criteria outlined in the Commissioning Statement on Mental Health Inpatient Services approved by the East Berkshire Mental Health Local Implementation Team. The Commissioning Statement is included in full in appendix 1 and the criteria are outlined in section 8.
- The application of the 4 tests required for service reconfiguration by the Secretary of State for Health. Evidence on the application of the tests is included in summary form in section 5, with further detail on each of the tests in appendices 2, 3, 4 and 5.
- Results of consultation and engagement undertaken by Berkshire East Primary Care Trust, Berkshire Healthcare NHS Foundation Trust and NHS Berkshire. These are summarised in section 7.
- Recommendation of the East Berkshire Clinical Executive Committee (CEC) and Berkshire West Transitional Executive Committee (TEC), which is outlined at section 8. Clearly, the future provision of East Berkshire mental health inpatient services is an issue for which the East Berkshire CEC has the lead role, and therefore the greatest weight is given to this recommendation. However, as a result of the potential Berkshire-wide impact of the decision, the Berkshire West TEC view has also been sought and should also be considered in the decision making process.
- Risks and Delivery Assurance, which are outlined in sections 11 and 12 of this paper.
- Equality Impact Assessment, which is included at appendix 8 – this was undertaken by BHFT in 2010 and additional commentary included following completion of the 2011 engagement work.

5.0. Case for Change

5.1. Quality Drivers

The inpatient accommodation at all 3 East Berkshire sites is below an acceptable standard:

- Patients are required to share bedrooms and bathroom facilities
- Older adults with functional illness (for example depression and anxiety) are cared for alongside those with organic illness (for example, types of dementia), which is not in line with national best practice guidance.
- There is limited access to outside space for some patients.
- The facilities are not purpose – built and therefore present a quality of environment below that available to patients admitted to Prospect Park Hospital in Reading.

5.2. Patient and Carer Views

The patient survey undertaken by BHFT in 2010 identified that patients value their own room and easy access to outside space above other factors. (Information from this survey has been incorporated into the service user views section of the Commissioning Statement at appendix 1.) This was underlined during the period of additional engagement when a number of individuals highlighted the feeling of enhanced safety and dignity they associate with single rooms and ensuite facilities.

5.3. Staffing issues

During the additional engagement period, clinicians highlighted the challenges associated with staffing single, isolated wards, and the advantages of a larger “critical mass” of staff which would be available on a single site. This is important in terms of responding safely and effectively to the most unwell patients requiring additional support, being able to provide effective and sustainable cover for staff sickness and annual leave and being able to provide the full range of therapeutic activities and interventions more reliably.

6.0. Application of the four tests for NHS Service Reconfiguration

In May 2010 The Secretary of State for Health introduced a set of four tests that must be applied to reconfiguration proposals before statutory public consultation can begin. As outlined in section 3 above, the process of this project commenced in 2007 and initial consultation was undertaken by BHFT in 2008, with further consultation on the 3 options for future service provision in 2010. The additional engagement undertaken in 2011 did not, in the event, identify any new options for consultation, but information was assembled during this period to ensure that the tests could be met.

Appendices 2, 3, 4 and 5 outline the information that has been taken into account in addressing the four tests and is summarised below as follows:

6.1. Clinical evidence base underpinning the proposals

Information was gathered from a number of sources to address this test:

- A Public Health Review.
- The views of local clinicians gained during discussions with stakeholders and during service visits.
- The Commissioning Statement developed and approved by the East Berkshire Mental Health Local Implementation Team.
- A brief review of similar activity being undertaken in other parts of the country.

Taken together, the information supports the provision of services in a purpose built environment, with achievement of the best clinical outcomes as a result of consolidation of Berkshire inpatient services onto one site, maintaining effective community based services and ensuring that transport support is provided where required to enable contact between patients and families during admissions to hospital.

6.2. Support of the GP commissioners involved

At the outset of the additional period of engagement in 2011, members of the East Berkshire Clinical Executive Committee were asked to specify what good clinical engagement would look like from their point of view. Subsequent activity was shaped by this advice and progress reports provided to the CEC, culminating in the recommendation of conditional approval of option 1 on 14.12.2011, for consideration by NHS Berkshire Cluster Board. This approach was subsequently supported by members of the Slough Clinical Commissioning Locality Group on 12.01.2012.

6.3. Promotion of choice for patients

Department of Health guidance requires consideration of evidence for this test in relation to the following criteria:

- Services should be locally accessible wherever possible and centralised where necessary
- How proposed service reconfiguration affects choice of provider, setting and intervention.
- The quality of proposed services and health inequalities.
- Improvements in the patient experience.

In order to address this test, information has been gathered from National Policy Guidance and service user, clinician and stakeholder views referenced in appendices 1, 2 and 5.

The Clinical Evidence and Support of GP Commissioners Tests conclude that centralisation of inpatient services results in the best clinical outcomes for patients. The conditions of approval of option 1, location of all inpatient services at Prospect Park Hospital, Reading, ensure that patient experience, transport support, community service provision and quality issues are all addressed as part of the implementation planning for this option. The Equality Impact Assessment recommendations will be taken into consideration in project planning and therefore ensure that health inequality issues are addressed effectively.

6.4. Engagement of the public, patients and local authorities.

NHS Chief Executive Sir David Nicholson's reconfiguration guidance to the NHS (Letter from (29 July 2010) requires that evidence is identified in relation to the following:

1. Section 242 of the National Health Service Act 2006 which requires local health organisations to make arrangements in respect of health services, to ensure that users of those services, such as the public, patient and staff are involved in the planning, development, consultation and decision making in respect of the proposals.

BHFT commissioned Dr Foster Intelligence to conduct a Public Consultation in 2010 on the 3 options described in section 7, and also to undertake the analysis of responses. The consultation primarily consisted of a survey and a series of 12 public meetings, which were attended by 150 people, and 777 responses were received to the survey. Two of the meetings were held with staff in affected services. The report of this consultation is available on the BHFT website, along with a patient survey, also conducted in 2010. Discussions were held with patients, staff and other stakeholders as part of the additional engagement undertaken in 2011, which are included in appendix 2.

2. Section 244 of the National Health Service Act 2006 which requires local health organisations (in this case Camden and Islington NHS Foundation Trust – C&I) to request the appropriate Local Authority Health Overview and Scrutiny Committee to review and scrutinise the proposals.

The BHFT Consultation undertaken in 2010 included seeking the views of the Health Scrutiny Panels of the three East Berkshire Councils. The additional period of engagement undertaken by NHS Berkshire also included discussions with all the Health Scrutiny Panel Chairs, followed by meetings with the Royal Borough of Windsor and Maidenhead Health Scrutiny Panel and Slough Borough Council Health Scrutiny Panel. Extracts of the minutes of relevant meetings are included in appendix 6.

3. Relevant equality legislation

BHFT commissioned an Equality Impact Assessment in respect of all 3 options consulted on. The findings in terms of opportunities to promote equality, risks to equality and recommendations for consideration are included at appendix 8, along with further comments derived from the additional engagement undertaken in 2011.

7.0. Results of Consultation and Engagement

7.1. BHFT Consultation

A Public Consultation was commissioned by BHFT and conducted independently by Dr Foster Intelligence in 2010 over a period of 15 weeks and a total of 777 responses were received on the following 3 options:

- Option 1. All hospital beds to be provided from Prospect Park Hospital in Reading resulting in BHFT closing all beds on the current three sites in East Berkshire
- Option 2. All hospital beds at Prospect Park Hospital except for those for older people (aged 75 years and over) which would continue to be provided at St Mark's Hospital in Maidenhead.
- Option 3. Develop a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire

The Trust also engaged with the Overview and Scrutiny Committees, Members of Parliament, local Councillors and other key stakeholders.

There was no overall consensus on the 3 options, with respondents mainly supporting the option that maintained a facility closest to where they lived. This was also the case with the response from the Councils Health Scrutiny Panels, which each confirmed they would support the option that placed the facility closest to their populations:

Slough Borough Council preferred Option 3

Royal Borough of Windsor and Maidenhead preferred Option 2

Bracknell Forest Council preferred Option 1.

BHFT senior clinicians preferred Option 1 on the basis that it represented the best means of achieving quality improvements and the potential to develop a "centre of excellence", while reducing the risk of reductions to community services.

BHFT also commissioned a travel survey of visitors, which was repeated the survey during the consultation period. The Transport survey was also conducted by an external company who interviewed visitors to all wards in East Berkshire on different days and at different times. The findings of the survey were:

- 97% of visitors travel by car to visit patients
- On average, people visit several times a week, with the majority of visits made by people in groups of one or two people who travel an average of 23 minutes to the hospital.
- Patients may not receive visitors for reasons other than transport problems.

The consultation showed that people were very concerned about the transport issues that would be associated with a move of inpatient services to Prospect Park Hospital in Reading. This informed the decision of BHFT to allocate a recurrent sum of £100k to provide support for transport. A transport group was also established to look at ways of providing effective support for patients and their families, which identified a number of options – with the preferred one being the commissioning of community transport providers to provide a flexible service, with the addition of options for petrol cost reimbursement and public transport vouchers if appropriate to individual situations. It should be noted that the conditions of approval of option 1 include the requirement for completion of work on transport support prior to any relocation of East Berkshire inpatient services.

The response of Thames Valley Police to the BHFT Consultation highlighted that ideally, the preference would be for option 3, a new build at Upton Hospital, but if funding could not be guaranteed, then the preference would be for option 1. It should be noted that, in taking forward option 1, work will be required in partnership with Thames Valley Police to ensure effective operation of the Approved Place of Safety. This would not be maintained in East Berkshire with option 1, and therefore patients and police will need to travel further to access this facility at Prospect Park Hospital.

South Central Ambulance Service expressed no fundamental objections to the options, but the service has indicated the need for further discussion to ensure the patient transport service arrangements most appropriate to local need.

The reports of the BHFT commissioned Public Consultation are available on the BHFT website for reference.

7.2. Additional Engagement

Details of the engagement undertaken are included in appendices to this report, and a summary of activity completed at appendix 7.

During the period of additional engagement in summer and autumn of 2011, a number of alternative options were put forward by stakeholders for the provision of mental health inpatient services:

1. Conversion of Wexham Park Hospital
2. Conversion of Upton Hospital
3. Conversion of St Marks Hospital
4. Conversion of Heatherwood Hospital
5. Establishment of an acute inpatient unit in Slough locality to replace Ward 10 at Wexham Park Hospital
6. Commissioning beds from the independent sector in East Berkshire. This option was proposed as a means of possible mitigation of concerns associated with option 1 and not as a stand-alone option.
7. Commissioning beds from neighbouring NHS Providers.

These were discussed by BHFT Clinicians, GP Mental Health Leads, CCG representatives, and other stakeholders, and were also subject to estates and value for money analysis (see section 9). None emerged as clinically or financially viable and therefore no additional consultation has been proposed.

