



## Belfast City Council

<b>Report to:</b>	Strategic Policy & Resources Committee
<b>Subject:</b>	<b>CONSULTATION – BELFAST HEALTH &amp; SOCIAL CARE TRUST: EXCELLENCE &amp; CHOICE (ACUTE INPATIENT MENTAL HEALTH SERVICES)</b>
<b>Date:</b>	Friday 5 <sup>th</sup> March 2010
<b>Reporting Officer:</b>	Ronan Cregan, Improvement Manager ext 6184
<b>Contact Officer:</b>	Patricia Flynn, Strategic Planning and Policy Officer, ext 6204

### Relevant Background Information

#### Purpose

To bring to the attention of the Strategic Policy & Resources Committee, details of a consultation by the Belfast Health and Social Care Trust (the Trust) on its proposal to build an acute mental health facility at Belfast City Hospital. The proposals involve the closure of existing mental health inpatient units / beds at the Mater, Knockbraken and Windsor House (City Hospital) and their reconfiguration into a new purpose built facility at a site within the City Hospital.

The closing date for responses is **8<sup>th</sup> March**. However, as the proposals may impact on services users within specific local areas it was felt that Elected Members will want to be aware of the proposals and may wish to provide comments as Party Groups or as individual locally elected representatives. The Trust has indicated that it will accept late submissions up to **Thursday 11<sup>th</sup> March** and have confirmed that the consultation document was sent to MLAs.

### Summary of Consultation

#### Background and Strategic Context

In 2009, the Trust Board ratified a previous consultation called, "Mental Health Excellence and Choice", which included the proposal that the number of acute mental health inpatient beds should be reduced and that those that remain should be provided in one place in a new purpose built facility. This consultation document now sets out the Trust's rationale for proposing to site this new single acute mental health inpatient facility and a psychiatric intensive care unit for Belfast in the grounds of Belfast City Hospital.

As Members will be aware, the future provision of acute mental health inpatient services in Belfast has been considered within a Northern Ireland-wide context. In 2005, the DHSSPS (Department of Health and Public Safety) published the findings of the independent review of mental health and learning disability law, and policy and service provision; now referred to as the Bamford Review. The recommendations within the Bamford report has informed the Trust's proposals on how it intends to modernise its mental health service. Therefore, the Trust is guided in its approach by the following general principles:

- Services are person-centred;
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs;
- Everyone has the right to community living;
- Everyone has the right to experience the same level of service regardless of location;
- Services will be planned, implemented and evaluated in partnership with users and carers;
- All mental health services will be provided on a Belfast wide basis;
- Service improvement and modernisation will be based on best practice
- Staff will be supported in their professional and personal development; and
- Services will be delivered in an efficient and effective manner within available resources.

#### Proposed Service Model

Based on the Bamford Review recommendations, the Trust's new proposed model of mental health services is characterised by:

- enhanced home treatment services;

- revitalised and more socially inclusive day support services;
- enhanced therapeutic input to inpatients; and,
- a subsequent reduced reliance on acute inpatient beds.

The proposed model outlined in the document includes a reduction in the number of acute inpatient beds across Belfast from 138 to 80. The Trust currently has three acute inpatient mental health units: Windsor House at Belfast City Hospital (35 beds), Knockbracken Healthcare Park (48 beds, but was scheduled to reduce to 24 in January) and at the Mater Hospital (55 beds). The number of psychiatric intensive care unit (PICU) beds will remain the same but will be relocated from the current site at Knockbracken to the proposed single purpose built facility.

The Trust proposal to reduce the number of acute inpatient beds is underpinned by the development of a recovery-focused model of care with more care delivered in a community setting. The home treatment service, which includes community treatment beds and acute day treatment services, was established in 2005, and has been successful in enabling many patients to receive intensive care and treatment without admission to hospital. Referrals to home treatment are increasing and admissions to acute units are falling. The Trust expects to see more people availing of its new community home treatment beds that enable people who are unable to remain in their own home to continue to receive treatment in the community, thus avoiding unnecessary hospital admission and reducing the requirement for inpatient beds.

**The consultation does not seek views on whether we agree with this model and subsequent bed closures, but where the proposed new purpose built acute mental health inpatient facility should be located.**

#### **Options for Location of New Facility**

The following options were developed by a project team comprising representatives of all current in-patient sites and multi-professionals. These options were short-listed with short-listed options then subject to a benefit appraisal against a number of agreed weighted criteria.