Slough Borough Council Health Scrutiny Panel requested that all the options (both those formally consulted on and those proposed during the additional engagement) be presented to them alongside the following criteria:

- Clinical evidence base
- Support of clinical commissioners
- Promotion of choice for patients and improved patient experience
- Engagement of public, patients and local authorities
- Estates issues
- Value for money
- Accessibility
- Resource capacity and capability
- Viability

This was completed in partnership with BHFT and Berkshire Shared Services and forwarded to the Council on 27.12.11.

8.0. Finance

Information contained within this section has been provided by Berkshire Healthcare NHS Foundation Trust (BHFT) and reviewed by NHS Berkshire Deputy Director of Finance.

8.1. Background

In 2008 BHFT agreed to absorb the cost pressure of the costs of the PFI required for the funding of option 3: development of a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire. This was consistent with funding assumptions made at the time - in 2008 BHFT had forecast +2.3% income growth for 2010/11. However, the actual 2010/11 allocation was 0% growth and in 2011/12 is -1.5% growth.

To meet the NHS funding challenge the Trust was required to forecast a compound efficiency requirement of 4% per annum. This led to a forecast £12m gap between the cost of running services and the funding available over a 3 year period. In light of this the Trust recognised that its ability to absorb the cost pressure of the Upton new build was severely compromised and that choices would need to be made about how funding was deployed to achieve best outcomes for patients.

In 2010 the Trust developed The Next Generation Care programme to respond to the NHS funding constraints identified in 2009. This identifies £12m efficiencies resulting from service redesign and increased productivity, and includes a sum of almost £1.9m which would be achieved through the implementation of option 1, (all hospital beds to be provided from Prospect Park Hospital in Reading resulting in BHFT closing all beds on the current three sites in East Berkshire) should this be approved by commissioners.

8.2. Option 1 – estimated costs of implementation

Cost of changes required to Prospect Park Hospital would be approx £5-6m. This capital funding is already available within BHFT budget, having been built up over a number of years, as a one-off sum to support anticipated necessary changes to inpatient services.

The PFI cost of Prospect Park Hospital is approximately £4m per annum and the contract is for 33 years. There would be a slight increased annual cost of £7 – 800k per annum in this option, depending on the ward configuration. However, as stated above, consolidation on this site would realise a net saving of approx £1.9m per annum.

This option includes community service investment of £350k for older people's mental health services and £207k for enhanced community services for people with personality disorder, and an allowance of £100k for support with transport for service users and carers.

8.3. Option 2 – costs of implementation

Full financial appraisal of this option (All hospital beds at Prospect Park Hospital except for those for older people (aged 75 years and over) at St Mark's Hospital in Maidenhead) was not taken forward fully due to the inability to provide a clinically appropriate service on this site:

- The footprint of existing accommodation in Charles Ward is insufficient to provide the single rooms with en suite facilities that would be the required standard, and expansion of this footprint would have significant knock on impact on other service areas.
- BHFT Clinicians have advised that they would not be in favour of a single small unit in East Berkshire on the St Marks site, if all other inpatient services had been transferred to Prospect Park Hospital.

8.4. Option 3 – costs of implementation

The estimated cost of new build facility is in excess of £20m. This comprises £16.7m capital build cost plus £4.5m land cost required from Berkshire Healthcare Trust cash. The revenue cost impact of the required borrowing would be £2m per annum, with an additional £0.6 – 1m as a result of the need to provide separate accommodation for older people with organic and functional mental health problems, rather than a single ward as is the case currently. The total revenue impact of this option is therefore between £2.6 and £3m per annum.

8.5. Additional Information

Wexham Park Options considered all have approximately the same cost as a new build on the Upton site (option 3) – which has a total revenue impact of £2.6 and £3m per annum as specified above. The current rental cost for space occupied is approximately £820k per annum for the 20 beds which does not include staffing.

9.0. Estates

In response to work undertaken in partnership with stakeholders as part of the additional engagement carried out in the summer and autumn of 2011, NHS Berkshire completed a summary of 10 options for the provision of mental health inpatient services for the residents of Slough, Windsor, Maidenhead, Ascot and Bracknell. This included the original 3 options formally consulted on in 2010, along with a further 7 options proposed by stakeholders (listed above in section 7). Within each option there are sections on “Estates” and “Value for Money” which were completed in association with Berkshire Shared Services working at the direction of NHS Berkshire.

This section sets out the thinking and methodology for the estates section of the options summary, and includes the cost of financing the estates changes in the value for money section.

9.1. New Build – Option 3 in 2010 consultation

Estimates were based on the “Finnamore” report prepared for BHFT in May 2009, which provided an estimate of the numbers of beds required for the East Berkshire population. The estimate was established in some detail following the development of a specification which then enabled the use of Department of Health Building Notes and subsequently Department of Health cost allowances.

9.2. Conversion of Facilities at Prospect Park Hospital – Option 1 in 2010 consultation

This option has been developed with the BSS internal design team (EDTS) and followed the development of the specification and identification of changes needed at the hospital. An average cost per square metre was used to calculate the capital cost requirement.

9.3. Option 2 in 2010 consultation and options 1, 2, 3, 4 and 5 as listed in section 7.

These used the specification developed for the New Build option i.e. single bedrooms, en-suite, modern environment, place of safety (where specified), anti ligature, open spaces for recreation and smoking, full supporting space including interview rooms, dining rooms, lounge areas etc.

Using the specification, each location was considered for suitability and an estimate of space required versus the space available was used to establish the overall square meterage required. An average cost of conversion per square metre was used to calculate the capital required. Option 5, establishment of a stand-alone facility to replace Ward 10 was considered, but discounted as an opportunity as a result of patient safety and financial viability issues.

10.0. Recommendations

In deciding an appropriate means of providing mental health inpatient services for East Berkshire residents, the vision and decision making criteria outlined in the Commissioning Statement at appendix 1, need to be taken into account, alongside the evidence included in the main body of this paper and appendices:

The vision for inpatient services in Berkshire aligns with that proposed by the Sainsbury Centre for Mental Health as follows:

To offer time-limited safety, support and therapy to people who are too unwell, and present too high a level of risk to themselves or others to be cared for outside hospital. To achieve this by providing a range of therapeutic and other activities in a good quality environment, with the aim of supporting recovery and return to the community as soon as possible

10.1. Decision Making Criteria:

1. Clinical Evidence Base

This should be clearly demonstrated, and be supported by the majority of clinicians involved. Service change proposals should represent provision of safe, effective services, where the physical environment promotes good outcomes for patients.

Proposals for change should effectively balance an understanding of current need with demographic change and analysis of the impact of continued development of community based services.

Proposals for change should enable the care pathway to be enhanced, fostering close and collaborative working between inpatient and community services.

Proposals should facilitate compliance with statutory requirements of the Mental Health Act (including arrangements for APOS and Intensive Care provision)

National guidance should be used to inform local proposals, which should describe the extent to which specified standards and criteria will be met.

Proposals should support the achievement of performance and quality targets

2. Support of Clinical Commissioners

Developments should be supported by the majority of the 7 Clinical Commissioning Groups in Berkshire, including their non-GP Members, at the relevant level of federation.

3. Promotion of choice for patients and improved patient experience.

Services should be locally accessible wherever possible and centralised where necessary.

Choice of provider for mental health inpatient care is not at present a NHS policy aim due to the benefits of integration with social care and the operation of the Mental Health Act.

However, proposals for service change should outline the interaction between the proposed service environment and treatment and care provided.

Proposals should also demonstrate how service user and carer experience will be enhanced, as well as mitigation of any adverse impacts. This should include understanding diversity and mitigation of inequalities as well a patient centred approach to care planning, which is informed by individual priorities and service user and carer involvement in service development.

4. Engagement of public, patients and local authorities

Proposals for major change should include required engagement and consultation, the findings of which should inform their development and plans for implementation.

For major service change proposals, review by appropriately qualified external advisors should be undertaken, and recommendations used to refine proposals as required.

5. Value for Money

Financial impacts of proposals should be clearly demonstrated in project documentation or an Outline Business Case as appropriate.

Financial analyses should take into account any differential impacts between Clinical Commissioning Groups and/or be agreed at the appropriate level of “federation” with the Director of Finance for NHS Berkshire, before Board approval.

Proposals should demonstrate effective use of financial and non-financial resources across the range of mental health services provided, and reflect an appropriate balance between community and inpatient services.

Proposals should be affordable across the local health and social care system, taking into account future financial and demand projections.

The East Berkshire Clinical Executive Committee has given careful consideration to the preferred option for the provision of mental health inpatient services and concluded at its meeting on 14.12.2011 that it would recommend conditional approval of option 1 for consideration by the NHS Berkshire Cluster Board.

The conditions that were agreed are as follows:

1. The completion of an implementation plan with clear gateways to mark achievement of key targets prior to progression to the next stage. This will be monitored and reported back to CCGs and informed by “stress markers” to assess the effectiveness of community services as the implementation progresses.
2. The establishment of community services to minimise the need for admission to hospital prior to the closure of East Inpatient beds.
3. The phasing of closure of East Berkshire facilities to prioritise Ward 10.
4. The confirmation of detailed plans for transport support in line with the outlines provided to date, funded by the agreed £100k recurrent budget held by Berkshire Healthcare Trust.
5. Completion of feedback to CCGs on patient experience at Prospect Park Hospital.
6. The inclusion of required quality improvement of inpatient services in contractual arrangements, either through CQUIN or quality schedules.

It is therefore recommended that the NHS Berkshire Board confirm conditional approval of option 1 in line with the preferred approach of the CEC.

11.0. Risks

Project risks have been identified and mitigation confirmed – these are risks common to all projects such as lack of capacity and capability.

There is a risk that, due to concerns from stakeholders on the Board, a decision may be taken to refer the project to the Secretary of State for Review:

It is perceived that concerns from Royal Borough of Windsor and Maidenhead Council (including the Health Scrutiny Panel) have been addressed through the provision of additional information and an opportunity to discuss the strong recommendation of clinicians that the best clinical outcomes for patients will be achieved by proceeding with option 1. The Windsor and Maidenhead Clinical Commissioning Groups confirmed their support for option 1 as the most clinically appropriate and financially viable.

Slough Borough Council has continued to express significant concern about the impact of option 1 on Slough residents during the BHFT Consultation and the additional engagement led by NHS Berkshire. The Task and Finish Group established by the Health Scrutiny panel in 2010 clearly recommended referral to the Secretary of State, should option 1 be approved, which was formally approved by the Health Scrutiny Panel (see appendix 6). However, significant efforts have been made to assure the Committee that their concerns have been understood, and they have been taken into account in the conditions for approval of option 1. Additionally, the Slough CCG was part of the CEC decision to recommend conditional approval of option 1 by the BHS Berkshire Cluster Board, and the Slough CCG Locality Group subsequently approved this approach. Further work will be required in partnership with Slough Borough Council and the CCG to ensure mitigation of any adverse impacts associated with taking forward option 1, which will be taken forward through the Health and Wellbeing Board at which a presentation will be made to this effect on 23.01.2012.

Secretary of State referral may result in the Independent Reconfiguration Panel (IRP) undertaking an initial assessment, which takes approximately 3 – 4 weeks to complete, or a full review which appears to take approximately 5 months (from review of examples published on the IRP website).

Decisions can also be subject to Judicial Review, which needs to be initiated by a “letter of claim”. A judge will make the decision whether permission can be granted to judicially review a decision, considering whether the process of decision making was flawed or the decision itself was irrational.

12.0. Delivery Assurance

12.1. Gateway Review

The Gateway Review undertaken in September 2011 assessed the project overall as amber in terms of delivery confidence. Recommendations of the Gateway Review were previously reported to the Board, and action has been taken to implement them. A further Gateway Review has been planned with the regional Department of Health representative of the Gateway Team to take place in April 2012, to provide assurance of the conditions for approval being met and implementation of project delivery.

12.2. BHFT Outline Business Case (OBC)

The draft OBC on option 1 was completed following the request made by from Berkshire East PCT in January 2011. The draft OBC was not formally considered by either BHFT or PCT Boards as a result of the changes to the original planned process outlined in section 3 above. However, the draft OBC was considered by the Gateway Review Team in September 2011, and amended in light of the recommendations made by the team.

Authorisation for the use of the revised draft OBC as part of the Delivery Assurance of this project was provided by the Chief Executive of BHFT.

12.3. Project Arrangements

Subject to NHS Berkshire Cluster Board agreement to conditional approval of option 1 as described above, a Full Business Case (FBC) will be completed and presented to the BHFT Board. The FBC will include design and associated costs of a recommended configuration of space at Prospect Park Hospital to provide the required inpatient facilities. On approval of the FBC a deed of variation will be signed, if required, with the PFI provider.

Subject to agreement of the recommended conditional approval, the leadership of the project will pass to BHFT from NHS Berkshire – who will be represented on the Project Team by the Director of Joint Commissioning, working closely in partnership with the nominated representative of the East Berkshire CCG Federation.

12.4. Implementation Plan for Conditions of Approval

An Implementation Plan detailing work required to meet the conditions for approval of option 1, all hospital beds to be provided at Prospect Park Hospital, Reading, will be completed in partnership between NHS Berkshire and BHFT. This will be presented on completion to the East Berkshire Clinical Executive Committee and the East Berkshire CCG Federation will receive regular progress reports on the completion of work required to meet the required conditions. The CCG Federation will nominate a representative to work alongside the Director of Joint Commissioning ensuring that conditions are met according to agreed timescales.

It is proposed that a progress report is provided to the NHS Berkshire Cluster Board on 27.03.2012, enabling formal confirmation that the conditions of approval have been met, and any further work required. This report will include the views of the CCG Federation following their assessment of progress against their recommended conditions of approval.

12.5. Clinical Interface Group

In 2011, the East Berkshire Clinical Executive and Berkshire West Transitional Executive Committees both approved the establishment of a Clinical Interface Group along the lines of the established group with the Royal Berkshire Hospital and Berkshire West PCT. This group will provide an ongoing opportunity for joint work on mental health service redesign between GPs and BHFT Clinicians, thus providing a further assurance opportunity for satisfactory progress in terms of both inpatient and community mental health services. Draft terms of reference have been completed and are now subject to final review by the CEC and TEC prior to forwarding to BHFT for review.

Appendix 1.

NHS Berkshire: Mental Health Inpatient Services for Adults: Commissioning Statement. Approved by East Berkshire Mental Health Local Implementation Team, October 2011.

1.0. Introduction

The purpose of this document is to provide a local framework for the future development of mental health inpatient services for adults of working age and older adults in Berkshire. The scope of the statement includes 2 parallel, but linked elements:

- The physical environment in which services are provided

- The model of care provided

Tier 4 medium secure, regional and national specialist services are not included in the scope of the document.

The document also includes criteria for decision making against which options for future development of services will be judged.

National guidance and local planning and consultation documents have been used in the drafting of this document, which has been approved by Local Implementation Teams, Mental Health Leads of Clinical Commissioning Groups and the Clinical Executive Committees in Berkshire.

2.0. Current Provision

Berkshire Healthcare NHS Foundation Trust (BHFT) is the local provider of mental health services – both community and inpatient services. The current adult and older adult acute inpatient service provision is:

Ward 10 at Wexham Park Hospital, Slough:	20 general adult beds
Ward 12 at Heatherwood Hospital, Ascot:	25 general adult beds
Charles Ward at St Marks Hospital, Maidenhead:	26 older adult beds
Prospect Park Hospital, Reading:	
Bluebell Ward	27 general adult beds
Daisy Ward	23 general adult beds
Jasmine Ward	12 older adult (organic) beds
Rowan Ward	20 older adult (functional) beds
Sorrell Ward	12 intensive care beds

It should be noted that the above bed numbers reflect historical arrangements rather than identified allocations based on current estimates of locality need. Although the inpatient wards are linked to geographical areas, flexibility is required in order to effectively meet the needs of the population as a whole.

While Prospect Park Hospital is a purpose built facility for mental health inpatient services, the accommodation provided by the East Berkshire wards is not of the required standard. Work is currently underway to identify a clinically appropriate and cost effective alternative to current provision.

3.0. National Policy Background

3.1. Acute Care Declaration. Published by the Mental Health Network and the Mental Health Development Unit, to be launched November 2011

This widely endorsed publication addresses both hospital and community based approaches, and includes the elements specifically relevant to inpatient care:

- Services which are safe for everyone in a context of positive, considered risk management in the least restrictive settings
- A culture of therapeutic optimism which supports recovery and personal responsibility
- A comprehensive range of well integrated and co-ordinated acute care services and choice of effective treatment and care based on the best available evidence
- A safe, clean, comfortable and welcoming physical inpatient environment
- Appropriate needs led provision for all age groups
- Simple and timely access into and discharge out of inpatient services if care cannot be best delivered at home
- Better mental and physical health and quality of life outcomes; and
- a service which shows respect for people who use acute mental health services and their families and carers; includes them as partners in care and provides support to families, friends and other informal care givers when needed.

3.2. Do the right thing: how to judge a good ward. Ten standards for adult in-patient mental healthcare. Royal College of Psychiatrists. June 2011

This recently published document provides a helpful link between the physical environment in which inpatient services are provided, and the model of care. The ten standards proposed are as follows:

1. Bed occupancy of 85% or less
2. Ward size: 18 maximum
3. Environment offers gender specific bedrooms and toilet facilities, and direct access to external space and a quiet room
4. Daily therapeutic activities
5. Positive risk management policy
6. Information sharing on diagnosis and treatment to inform the care pathway
7. Linking with external community for housing, faith communities, employment, voluntary services, etc.
8. Access to at least one psychological intervention a week
9. Daily one-on-one contact
10. Cultural sensitivity: staff trained in cultural awareness with access to interpreters

3.3. Inpatient Care for Older People within Mental Health Services. Faculty Report. FR/OA/1. Faculty of the Psychiatry of Old Age of the Royal College of Psychiatrists. April 2011

The Faculty recommends that in-patient areas should be separate and dedicated where possible. Current accommodation at Charles Ward does not provide this, and cannot be adapted to provide the separate living spaces recommended by the Faculty for people suffering from dementia and those with functional mental illnesses (primarily depression and anxiety) which was also recommended in previous reports Audit Commission, 2000).

3.4. Mental Health Policy Implementation Guide – Adult Acute Inpatient Services. DH 2002

Although published 9 years ago, as part of the National Service Framework for Mental Health, this document includes some important guidance for the provision of inpatient services. Specific recommendations and priorities described are:

Bed occupancy levels of 85%; safety, dignity and privacy of patients is facilitated; personalised care is provided; diversity is respected and valued; clinical treatment provided is evidence based; there is gender separation – both for sleeping and day time; observation is facilitated; there is good space light and ventilation and access to outside space; activity space on and off ward is provided; safe and accessible storage of personal items is facilitated; there is access to drinks and refreshments; carer involvement and visiting is promoted; there is an effective Care Pathway.

3.5. An Executive Briefing on adult acute inpatient care for people with mental health problems. Sainsbury Centre for Mental Health. 2002

Dating from the same year as the document referenced above, this briefing includes a vision for inpatient care:

To offer time-limited safety, support and therapy to people who are too distressed to be cared for outside hospital in order to improve their mental and physical health and functioning. To achieve this by providing a range of therapeutic and other activities in a good quality environment, with the aim of supporting recovery and return to the community as soon as possible

3.6. Healthcare Commission. Acute inpatient mental health service review. Final Assessment Framework 2008

This document highlights a number of criteria for acute inpatient services as follows:

- Inpatient services are part of a well functioning care pathway for service users in crisis, which ensures appropriate admissions and timely discharge. There are governance mechanisms in place to ensure the effectiveness of the acute care pathway and to promote improvement in acute inpatient care
- Where admission is required, inpatients can access appropriate interventions, which promote social inclusion, address physical health as well as mental health problems, and account for individual needs
- Service users and carers are provided with information about the ward, their care and treatment and are actively involved in planning individual care and in operational and strategic development
- The ward is a safe environment for service users, staff and visitors, there are systems in place to avoid adverse outcomes, and the environment promotes a therapeutic and safe experience.

4.0. Needs Assessment

The National Service Framework for Mental Health provided a framework for development of mental health services over the ten years from 1999. A significant focus of the NSF was on the development of community services – with a major shift away from inpatient treatment for the vast majority of people with mental health problems. The inevitable result of this shift has been a continued national decrease in the proportion of people requiring inpatient care as a % of the total service user population. In addition, the proportion of people compulsorily admitted to hospital as a % of the total inpatient population is continuing to increase.

The impact of demographic changes needs to be taken into account in assessing the need for inpatient services for people with dementia – balancing the increased numbers of people at risk of dementia with the impact of earlier diagnosis and treatment. In addition, there is anecdotal evidence of the economic downturn resulting in some people no longer accessing private health services, and turning to NHS provision, which may increase demand to some extent in some areas.

In 2008, BHFT commissioned an assessment of local mental health need in East Berkshire, and the inpatient facilities that would be needed to meet them. The Finnamore Report (May 2009) identified a range of future mental health bed requirements from 56 – 78 beds. The number required varying as a consequence of consideration of provision and the performance of other local services available to support people with mental health needs and also improvements in performance arising from recommended service model and delivery changes. The requirements also made an allowance for the unknown, unmet need arising from Slough's "hidden" population. Subsequently, the report was reviewed by the BHFT Project Board and, guided by its recommendations, the future inpatient provision for East Berkshire was identified as 64 beds (44 general adult and 20 for older people)

The Joint Strategic Needs Assessment (JSNA) provides the local framework for identification of health needs of the local population, and is used to inform annual Operating Plans of Primary Care Trusts, along with national guidance. The current Operating Plans of Berkshire East and Berkshire West PCT (now combined as the NHS Berkshire Cluster) highlight the substantial increase in long term conditions to 2019 and their associated mild to moderate mental health problems. In addition, an aging population will result in an increased prevalence of dementia. In both PCT areas, investment in dementia services is prioritised in order to reduce length of stay and unnecessary hospital admission.