<b>Option 1: Do nothing</b>	Services remain on 3 sites providing 114 acute mental health beds (24 Knockbracken, 55 Mater and 35 Windsor), and 12 PICU beds at Knockbracken.
<b>Option 2: Refurbish existing sites</b>	This option involves providing an agreed number of beds on the three existing sites with necessary refurbishments to meet current Health Building Note standards
<b>Options 3 – 8:</b> Centralisation on 1 site and the reduction of inpatient beds from 114 to 80 plus 12 PICU beds. In each of the following options, the beds would need to be provided in a new, purpose-built facility.	
<b>Option 3</b>	Centralise all acute mental health inpatient beds on <b>Mater site</b>
<b>Option 4</b>	Centralise all acute mental health inpatient beds on <b>Knockbracken site</b>
<b>Option 5</b>	Centralise all acute mental health inpatient beds on <b>Belfast City Hospital site</b>
<b>Option 6</b>	Centralise all acute mental health inpatient beds on a site within Greater Belfast – not currently Trust owned: <b>Option 6a – Girdwood Barrack Site, Crumlin Road</b> <b>Option 6b – The Court House Site, Crumlin Road</b>
<b>Option 7</b>	Centralise all acute mental health inpatient beds on an existing site owned by Belfast Trust. Sites that would have sufficient space are: <b>Option 7a Musgrave Park Hospital Site</b> <b>Option 7b Forster Green Hospital Site</b>
<b>Option 8</b>	Centralise all acute mental health inpatient beds on <b>Royal Hospitals site</b>

#### **Preferred Option**

Based on the benefits analysis, Option 5 - Belfast City Hospital emerged as the preferred option with the highest weighted score.

A list of the consultation questions and a summary of the advantages and disadvantages associated with each option and the reasons why certain options were not short-listed are attached at appendix 1. A copy of

the full consultation can be accessed at <http://www.belfasttrust.hscni.net/involving/Consultation.html>

### **Key Issues**

The previous consultation on Excellence and Choice in acute mental health services had been referred to party groupings for comment as some of the content related to proposed local closures (including at that time a consultation on the proposed closure of Windsor house). The Council had also previously responded to the Trust's "New Directions" consultation and in November 2008 provided the following generic commentary on mental health services:

"Belfast City Council would question the plans to close two out of the three acute inpatient mental health facilities. The potential impact of closure of acute services at BCH & the Mater Hospital, and their effect on patients, may mean increased waiting times to be seen by a professional health care worker, and the subsequent impact this may have on vulnerable patients. There is no information provided on the level or pattern of usage of services within the two hospitals which are proposed for closure, the current waiting times or of the ability of the single health care facility to absorb the volume of displaced patients.

It is important that when agreeing the future of mental health provision, that treatment facilities are accessible for all people, not just for in and outpatients, but for family, loved ones and carers to be able to visit and/or make arrangements for travel. If all the services are centralised, it may make access difficult for people from those parts of the city that are not near or on direct public transport routes to the proposed facilities.

The Bamford Review discusses an aim of 10% reduction in admissions to mental health hospitals in the province by 2011 - how does this guide compare with the closure of two units? Would this not exceed a 10% reduction in the Belfast Trust Area therefore leaving patients in the area at a distinct disadvantage?

The issue of suicide is perhaps one which should receive some mention in the document. The Council is currently working with the Trust to develop a response mechanism for addressing potential suicide clusters."

In respect of the current consultation, Members interest is mostly likely to be in the Trust's rationale and assessment of the options as set out in appendix 1. If Members require any further information or copies of the full consultation document, please contact Patricia Flynn on ext 6204.

### **Recommendations**

As the proposal may impact on services users within specific local areas, it is recommended that the consultation be referred to the Party Groups on the Council for individual consideration and comment to enable Members to highlight local circumstances or issues, particularly from a local service user perspective, which should be taken into account by the Belfast Trust.

### **Key to Abbreviations**

Belfast Health and Social Care Trust - the Trust  
PICU – Psychiatric Intensive Care Unit

### **Documents Attached**

Appendix 1 – Summary of Options and List of Consultation Questions

## Appendix 1

### Consultation Questions and Summary of Options

#### Consultation Questions:

**Question 1a** – If you agree that the new Belfast acute mental health inpatient facility and Psychiatric Intensive Care beds should be located at Belfast City Hospital please give your reasons below.

**Question 1b** – If you do not agree that the new Belfast acute mental health inpatient facility and Psychiatric Intensive Care beds should be located at Belfast City Hospital please give your reasons below.

**Question 1c** – If you do not agree on our proposed location, where would you propose it should be located?

**Question 1d** – Please give your reasons for locating it at your suggested site?

**Plus** – Any other Comments

#### Options that were not short-listed:

##### Option 2 – Refurbish Existing Sites

This option involves providing an agreed number of beds on the three existing sites. In order to do this accommodation needs to be refurbished to meet current Health Building Note standards.

The group decided that this option should not be considered for a number of reasons:

- Continuing to deliver on 3 sites would not facilitate the development of person-centred seamless services
- Not in line with the Trust strategic direction to deliver services from one site
- Difficult, if not impossible to refurbish Windsor and Mater to the appropriate HBN standards
- Refurbishment would cause major disruption.

Not all current sites have appropriate availability of service linkages whether hospital links or links promoting inclusion – social, recreational links

##### Option 6 – Non Trust Owned Sites:

**Option 6a: The Girdwood site** was not taken forward to short list because:

- The Trust do not own the site and would have to incur additional cost to take the project forward
- There are a number of areas that are still awaiting resolution from the Girdwood Barracks Master plan. These are mainly issues arising out of the equality impact particularly regarding Housing. Other areas awaiting resolution are educational funding and road infrastructure. The interdepartmental working group were unable to advise on timeframe for resolution of the above.
- This option was therefore ruled out on timescale and cost.