In common with other parts of the country, the vast majority of mental health service provision in Berkshire is community based, and delivered in partnership with Local Authorities, who share responsibility for commissioning and providing mental health services with the NHS. Based on analysis of local need, the Commissioning Strategies of our partner Councils emphasise the importance of:

- Reduced reliance on acute hospital provision, and continued development of home treatment, including extra care sheltered housing for people with dementia.
- Commissioning personalised services and the use of Direct Payments.
- Access to timely advice and information and support for carers.
- Promotion of Social Inclusion independence and enablement.
- Mental health promotion and prevention of ill health.

Although rates of mental illness across Berkshire as a whole are comparatively low, there are some important local variations:

Slough and Reading Borough Council areas have a relatively young population in comparison to the other Unitary Authority areas in Berkshire, but there are higher rates of deprivation, health inequality and diversity. One third of the Slough population was born outside the UK and there are over 50 different languages spoken as a first language.

Bracknell Forest and Wokingham Borough Councils, the Royal Borough of Windsor and Maidenhead and West Berkshire Council areas have relatively low levels of deprivation, but still experience health inequalities. The populations of these council areas tend to be older – with West Berkshire experiencing the highest rate of projected growth in the population aged over 85. This has a significant impact in terms of the need for dementia services

5.0. Clinical Evidence

A review of the clinical evidence relating to Mental Health Inpatient Services was undertaken in July 2011 by the East Berkshire Public Health team at NHS Berkshire. The key points identified are as follows:

- Emphasis is on the provision of treatment in patient's own homes as far as possible, to achieve the best outcomes. This includes patients of all ages.
- Provision of single bedrooms with en-suite facilities is the optimum environment for inpatient services, ensuring patients are treated with respect and dignity.
- Consideration of travelling distance should be included in decision making about service provision.
- The physical environment is an important component of treatment and a poor environment can have a detrimental impact on patients.
- Access to evidence based interventions, provided by a well trained workforce - helping people to move into a more socially included way of life on discharge from hospital.

Also, a brief review of development plans currently in progress in other parts of the country was undertaken, to identify issues in common and potential learning points:

- Future plans in Lancashire have identified the need for more personalised support, and a network of community and hospital based services. The “specialist” nature of inpatient care is highlighted and a reduced number of inpatient sites is planned to correspond with reduced demand, and increased provision of community services. Evidence and independent review supports improved outcomes for people receiving treatment in community settings. The impact of increased community service investment has resulted in reduction in the original estimate of inpatient service need.

- Manchester services have planned to consolidate onto 2 sites, following consultation in 2010. The objectives were to provide same sex accommodation, improved staff response as a result of the physical environment and improved user and carer experience.
- Central and North West London Foundation Trust has experienced reduced demand in need for inpatient services for older adults, with the development of community services. This has identified an inpatient service requirement 60% less than existing provision. The aim is to provide a single centre of excellence for older people on one site rather than the existing 2 sites.

In addition, a meeting was held in August 2011 with senior clinicians from BHFT (Consultants for both older adult and adults of working age services) and the three GP Mental Health Leads for Berkshire, along with senior managers of BHFT and PCT Commissioners. The BHFT Clinicians strongly supported consolidation of inpatient services on a single site in order to achieve the best clinical outcomes for patients. Their experience of the increased provision of community services is that requirement for inpatient services is reducing, in line with other areas of the country (see above). Clinicians recognise the need for locally accessible services – but see inpatient provision as a specialist function, for a small minority of patients (approximately 2% of adults of working age receiving support from Community Mental Health Teams, and the total number of patients of all ages requiring inpatient treatment at any one time equates to approximately 20 from each of the East Berkshire Council areas).

BHFT clinicians confirmed their view that better outcomes would be achieved for patients if they were treated in an environment which enabled access to outside space, provided single bedrooms, enabled flexible and sustainable staffing and provided access to therapeutic activity throughout the week.

There is some variation between localities in terms of both rates of admission and average length of stay and numbers of delays to discharge which merits further work, to ensure that all areas are providing the same quality of provision and effectiveness of their use of resources.

It is recognised that there will be an ongoing requirement for services which meet the needs of people with a dual diagnosis – which may be co-existing mental health and substance misuse problems or people with mental health problems alongside a learning disability. Further work is needed to ensure that there is an appropriate range of options for people with mental health and substance misuse problems requiring detoxification according to their individual need, including community based alternatives.

6.0 Service user views

5.1. BHFT Patient Survey 2010

This highlights some of the factors which are prioritised by people using inpatient services. Responses were received from 80 patients who had been an inpatient during the 2 years prior to the survey. Of those people who provided a response to the specified questions:

- 93% consider that private facilities are either a good / very good idea
- 86% consider that having outside space is either a good / very good idea
- East Berkshire service users rate private facilities and outside space higher still
- There is significant support for all of the possible patient grouping methods
- The most popular grouping of patients is by age
- Same sex separation is almost twice as popular with females as males
- Only four responses were received from BME service users and this is considered to be too small a sample from which to draw conclusions

5.2. Berkshire Healthcare Trust Public Consultation 2010

This consultation was undertaken by Dr Foster Intelligence for 3 months from August 2010 on three possible options for the future provision of inpatient services for people from East Berkshire. The consultation report is available on the BHFT website. 12 public meetings were held, which included over 150 participants and 777 responses to a survey were received. A significant number of respondents to the survey were service users or carers: 41% of the respondents stated that they were either service users or carers or have a disability. 12% represented a community or interest group and 31% worked for the NHS.

However, the consultation participants' responses did not result in a strong preference for any one option, and were strongly related to the area in which people lived. In addition, it was not possible to determine a preference for investment in community or inpatient services from the survey, as respondents supported investment in both areas, with neither emerging as a priority over the other, based on the questions asked. 93% of respondents stated that they "agree or strongly agree" with the Trust investing NHS funds to maintain and improve community services for people with mental health needs. 87% of respondents stated that they "agree or strongly agree" with investing to improve inpatient facilities.

The consultation also included a section on respondents views about the criteria on which a decision about inpatient service options should be based. The results are summarised in the table below:

	1 st choice	2 nd choice	3 rd choice	Not ranked
Maximise benefits to majority of service users	43%	24%	14%	19%
Clinical/quality evidence base	32%	28%	15%	25%
Support of GPs	11%	11%	20%	58%
Meet quality and financial regulators requirements	5%	11%	19%	65%
Value for money for taxpayer	4%	10%	19%	67%

Although 2 of the criteria included a significant number of "not ranked" responses, a large number of respondents ranked the benefits to the majority of service users, and the clinical/quality evidence base as their first choice. This has been reflected in the criteria for inpatient service development below.

5.3. Patient Choice

Significant developments have taken place in the promotion of choice in health and social care services in recent years, primarily in terms of planned or elective inpatient services. The vast majority of mental health acute admissions are not planned, and tend to be associated with management of risk presented to an individual as a result of their mental ill health. Therefore, the focus needs to be on the continued development of individualised care planning, a patient-centred approach to treatment, reflecting the priorities of the individual and patient and carer involvement in acute inpatient service development.

6.0. Psychiatric Intensive Care

Psychiatric Intensive Care is for patients compulsorily detained under the Mental Health Act, usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder. This is required for a small minority of people suffering from mental health problems. There is one Psychiatric Intensive Care Unit (PICU) serving Berkshire, located at Prospect Park Hospital. Patients requiring transfer from acute inpatient wards in East Berkshire therefore have to travel to Reading from either

Wexham Park or Heatherwood Hospital, with appropriate support, which can present a significant challenge to the patient and their families, as well as to staff supporting the transfer.

7.0. Approved Place of Safety (APOS)

Part of the Mental Health Act (section 136) details the arrangements for removing a mentally ill person from a public place to a place of safety. A place of safety could be a hospital or a police station, but the latter should only be used in exceptional circumstances. Taking someone to an APOS enables that person to be assessed by a doctor and interviewed by an approved mental health professional, which may then result in a compulsory admission to an acute inpatient ward. There is an APOS at Prospect Park Hospital and Wexham Park Hospital.

8.0. Financial Considerations

Reflecting the relatively low levels of deprivation in Berkshire, funding available to the PCTs is amongst the lowest in the country. All organisations commissioning and/or providing mental health services are facing significant funding constraints which mean that work is required to ensure that resources are used to achieve the maximum impact in terms of positive outcomes for service users. Any proposals for changes to inpatient services need to take into account the balance of investment required for community service provision which provides the major means for reduction of avoidable admission to hospital.

Next Generation Care is the BHFT plan to achieve the continued provision of quality services in response to need within available resources – and it includes the achievement of a saving of £12m over the three years 2011/12 – 2013/14.

9.0. Conclusions: Vision and Criteria for Development of Mental Health Inpatient Services

The vision for inpatient services in Berkshire aligns with that proposed by the Sainsbury Centre for Mental Health as follows:

To offer time-limited safety, support and therapy to people who are too unwell, and present too high a level of risk to themselves or others to be cared for outside hospital. To achieve this by providing a range of therapeutic and other activities in a good quality environment, with the aim of supporting recovery and return to the community as soon as possible

The following criteria have been informed by the information contained in sections 3 – 7 above, and organised under headings which describe the Lansley criteria for major NHS Service change as follows:

1. Clinical Evidence Base

This should be clearly demonstrated, and be supported by the majority of clinicians involved.

Service change proposals should represent provision of safe, effective services, where the physical environment promotes good outcomes for patients.

Proposals for change should effectively balance an understanding of current need with demographic change and analysis of the impact of continued development of community based services.

Proposals for change should enable the care pathway to be enhanced, fostering close and collaborative working between inpatient and community services.

Proposals should facilitate compliance with statutory requirements of the Mental Health Act (including arrangements for APOS and Intensive Care provision)

National guidance should be used to inform local proposals, which should describe the extent to which specified standards and criteria will be met.

Proposals should support the achievement of performance and quality targets

2. Support of Clinical Commissioners

Developments should be supported by the majority of the 7 Clinical Commissioning Groups in Berkshire, including their non-GP Members, at the relevant level of federation.

3. Promotion of choice for patients and improved patient experience.

Services should be locally accessible wherever possible and centralised where necessary.

Choice of provider for mental health inpatient care is not at present a NHS policy aim due to the benefits of integration with social care and the operation of the Mental Health Act. However, proposals for service change should outline the interaction between the proposed service environment and treatment and care provided.

Proposals should also demonstrate how service user and carer experience will be enhanced, as well as mitigation of any adverse impacts. This should include understanding diversity and mitigation of inequalities as well a patient centred approach to care planning, which is informed by individual priorities and service user and carer involvement in service development.

4. Engagement of public, patients and local authorities

Proposals for major change should include required engagement and consultation, the findings of which should inform their development and plans for implementation.

For major service change proposals, review by appropriately qualified external advisors should be undertaken, and recommendations used to refine proposals as required.

5. Value for Money

Financial impacts of proposals should be clearly demonstrated in project documentation or an Outline Business Case as appropriate.

Financial analyses should take into account any differential impacts between Clinical Commissioning Groups and/or be agreed at the appropriate level of "federation" with the Director of Finance for NHS Berkshire, before Board approval.

Proposals should demonstrate effective use of financial and non-financial resources across the range of mental health services provided, and reflect an appropriate balance between community and inpatient services.

Proposals should be affordable across the local health and social care system, taking into account future financial and demand projections.

Bev Searle, Director of Joint Commissioning, NHS Berkshire

Appendix 2

Test No. 1: The Clinical Evidence Base

Application of the clinical evidence base test should be informed by the Department of Health guidance on the application of the Secretary of State's four tests. (Gateway reference: 14543.29.07.2010)

"In meeting the clinical evidence test, local commissioners will need to consider both the strength of the clinical evidence and the support from senior clinicians whose services will be affected by the reconfiguration. It will be for commissioners and their provider partners to determine the specific composition of the clinical body to engage, though this should include representatives from across the patient pathway and from different relevant clinical specialties. It is recommended that clinicians should lead in gathering this evidence, considering current services and how they fit with the latest developments in clinical practice, and current and future needs of patients."

1.0. Method

A number of information sources have been used in the application of this test:

- A Public Health Review.
- The views of local clinicians gained during discussions with stakeholders and during service visits.
- The Commissioning Statement developed and approved by the East Berkshire Mental Health Local Implementation Team.
- A brief review of similar activity being undertaken in other parts of the country.

2.0. NHS Berkshire Public Health Review

A review of the clinical evidence relating to Mental Health Inpatient Services was undertaken by the Public Health team at NHS Berkshire in June 2011, and a report provided to the Director of Joint Commissioning. The key points identified are as follows:

- Emphasis is on the provision of treatment in patient's own homes as far as possible, to achieve the best outcomes. This includes patients of all ages.
- Provision of single bedrooms with en-suite facilities is the optimum environment for inpatient services, ensuring patients are treated with respect and dignity.
- Consideration of travelling distance should be included in decision making about service provision.
- The physical environment is an important component of treatment and a poor environment can have a detrimental impact on patients.

3.0. Commissioning Statement

In order to inform effective decision making, and enhance stakeholder involvement in determination of future provision of inpatient services for East Berkshire, a commissioning statement was developed by members of the East Berkshire Mental Health Local Implementation Team (LIT) and formally approved by the group as a whole. This work included the GP MH Leads for Berkshire, BHFT Clinical Director, BHFT Learning Disability Lead, NHS Berkshire Commissioners and representatives of all three Unitary Authorities in East Berkshire.

The Commissioning Statement (appendix 1) draws on relevant clinical guidance to inform decision making criteria regarding mental health inpatient services.

4.0. Views of Local Clinicians

A number of meetings were held during the additional engagement period, to provide stakeholders with an opportunity to discuss the evidence for and against the various options under consideration in terms of clinical outcomes:

A meeting was held on 10.08.2011 with senior clinicians from BHFT (Consultants for both older adult and adults of working age services, and Clinical Director) and the three GP Mental Health Leads for Berkshire, along with senior managers of BHFT and PCT Commissioners. The BHFT Clinicians strongly supported consolidation of inpatient services on a single site in order to achieve the best clinical outcomes for patients. Their experience of the increased provision of community services is that requirement for inpatient services is reducing, in line with other areas of the country. BHFT clinicians confirmed their view that better outcomes would be achieved for patients if they were treated in an environment which enabled access to outside space, provided single bedrooms, enabled flexible and sustainable staffing and provided access to therapeutic activity throughout the week.

BHFT Clinicians recognise the need for locally accessible services – but see inpatient provision as a specialist function, for a small minority of patients:

Approximately 2% of adults of working age receiving support from Community Mental Health Teams, and the total number of patients of all ages requiring inpatient treatment at any one time equates to approximately 20 - 25 from each of the East Berkshire Council areas.

Representatives of the Slough Clinical Commissioning Group (CCG), Berkshire Shared Services (BSS), NHS Berkshire met with BHFT Clinicians on 17.10.2011 to consider the potential viability of a “stand alone” unit in Slough. BSS and BHFT had been asked by the CCG to look at the potential for an adult inpatient service for to be established in Slough, given the concerns expressed about access to Reading for local patients and their families. Clinicians were clear that this would not meet the needs of people requiring inpatient services, because of the adverse impact of the security necessary for patients at risk of harming themselves in a small unit, the need for the full range of therapeutic activity to be offered – which would be a challenge for the necessarily small staff group working with a unit equivalent to a single ward, and the relative cost of service provision which would impact on availability of community services. BHFT clinicians agreed to give further consideration to the potential provision of a “hub and spoke” style service, which could facilitate local access, while establishing Prospect Park Hospital as the central hub for people with the most acute illness. A report was subsequently provided by the BHFT Medical Director, which concluded that this was not a clinically appropriate option.

Slough LINK representatives, Consultant Psychiatrists for Adults and Older Adults for Slough, BHFT Clinical Director and Director of Joint Commissioning met on 14.11.2011 to consider the clinical implications of proposals for MH Inpatient Services developed from a meeting of local stakeholders hosted by the Slough LINK. Clinicians confirmed the requirement for a purpose built unit in order to achieve optimum clinical outcomes.

5.0. Service Visits

A number of visits to adult inpatient services were carried out during the additional engagement period. These provided an opportunity to seek views from patients and carers (reported in appendices 3 and 4), as well as nursing staff.

Visits to older adults wards in East and West Berkshire were not carried out due to the consensus achieved relatively early in the additional engagement process that transfer to Prospect Park Hospital was the most clinically appropriate option.

Visits to Ward 10 at Wexham Park Hospital were carried out by the MH Lead GP for Slough, the Director of Joint Commissioning and members of the PCT Commissioning, Contracting and Quality Teams. The key points from the discussions with nursing staff during these visits were:

- The importance of the physical environment in terms of quality, dignity and safety issues, which present a significant challenge at Ward 10. This includes the requirement for staff escorts for patients when they wish to access outside space, the shared bedroom accommodation (both male and female areas include areas where up to 4 people share a room)
- The link between quality of environment and care provided. One visit in particular highlighted concerns about quality of nursing care, which have been actively followed up by the PCT and BHFT. This clearly illustrated the importance of a good quality environment for recruitment and retention of high quality staff, and the maintenance of motivation to provide optimum quality service.
- The number of staff able to respond to calls for urgent assistance as a result of the ward being an isolated unit.
- The difficulties presented as a result of the distance to the Intensive Care Ward at Prospect Park Hospital when the most unwell patients require transfer.

The staff confirmed that they believed that nursing patients in purpose built environments with single rooms and ensuite facilities was the required quality standard for patients.

A visit to Bluebell and Daisy Wards at Prospect Park Hospital, Reading was also carried out by the Director of Joint Commissioning, NHS Berkshire. Nursing staff and managers highlighted the following clinical issues:

- Consolidation of services at Prospect Park Hospital would present difficulties for community staff from East Berkshire – for example attendance of CPA meetings, which could result in delays to discharge of patients if not addressed effectively. This would be a particular issue for Slough staff.
- Patients need to be supported for day visits home as part of their recovery, and transport solutions would be needed to facilitate this.
- Some staff had worked at Fairmile Hospital in South Oxfordshire, which was the local inpatient provision prior to the building of Prospect Park Hospital, and remembered travel difficulties for visitors from Wokingham and Newbury – they felt these had been largely overcome by efforts of staff, but felt support with transport would be an important consideration for future arrangements.
- The purpose built environment allows significant flexibility, enabling the establishment of “mini wards” for assessment or other functions – enabling a more individualised approach for patients. This was seen as a significant benefit by staff.
- Arrangements for Approved Place of Safety would need to be effectively managed in partnership with Thames Valley Police. Current arrangements are not wholly satisfactory as they present a staffing challenge in East Berkshire Units (2 members of staff need to be deployed when APOS is required) however, the loss of this facility in East Berkshire would need careful consideration.
- Staff were not aware of complaints having been made by East Berkshire patients admitted to wards at Prospect Park Hospital, although they did relate experience of patients not wanting to be transferred back to East Berkshire Wards.

6.0. An evaluation of a 'Hub and Spoke' option for providing inpatient services for Slough and East Berkshire from a clinical perspective

This report was provided by the Medical Director of BHFT at the request of the Slough Clinical Commissioning Group. The report takes into account the strengths, weaknesses, opportunities and threats associated with building a smaller unit in the East of Berkshire through a 'hub and spoke' model, and concludes that this would not be the best clinical choice for patients in Slough or the rest of Berkshire. "This is principally a clinical view but also incorporates political, economic, social, technological and environmental aspects. There would be some advantages to the proposal, but these are outweighed by the disadvantages."

7.0. Evidence from Reconfiguration Projects in Progress in Other Areas

A brief review of development plans currently in progress in other parts of the country was undertaken in July 2011, to identify issues in common with East Berkshire and potential learning points:

- Plans for future provision in Lancashire identified the need for more personalised support, and a network of community and hospital based services. The "specialist" nature of inpatient care is highlighted and a reduced number of inpatient sites is planned to correspond with reduced demand, and increased provision of community services. Evidence and independent review supports improved outcomes for people receiving treatment in community settings. The impact of increased community service investment has resulted in reduction in the original estimate of inpatient service need.
- Manchester services planned to consolidate services onto 2 sites, following consultation in 2010. The objectives were to provide same sex accommodation, improved staff response as a result of the physical environment and improved user and carer experience.
- Central and North West London Foundation Trust has experienced reduced demand in need for inpatient services for older adults, with the development of community services. This has identified an inpatient service requirement 60% less than existing provision. The aim is to provide a single centre of excellence for older people on one site rather than the existing 2 sites.

Appendix 3

Test No. 2: Support of the GP Commissioners Involved

Department of Health guidance states that commissioners should review the level of support and consensus for proposed service changes amongst local GPs. Since the publication of this guidance, development of NHS Reforms has progressed considerably, with some amendments to the Health and Social Care Bill being made in response to the national listening exercise, and considerable progress being made in local implementation plans:

This has resulted in the requirement for clinical commissioning groups which include the involvement of secondary care clinicians. This is an important factor in the decision making process in relation to this project, which requires the consideration of views of both GP Commissioners and BHFT Clinicians.

The East Berkshire Clinical Executive Committee (CEC) has replaced the previous Professional Executive Committee, and three Clinical Commissioning Groups have been established as formal sub committees of the NHS Berkshire Cluster Board. The CEC comprises Clinical Commissioning Group (CCG) Leads from the 3 CCGs in East Berkshire; Bracknell, Windsor and Maidenhead and Slough along with the NHS Berkshire Executive Team. Each of the CCGs is in the process of developing formal governance arrangements required for authorisation, but all have established a means of consulting with their member practices on key decisions.