**Option 6a: The Old Court House Site** was not taken forward to short list because:

- Size of Site - does not meet the Trust requirements.
- Planning Permission – is a listed building additional consultation period required and may not receive full planning approval for the scheme.
- Clinical effectiveness - would have to utilise the existing courthouse building which would compromise both design and the clinical effectiveness.
- Cost / Programme - The cost and timescales of the project would increase as the Trust would have to purchase the site and would need specialist consultants to provide advice on the specialist refurbishment of a listed building.

**Option 7 –Trust Owned Sites:**

**Option 7b: Forster Green** is currently being developed to provide a new inpatient facility for the child and adolescent mental health service. There are significant risks associated with locating both adult mental health services and child and adolescent mental health services on one site. In addition, it was felt that to locate adult services on the site would create an institutional campus.

**Option 8 –Royal Victoria Hospitals Site:**

There are a number of strategic developments already planned for this site, which will result in the site having no additional capacity. The site is extremely congested and the group felt that even if a site was available it would not be the best place to locate a new facility.

**Short-listed Options – Summary of Advantages and Disadvantages (in order of Weighted rank)****Option 5: City Hospital**

Ranked 1<sup>st</sup> with a weighted score of 815

**Advantages**

- The footprint identified could provide an ideal solution there may be some double storey buildings but patient accommodation should remain on the ground floor.
- Would meet the Trusts strategic direction of moving from three sites to one.
- It would provide an environment conducive to recovery.
- Is located close to acute facilities on the hospital site.
- Most accessible and acceptable as it has, access to major transport links both road and rail, adequate parking facilities.
- Is centrally located so easy access to social facilities within walking distance promoting social inclusion.
- Disruption to service users within Windsor would be minimised and managed by stopping admissions and utilising beds on other sites, services would continue on the other sites until the new development was ready to be occupied.

**Disadvantages**

- It could impact on the overall strategic plan of the Trust as it may impact on provision of other services proposed for the site – this may have implications in the long term so was not given extensive consideration.
- Some site constraints due to location of other services but these could be identified in advance and resolved.

**Option 7a: Musgrave Park**

Ranked 2<sup>nd</sup> with a weighted score of 800

**Advantages**

- Significant footprint identified that could provide an ideal solution that would, meet the Trusts strategic direction of moving from three sites to one.
- The location was viewed as meeting accessibility and acceptability “well” as it would be located close to good transport links both road and rail although some difficulties may be experienced depending on which part of Belfast patients and carers are travelling from.
- The site was viewed as neutral by the project team.
- The site is independent from the current service provision so there would be limited disruption during construction.
- Any disruption for service users and staff moving from other sites would be minimised by ensuring adequate communication over the life of the project.

**Disadvantages**

- It would not significantly meet with Bamford recommendation to be located close to or adjacent to acute facilities.
- Access into and around the site can be difficult.

#### **Option 4: Knockbracken**

Ranked 3<sup>rd</sup> with a weighted score of 685

##### **Advantages**

- Service would be located in an ideal environment in terms of space resulting in freedom in terms of design.
- Meet the Trusts strategic direction of moving from three sites to one and would provide an environment conducive to recovery.
- Requirements for one storey service provision and outdoor space would be met.
- This solution could be implemented relatively easily, an open site that would enable design to meet all standards for both internal and external space it could respond well to any subsequent changes.

##### **Disadvantages**

- Would not meet the strategic direction for location of services as outlined by Bamford, for example, close to acute facilities.
- Historic link with being the „Belfast Asylum“ and therefore strong perceptions of stigma remain.
- It does not promote social inclusion as it is on the outskirts of the city and is isolated.

#### **Option 3: Mater Hospital**

Ranked 3<sup>rd</sup> with a weighted score of 596

##### **Advantages**

- The Mater site is in a good location in relation to accessibility i.e. getting to the site.
- Located on an acute site so clinical linkages would readily be available.
- It would have good networks with statutory and voluntary agencies in the locality that provide services that service users and carers could benefit from.
- The site would be separate from current service provision so could continue until the new facility was ready to be occupied.

##### **Disadvantages**

- Would have to be developed on the site adjacent to Fairview and opposite the main hospital building. For 80 inpatient beds plus PICU this would result in a building of three plus storeys with no outdoor space.
- There would be a reduction in environmental quality for some service users who would move from sites with outdoor space.
- Would not meet the Trust strategic direction of moving from three sites to one, would not significantly meet the strategic recommendations of Bamford, which include providing an environment which is conducive to recovery.
- Would not promote social inclusion as there are few local facilities within easy walking distance. May not be perceived as neutral by some of the population.

#### **Option 1: Do Nothing**

Ranked 5<sup>th</sup> with a weighted score of 350

##### **Advantages**

- Easy to implement with no disruption.
- Windsor and Mater have good clinical linkages.

##### **Disadvantages**

- Does not address inadequate space requirements that are not in line with current HBN requirements.
- Remaining on 3 sites is not in line with Trust strategic direction.
- Mater has poor access and links to shopping and recreational facilities.
- Knockbracken is not located with other acute clinical services.