All local strategic commissioning and other significant financial decisions are now taken by the CEC, and therefore it has been the key point of contact for progress reporting and seeking approval of future actions for this project.

1.0. Method

At the start of the period of additional engagement – the views of the East Berkshire Clinical Executive Committee (CEC) were sought on the most appropriate approach to take. In response to the views of the CEC, a meeting was set up between Mental Health Lead GPs for Berkshire, BHFT Clinicians and NHS Berkshire Commissioners, and also a meeting between Slough CCG Management Group, BHFT and NHS Berkshire representatives.

Subsequent meetings were held, specifically with Slough CCG Management Group and Locality Meetings (which include representatives of all Slough GP Practices)

Progress reports were provided to the CEC, and a paper requesting approval of recommendations to the NHS Berkshire Cluster Board was considered by the CEC on 14.12.2011

The recommendation approved by the CEC was also specifically considered by the Slough Locality Group on 12.01.12.

2.0. The key outcomes from discussions with GP Commissioners:

- GPs understand the clinical case for change, but are concerned to ensure that the service user and carer experience is a positive one, and requested that some work is undertaken to ensure that the voice of users and carers informs their decision making. This will build on the work undertaken by BHFT to date. GP leads also worked with BHFT to ensure that all possible options have been considered to enable provision of inpatient services in East Berkshire, which are clinically appropriate and affordable.
- GPs have highlighted the importance of their clinical leadership in service development, and the establishment of a “clinical interface group” with BHFT, which is now being formally established. This group would provide the required leadership of service change across primary and secondary care, and would include ensuring that the required community service provision were in place to enable inpatient changes.
- Significant efforts were made to identify and explore potential ways of continuing to provide mental health inpatient services in East Berkshire, in partnership with GPs, BHFT Clinicians and Berkshire Shared Services. Options explored are listed in section 7 of the main paper, but all were assessed as not clinically or financially viable, and therefore no recommendation was made for further consultation.
- The recommendation of the East Berkshire CEC for conditional approval of option 1 provides for a number of safeguards to address the concerns of GPs about patient experience, community services, transport support and quality issues. Progress on the completion of these conditions will be monitored by the CEC and the Director of Joint Commissioning will work in partnership with a nominated GP representative to ensure effective progress.

3.0. Transitional Executive Committee

Information about the additional engagement and options for future mental health inpatient service provision was also provided to members of the Berkshire West Transitional Executive Committee and GP Mental Health Lead for Berkshire West for comment. Although this is primarily an East Berkshire issue, there were implications for services across the whole of Berkshire, should the decision be taken not to implement option1. The TEC were concerned about the potential adverse impact on community services across Berkshire, but understood the requirement for the CEC to take the lead role in determining a recommendation to the NHS Berkshire Cluster Board.

Appendix 4

Test No. 3: Promotion of Choice for Patients

Application of the patient choice test should be informed by the Department of Health guidance on the application of the Secretary of State's four tests. (Gateway reference: 14543. 29.07.2010). This emphasises that quality is an aspect of choice, and also that it is important to look at choice in the future compared with choice under the current model of provision. This requires consideration of evidence in relation to the following criteria:

- Services should be locally accessible wherever possible and centralised where necessary
- How proposed service reconfiguration affects choice of provider, setting and intervention.
- The quality of proposed services and health inequalities.
- Improvements in the patient experience.

1.0. Method

Information has been gathered from two main sources in the application of this test:

National Policy Guidance (some of which is referenced in Mental Health Inpatient Services for Adults: Commissioning Statement. October 2011.)

Service User, clinician and stakeholder views referenced in appendices 1 and 2.

2.0. Local Accessibility and Centralisation

Developments in treatment of mental health problems, alongside changes in health policy have resulted in a significant reduction in the numbers of people admitted to hospital for treatment over many years. In particular, the National Service Framework for Mental Health published by the Department of Health in 1999 outlined a 10 year programme, requiring the development of specified community services, which has culminated in the treatment of approximately 97% of Berkshire patients being treated in community settings.

Historically, East Berkshire Mental Health Inpatient Services have been provided on three sites: Wexham Park Hospital in Slough, Heatherwood Hospital in Ascot and St Marks Hospital in Maidenhead. Inpatient services from patients from the West of Berkshire were provided at a single site; Fairmile Hospital in South Oxfordshire along with patients from that area prior to the building of Prospect Park Hospital.

Currently, inpatient service provision in East Berkshire is limited to a single ward at each of the sites as follows:

Ward 10 at Wexham Park Hospital: 20 general adult beds

Ward 12 at Heatherwood Hospital: 25 general adult beds

Charles Ward at St Marks Hospital: 26 older adult beds

In addition, a number of patients access Prospect Park Hospital in Reading as a result of either insufficient beds available in East Berkshire, patient choice or requirement for intensive care.

The geography and demography of Berkshire East raise a number of important issues:

- Slough has the densest population, with the highest relative deprivation and diversity of population, and is located at the most northerly part of Berkshire, close to the Buckinghamshire border.
- The Royal Borough of Windsor and Maidenhead also includes the town of Ascot, and has relatively lower overall deprivation, but the highest proportion of older people in its population of the three East Berkshire Unitary Authorities.
- Bracknell is more accessible from Reading and local stakeholders have expressed a preference for option 1, location of all inpatient services at Prospect Park Hospital.

3.0. Choice of provider, setting and intervention

Choice of provider for mental health inpatient care presents a specific challenge due to the benefits of integration with social care and the operation of the Mental Health Act. However, proposals for service change should outline the interaction between the proposed service environment and treatment and care provided. Developments have taken place in the promotion of choice in health and social care services in recent years, primarily in terms of planned or elective inpatient services. The vast majority of mental health acute admissions are not planned, and tend to be associated with management of risk presented to an individual as a result of their mental ill health. Therefore, the focus needs to be on the continued development of individualised care planning, a patient-centred approach to treatment, reflecting the priorities of the individual and patient and carer involvement in acute inpatient service development.

It should be noted that Payment by Results is currently being developed in Mental Health Service which is likely to drive the availability of choice of provider in future – though this may take a number of years to achieve in terms of inpatient services, it may present new opportunities for individuals and communities to access services of their choice more easily than at present.

4.0. Quality of proposed services and health inequalities

The service proposed in option 1 enables the provision of services in a purpose built environment, which will enhance the quality of provision. The accommodation at Prospect Park Hospital enables a flexible approach to be taken to patient need, with the ability to achieve “mini wards” within existing configurations, for specific purposes.

As identified in the Equality Impact Assessment, work will be needed to ensure that equalities issues are embedded in the project planning and implementation process – to ensure that the opportunities to reduce inequalities are fully capitalised on. This is particularly important in terms of service provision for people from Slough and parts of the Royal Borough of Windsor and Maidenhead, who are likely to have the most significant impact in terms of travel to Prospect Park Hospital, and in terms of the highly diverse population of Slough.

5.0. Improvements in patient experience

Proposals should also demonstrate how service user and carer experience will be enhanced, as well as mitigation of any adverse impacts. This should include understanding diversity and mitigation of inequalities as well a patient centred approach to care planning, which is informed by individual priorities and service user and carer involvement in service development.

5.1. BHFT Patient Survey 2010

This highlights some of the factors which were prioritised by local people using inpatient services. Responses were received from 80 patients who had been an inpatient during the 2 years prior to the survey. Of those people who provided a response to the specified questions:

- 93% consider that private facilities are either a good / very good idea
- 86% consider that having outside space is either a good / very good idea
- East Berkshire service users rate private facilities and outside space higher still
- There is significant support for all of the possible patient grouping methods
- The most popular grouping of patients is by age
- Same sex separation is almost twice as popular with females as males
- Only four responses were received from black and minority ethnic service users and this is considered to be too small a sample from which to draw conclusions

Appendix 5

Test No. 4: Engagement of the Public, Patients and Local Authorities

1.0. Berkshire Healthcare Trust Public Consultation 2010

This consultation was undertaken by Dr Foster Intelligence for 3 months from August 2010 on three possible options for the future provision of inpatient services for people from East Berkshire. The consultation report is available on the BHFT website. 12 public meetings were held, which included over 150 participants and 777 responses to a survey were received. A significant number of respondents to the survey were service users or carers: 41% of the respondents stated that they were either service users or carers or have a disability. 12% represented a community or interest group and 31% worked for the NHS.

The consultation also included a section on respondents views about the criteria on which a decision about inpatient service options should be based. The results are summarised in the table below:

	1 st choice	2 nd choice	3 rd choice	Not ranked
Maximise benefits to majority of service users	43%	24%	14%	19%
Clinical/quality evidence base	32%	28%	15%	25%
Support of GPs	11%	11%	20%	58%
Meet quality and financial regulators requirements	5%	11%	19%	65%
Value for money	4%	10%	19%	67%

for taxpayer				
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Although 2 of the criteria included a significant number of “not ranked” responses, a large number of respondents ranked the benefits to the majority of service users, and the clinical/quality evidence base as their first choice. This has been reflected in the criteria for inpatient service development included in the Commissioning Statement approved by Berkshire East Mental Health Local Implementation Team (appendix 1.)

2.0. BHFT Patient Survey 2010

This survey included people who had received inpatient services during the 2 years prior to the survey. 80 responses were received, and a very brief outline of the results reported in appendix 4. The survey is available on the BHFT website for reference.

3.0. Outcomes from additional engagement, summer and autumn 2011

Meetings have taken place with East Berkshire Lead Councillors for Health and Social Care, senior Council Officers and Chairs of Health Scrutiny Committees. In addition, a progress update on the additional work undertaken has been provided to all 3 Berkshire East Health Scrutiny Committees, and discussions held with the Royal Borough of Windsor and Maidenhead (RBWM) Health Scrutiny Committee and the Slough Borough Council Health Scrutiny Committee. An agreement has been made with the Bracknell Forest Council Scrutiny Chair for their comments to be provided in response to the update paper in writing.

Views expressed by the RBWM Health Scrutiny Committee and Lead Councillor for Health and Social Care were as follows:

- Concern remains about transport and access issues with regard to option 1. More detail of support with transport is required, as well as a clear explanation of the community service development planned, which would be accessible within the area.
- The views of clinicians about the model of treatment most likely to benefit patients were important and should influence decision making.
- The previous consultation had not enabled local people to understand the key issues – including the nature of inpatient treatment as a specialist activity and needed by a very small proportion of the population. There is a need for effective communication going forward.

The presentation of additional information about clinical outcomes to the RBWM Health Scrutiny Committee and Health and Wellbeing Board (which included the Lead Councillor for Health and Social Care) resulted in a greater understanding of the benefits of locating all inpatient services on the Prospect Park Hospital site, including the benefits of retaining community services for local people. However, it should be noted that Councillors expressed concern about transport for visitors and potential difficulties for local people in accessing services in Reading.

A number of meetings have taken place with Slough Borough Council Health Scrutiny Panel, which has consistently expressed concern about the adverse impact of relocating inpatient services to Reading on residents of Slough. Detailed information has been provided to the Scrutiny Panel on the options proposed during the period of additional engagement, against a range of criteria as requested by the Panel. This includes confirmation of the recommendation of conditional approval of option 1 for consideration by NHS Berkshire Cluster Board on 24.01.2012.

Extracts from the minutes of relevant meetings are included at appendix 6.

Discussions with Council Officers have highlighted concerns already described about transport and community services, and the requirement for clear communication about both of these factors.

A meeting was held with the BHFT Governors, which includes patient and carer representatives, to discuss the additional engagement work taking place. Patient feedback included a strong preference for inpatient treatment at Prospect Park Hospital from one person who had direct experience of both that hospital and Ward 10 at Wexham Park. Carer feedback included concern about the quality of experience of patients in Charles Ward in shared bedroom accommodation, and the anxiety experienced by people accessing toilet facilities during the night. There was also a general concern about the need to achieve a speedy improvement to the inpatient services for East Berkshire patients

Appendix 6

1.Engagement with Local Authorities: Royal Borough of Windsor and Maidenhead Health Scrutiny Panel

13.09.2011

Meeting attended by Dr Katie Simpson, Mental Health Lead GP, East Berkshire, Bev Searle, Director of Joint Commissioning, NHS Berkshire and Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust.

Extract from Meeting Minutes:

23/11 Future of Mental Health Inpatient Services – Progress Update on Additional Engagement and Consultation Activity – September 2011

The Panel received a report that provided an update on the additional work agreed by NHS Berkshire and Berkshire Health NHS Foundation Trust (BHFT) in July to inform decision- making on the future of Mental Health Inpatient Services for East Berkshire.

Members were advised that the decision had been taken to undertake a further period of engagement as no clear consensus had emerged on the way forward and there had been significant concerns raised by key stakeholders about some of the options.

Bev Searle, Director of Joint Commissioning – NHS Berkshire, commented upon the additional work that had been undertaken to date and the further work that was planned regarding clinical engagement and review, engagement with stakeholders and the review of inpatient service development proposals in other areas.

In response to a number of comments/questions, further information was provided on the nature of the support that patients received from community based services. Members were advised that, although clinicians would prefer an inpatient facility to be provided locally, it was recognised that the current facilities were inadequate and that alternative provision was not financially viable. However, GPs were reviewing the options to satisfy themselves that nothing had been missed that would enable a local option to be achieved. With regard to the Upton Hospital option, it was noted that, whilst that option could be pursued, the repayment costs associated with the borrowing of funds to provide the facility would have a detrimental effect on the funding of community based services. With regard to the further review of clinical evidence that was being undertaken it was stressed that the cost and accessibility of public transport should also be considered along with travelling distance in the decision ,making about service provision.

With regard the services being provided at Charles Ward, Bev Searle advised that Charles Ward did not provide end of life care, but was an inpatient facility for people to be admitted for a short period of time to receive treatment and stabilisation. She also stated that the potential of commissioning services from neighbouring Trusts had been looked at but, due to the nature of the services being provided, that was not considered practical due to the disruption that would occur in the patient's pathway.

08.11.2011

Meeting attended by Bev Searle, Director of Joint Commissioning, NHS Berkshire and Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust.

Extract from Meeting Minutes:

34/11 UPDATE ON THE FUTURE OF MENTAL HEALTH INPATIENT SERVICES

Bev Searle, Director of Joint Commissioning – NHS Berkshire, provided Members of the Panel with an update on the additional engagement work that had been undertaken on the future provision of mental health inpatient services for East Berkshire. She commented upon the results of the additional engagement work, which would be published shortly, and advised that the Clinical Executive Committee were due to meet and would be making recommendations to the PCT Board.

She commented upon the facilities and service provided at Prospect Park in Reading and the community services that were currently provided to support patients locally. She advised that the local Commissioning Group had expressed support for the relocation of inpatient services, subject to enhancement to the current community services and the satisfactory resolution of the transport provision.

In response to a number of questions, Julian Emms, Deputy Chief Executive – Berkshire Healthcare Foundation Trust, commented upon the types of treatment available to treat people with personality disorders and advised that with the correct treatment the recovery rates were very high. He stated that, dependant on a person's social environment, with ongoing treatment and monitoring their disorders could be contained and the person should be able to lead a full and active life. He also commented upon the treatment and medication that was now available to slow down the onset of dementia and Alzheimer's. He also reiterated the potential problems that could occur from the commissioning of services from neighbouring Trusts due to the disruption that would occur in the patient's pathway.

Members were advised of the services that were also currently provided by the Royal Borough to support people with mental health needs and it was stressed that it was expected that the development and enhancement of community services would result in a reduction in the number of people receiving inpatient care.

2. Engagement with Local Authorities: Royal Borough of Windsor and Maidenhead Health and Wellbeing Board

Meeting attended by Adrian Hayter, Windsor and Maidenhead Clinical Commissioning Group Lead, Charles Waddicor, Chief Executive, NHS Berkshire, Bev Searle, Director of Joint Commissioning, NHS Berkshire

Extract from Meeting Minutes:

19/11 NHS BERKSHIRE COMMISSIONING OF MENTAL HEALTH SERVICES AT ST MARKS HOSPITAL

The Board received the report which dealt with the future provision of mental health inpatient services for East Berkshire. It summarised the current service provision, key findings of the additional engagement and consultation work undertaken during the Summer, and described the current status of work in progress.

The additional work had been carried out as a result of concerns expressed. Attention was drawn to the data in Section 3 of the report, Key Implications. This estimated that at any one time 6-8 inpatients were older adults from the Royal Borough. The report also stated that the accommodation in East Berkshire in which some services were provided were not at the standard required in order to achieve the best outcomes.

In the ensuing discussion, the following comments were made:

- Efficient use of resources would allow more funding to be invested in services for patients with personality disorders. Good treatments at an early stage benefited the patients and their families.
- Around £100k could be allocated to transport funding to support visits by families and friends but these proposals did require further work. Transport services could include community transport providers, public transport vouchers and contributions towards petrol costs.
- The experience of service users was a crucial part of the consultation. Lead GPs were surveyed, wards were visited and patients and carers were all spoken to. Key outcomes of this work were the need for quality accommodation. Patients required dignity and respect and this was not always achieved if they had to share bedrooms and/or toilets.
- There had been an established clinical need for more investment in community based treatments. This had been shown to reduce the demand for inpatient care.
- The Clinical Executive Committee would consider the options week commencing 7th November 2011 and the matter would be discussed at the NHS Berkshire Board level on 22nd November.
- The Panel requested that NHS Berkshire continued to engage fully with the press to ensure that patients and their families were kept fully informed of progress.

RESOLVED: Unanimously that content of the report be noted and that the planned additional work be supported.

3.Engagement with Local Authorities: Slough Borough Council Health Scrutiny Panel Recommendations of Task and Finish Group – reported to Health Scrutiny Panel on 22.06.2011

Meeting attended by Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust

1. The Slough Borough Council Health Scrutiny Panel and the overarching Overview and Scrutiny Committee **rejects** the findings and outcome of the Public Consultation and **suggests** that, at the very least, requests a new independent impartial Public Consultation be undertaken that contains a full and open range of options particularly as:
 - a) The choices for the public to consider were not the full extent of options really available to BHFT
 - b) Local and a wider sphere of impartial clinicians have not been consulted during the process of the Public Consultation particularly as it would appear that neither Berkshire East PCT nor BHFT have considered such GP feedback
 - c) The arguments put forward in the consultation are potentially misleading and outdated

2. That Slough Borough Council's Health Scrutiny panel **recommends in the strongest terms that the the Council's Overview and Scrutiny Committee refers this matter to the Secretary of State for Health, Andrew Lansley, MP**, advises him of the severe misgivings the Group has and requests a thorough investigation is launched as to whether those who conducted the Public Consultation did so in the best interests of the public, in the best interests of clinical excellence, in the best interests of spending public money most effectively and in the spirit of and guidance subsequently received from HM Treasury.
3. That BHFT is **requested formally** to seek independent advice regarding the exact costs of a new purpose-built facility at Upton Hospital
4. That is cost of a new purpose-built facility at Upton Hospital is independently assessed as unaffordable, that it is **formally placed on record** that an improved and enhanced service provided in conjunction with Heatherwood and Wexham Park Foundation trust be considered.
5. That an independent body **investigates further** the transport impact of any moves and/or relocations including the extra financial, practical and environmental (e.g. carbon emissions) and the difficulties these pose for patients.

4.6. Finally, as **serious questions remain** surrounding the whole of the conduct from beginning to end of the public consultation, the Group stresses the outcome remains **fundamentally flawed**.

4.7. Throughout this whole process, the key consideration for the group has been on protecting the interests of Slough patients. It remains the case that given the diversity and demographic profile of Slough, the mental health needs of Slough residents remain considerably greater, both in absolute terms and relative to its Berkshire peers. Whilst considerations on finance are always important, particularly in the current climate, it is the needs of patients that should be the foremost concern. It is the view of the group that these considerations have not been foremost in the consultation. Indeed, many of the arguments for moving services from East Berkshire cut against the grain of the NHS Constitution and the government's policy on patient choice.

4.8. Finally, with question marks surrounding the conduct of the consultation, whether this relates to the choice of options being pursued, the advice used to inform the public and decision making process or the extent to which views garnered in the consultation were factored into any final considerations, the whole premise of the consultation remains flawed.

The Health Scrutiny Committee resolved that:

- a) The Health Scrutiny Panel does not accept the findings of the public consultation on re-provision of Mental Health Inpatient provision in East Berkshire
- b) That in the event that the Trust decides to relocate Mental Health provision to Prospect Park Hospital, Reading, that the panel recommend that the Overview and Scrutiny Panel refer the matter to the Secretary of State for Health
- c) That the Panel request that BHFT seek independent advice on the cost of a new purpose built facility and that the resulting detail be submitted to the Panel at the earliest opportunity.
- d) That in the event the independent advice determines that a new facility is unaffordable, that the Panel recommend that an improved and enhanced service in conjunction with Heatherwood and Wexham Park Hospital is the preferred option.
- e) That the Panel recommend that once concluded, the outcome of the transport business case be presented at its next meeting in September 2011.

Health Scrutiny Committee Meeting 20.09.2011

Meeting attended by Bev Searle, Director of Joint Commissioning, NHS Berkshire and Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust

Extract from the Minutes of the Meeting

16. Future of Mental Health Inpatient Services – Progress Update on Additional Engagement and Consultation Activity: Bev Searle, Director of Joint Commissioning, NHS Berkshire.

Bev Searle, Director of Joint Commissioning, NHS Berkshire outlined a report to provide an update on the additional work agreed by NHS Berkshire and Berkshire Health NHS Foundation Trust (BHFT) in July, to inform decision making on the future of Mental Health Inpatient Services for East Berkshire.

The Panel was advised that a decision had been taken to undertake a further period of engagement due to the fact that no clear consensus had emerged on the way forward and significant concerns had been raised by key stakeholders about some of the options. Ms Searle discussed the background to the options for the future provision of Mental Health Inpatient Services for East Berkshire and the options considered with the consultation process undertaken between August and November 2010. The Panel noted the additional work undertaken regarding clinical engagement and review, engagement with stakeholders and the review of inpatients service development proposals in other areas. Ms Searle summarised further work planned which included the conclusion of clinical engagement work and consideration of progress to date by the East Berkshire Clinical Executive Group in September, completion of Gateway review and engagement with LINKs and Carer Groups.

The Panel noted a letter which had been tabled by John Kelly, LINKs who felt that there had to be an East Berkshire option and that Upton Hospital or St Marks could provide that. In the ensuing discussion a number of comments and questions were raised including a request for more clarification on how this consultation was different to the first one. Ms Searle advised that it was realised that there was no consensus and more engagement work was needed. It was a requirement that any change would require the approval of clinician groups and satisfactory engagement with stakeholders. There had been significant concerns in these areas and these were being incorporated in feedback provided. It was clear that this was a challenging decision to make and the outcome would be unlikely to have the full agreement of all parties. It was confirmed that the Berkshire Health Care Trust had conducted the original consultation, and the Berkshire Cluster would now conduct the exercise which was one of engagement rather than consultation. Ms Searle confirmed that it was not the case that the original consultation was carried out incorrectly, but rather a reflection of what a difficult task this was. A Member asked whether it was correct that offices within Prospect Park Hospital would require conversion to Wards. Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Trust, confirmed that it was likely that some areas would be converted and that Reading Mental Health Team could be re-vacated as they did not need to be in the building. A Member questioned what would happen if Prospect Park Hospital did not receive the £4.9m necessary and Ms Slinger advised that Prospect Park did not need this money as this was capital money the Trust had been collecting to spend on improving in-patients services in the East of Berkshire. In response to a further question regarding the position of GPs in Slough, Ms Searle advised that work was being undertaken with GPs to make sure that they had explored the outcomes themselves.

Resolved – That the report be noted and that an update report be submitted to the Panel on 8th December 2011.

17. Future of East Berkshire Mental Health Inpatient Services – Transport Solutions to support relatives and carers proposed by Berkshire Healthcare Trust: Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust

Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Trust, outlined a report on the current position regarding Transport Solutions to support relatives and carers proposed by Berkshire Health Care Trust. The Panel was reminded that the results of Transport surveys undertaken as part of the public consultation exercise had found that visitors overwhelmingly travelled by car (97%), to visit patients in hospital and there was no evidence that problems with travel had been identified as a reason for patients not receiving visitors. It was accepted that despite the survey results concerns

were expressed regarding the impact on relatives and carers should inpatient services be relocated to the Prospect Park Hospital site. A transport group had been created comprising representatives from Overview and Scrutiny Committees, LINks and Service User and Carer representatives. A number of key expectations and solutions were identified and a transport consultations company was engaged to consider possible solutions. The Panel noted five identified options for the provision of transport for relatives and the merits of these were discussed. The most favoured option was the provision of community transport whereby a number of existing operators would provide a service. Further discussion was required around this option including the need to possibly charge a small amount in some cases, should the decision be made to relocate inpatient services to Prospect Park Hospital. It had also been suggested that an Internet based communications option such as Skype could be useful in helping patients and their carers/relatives to make contact between visits.

In the ensuing discussion a Member commented that he had undertaken a mock journey from Langley to Prospect Park Hospital and the journey time was in excess of 1.5 hours each way. It was important to measure not only the cost but also the journey time. Ms Slinger commented that you could not mitigate for someone's time or inconvenience and noted that the majority of visitors would drive to the hospital and the challenge could be the cost of petrol. It was suggested that there could possibly be a petrol reimbursement scheme based on statutory mileage rates in force.

Resolved – That the report be noted.

Health Scrutiny Meeting of 8.12.11

NHS Berkshire Progress Update on Additional Engagement Work Undertaken Regarding the Future of East Berkshire Mental health Inpatient Services

Meeting attended by Bev Searle, Director of Joint Commissioning, NHS Berkshire

Minutes of the meeting are not yet available, but in response to this discussion, a summary table of options considered as part of the 2010 public consultation and options which were proposed during the additional engagement was prepared and forwarded to Slough Borough Council on 27.12.2011.

The table included 10 options in total, presented against 9 criteria listed in section 7 of the main paper.

Appendix 7

Future of East Berkshire Mental Health Inpatients. Additional Engagement Chronology and Summary of Activity. July 2011 – January 2012

Date	Activity
26.07.11	NHS Cluster Board
	Clinical Executive Committee
10.08.11	East Berkshire MH Leads meeting
19.08.11	1:1 Meeting with Slough Locality MH Lead GP
31.08.11	Slough GP Meeting
16.08.11	Slough HOSC Chair and Policy Officer
17.08.11	BHFT Governors
24.08.11	Bracknell HOSC Chair and Policy Officer
31.08.11	RBWM HOSC Chair and Policy Officer
01.09.11	Specialist Review of consultation and engagement undertaken
02.09.11	Visit Ward 10
02.09.11	RBWM Council Leader, Lead Member and DASS

05.09.11	Bracknell Council Leader, Lead Member and DASS
05.09.11	Slough Council Leader, Leader Member and DASS
08.09.11	1:1 Meeting with GP MH Lead
13.09.11	RBWM HOSC and MH Lead GP, BHFT Deputy Chief Executive and Director of Joint Commissioning
14.09.11	Clinical Executive Committee
16.09.11	Transitional Executive Committee (paper forward)
20.09.11	Slough HOSC
21,22,23.09.11	Gateway Review
27.09.11	NHS Berkshire Cluster Board
11.10.2011	Visit to Ward 10 with MH Lead GP
17.10.2011	Slough Locality Meeting with BSS
	LINK – meeting with John Kelly
27.10.2011	East Berkshire Mental Health Local Implementation Team
25.11.2011	TEC
4.11.2011	RBWM Health and Wellbeing Board
14.11.2011	LINK – meeting with John Kelly, Colin Pill and BHFT Clinicians at Upton Hospital
04.11.11	RBWM Health and Wellbeing Board
09.11.11	Clinical Executive Committee
14.12.11	Clinical Executive Committee
29.12.11	Meeting with DH Gateway Lead
30.12.11	Visit to Prospect Park Hospital
12.01.12	Slough CCG Locality Meeting
23.01.12	Slough Health and Wellbeing Board

Appendix 8

Equality Impact Assessment

The Berkshire Healthcare NHS Foundation Trust document “Next Generation Care Programme – Equality Impact Assessment (EqIA) Proposed Changes to the location of In-patient Facilities currently provided in East Berkshire”, October 2010, is available in full on its website.

The BHFT EQIA identified a number of opportunities and risks associated with the 3 options for future provision of Inpatient Services which were consulted on in 2010. This document draws on the BHFT EqIA, with additions (in italics) below informed by the engagement led by NHS Berkshire during the summer and autumn of 2011. Particular emphasis is placed on option 1, location of inpatient beds at Prospect Park Hospital, as this has now been recommended for conditional approval by the NHS Berkshire Cluster Board in line with the view of the Berkshire East Clinical Executive Committee in December 2011.

1. Opportunities to promote equality

- Providing access to high quality inpatient mental health care, positive patient experience and improved health outcomes for all groups leading to a reduction in health inequalities.
During the additional engagement process, BHFT Clinicians confirmed their view that optimal clinical outcomes would be achieved by providing inpatient services in a purpose built environment, and the maintenance of community based services. The conditions attached to the recommended approval of option 1 contain important safeguards about patient experience, community services and quality improvement which will be monitored by the East Berkshire Clinical Executive Committee and a progress report provided to NHS Berkshire Board on

27.03.2012

- Designing and developing a new site which affords the very best practice in terms of clinical care and inclusive modern facilities for all users.
Although Prospect Park Hospital is not a new site, it is purpose built and relatively new. During the additional engagement period, nursing staff highlighted the flexible nature of the building design in terms of the ability to create “mini wards” within existing wards, and therefore increasing the potential for provision of specific types of service – for example, for assessment.
- A range of coordinated mental health services provided in one location resulting in effective care coordination and better access to a wide range of services for all users.
Clinicians have identified the advantages of a larger group of staff available on a single site, in order to respond effectively and reliably to patient need.
- Developing new models of service provision and the opportunity to build in systems and protocols from the outset which best support equitable and accessible patient care with robust systems for outcome monitoring
The conditions of approval of option 1 include quality monitoring and an implementation plan which includes effectiveness of community services and quality of inpatient services.

2. Risks to equality

The location of the future sites and the risks that some groups will be disadvantaged in terms of journey times (and the impact this may have on health outcomes and experiences) and/or access to the site by friends and family.

This risk has been confirmed by the views of a number of stakeholders during the additional engagement undertaken. One of the conditions of approval of option 1 is that transport support plans will be completed as part of the implementation plan and that transport support will be in place prior to the relocation of services.

A lack of continuity in the care pathways for some patients and the risk that patient choice will be reduced as a result of patients having restricted access to their preferred community facilities; and that some groups will be disadvantaged by this in terms of continuity of care, access arrangements, communication, experiences of the relocation, or impact on friends and family;

The recommendation of conditional approval of option 1, means that additional funding will not be required which would be the case for option 3 (new build on Upton Hospital site) which could have an adverse impact on the availability of community services.

Opportunities to promote equality arising from the development of a new site, including new and innovative models of working, will be missed and the benefits for different equality groups will not occur and/or will not outweigh the costs.

Involvement of the Clinical Interface Group, the East Berkshire Health and Wellbeing Board, LINks and CCGs in the development and implementation of mental health service plans will provide important opportunities to capitalise on opportunities to promote innovation.

3. Recommendations for consideration

Continue to work with public transport agencies and key stakeholders, exploring options for shuttle/transport services (for Options 1 and 2) to enable access to the new facility,

e.g. for elderly carers and those with mobility problems

Monitor visitor levels and continue to collect carer feedback on accessibility to the new site.

Include equalities considerations within further planning on policies and protocols for patient pathways including the involvement of third sector agencies representing minority groups; For example, the involvement of third sector agencies and the support they provide to individual patients should be routinely monitored in care planning and discharge plans.

Embed equalities within the planning and procurement process for all new facilities including physical environment and the provision of faith based space.

Continue to demonstrate best practice in involving the public, including equality groups, in the development of the site.

Conduct a further EqIA on patient experience once the new site is established.

These recommendations are endorsed following the additional engagement undertaken by NHS Berkshire, and will be reviewed by the Project Team for inclusion in the Project Planning process.