JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - SLAM MENTAL HEALTH OF OLDER ADULTS

Date: MONDAY, 6 NOVEMBER 2017 at 7.00 pm

Committee Room 1
Civic Suite
Catford
SE6 4RU

Enquiries to: John Bardens
Telephone: 0208 314 9976

MEMBERS

Councillor Carole Bonner
Councillor Jacqui Dyer
Councillor Alan Hall
Councillor Robert Hill
Councillor Rebecca Lury
Councillor John Muldoon
Councillor Andy Stranack
Councillor Bill Williams

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

Members are summoned to attend this meeting

Barry Quirk
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: 26 October 2017

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

ORDER OF BUSINESS – PART 1 AGENDA

Item No		Page No
1.	Appointing a Chair and Vice-Chair	
2.	Declarations of interest	1 - 3
3.	Terms of reference	4 - 6
4.	Mental health of older adults	7 - 26
5.	Committee recommendations	

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

Joint Health Overview and Scrutiny Committee SLaM Mental Health of Older Adults		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	6 November 2017

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1. **Personal interests**

   There are three types of personal interest referred to in the Council's Member Code of Conduct:

   (1) Disclosable pecuniary interests
   (2) Other registerable interests
   (3) Non-registerable interests

2. **Disclosable pecuniary interests** are defined by regulation as:-

   (a) Employment, trade, profession or vocation of a relevant person* for profit or gain

   (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

   (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

   (d) Beneficial interests in land in the borough.

   (e) Licence to occupy land in the borough for one month or more.

   (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

   (g) Beneficial interest in securities of a body where:

(a) that body to the member's knowledge has a place of business or land in the borough;
(b) and either

(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

3. Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

4. Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

5. Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the

interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

7. Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
(b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
(c) Statutory sick pay; if you are in receipt
(d) Allowances, payment or indemnity for members
(e) Ceremonial honours for members
(f) Setting Council Tax or precept (subject to arrears exception)

Joint Health Overview and Scrutiny Committee: SLaM Mental Health of Older Adults

Terms of Reference

The Joint Health Overview and Scrutiny Committee (JHOSC) is constituted in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) and Department of Health guidance to respond to a substantial reconfiguration proposal covering more than one council.

The JHOSC will scrutinise the proposal from South London and Maudsley NHS Trust to change to the service model for acute inpatient care for older adults in Lambeth, Southwark, Croydon and Lewisham by designating separate inpatient wards for patients with functional (psychotic, mood and anxiety disorders) and organic (dementia) mental health needs.

The relevant commissioners for the proposal are Lambeth, Southwark, Croydon and Lewisham CCGs (Clinical Commissioning Groups) and the social care commissioners from all four boroughs.

Context

Currently, patients over the age of 65 who are acutely unwell and require inpatient admission are admitted to the first available bed at one of three wards: Aubrey Lewis 1 at the Maudsley Hospital (Southwark); Hayworth at the Ladywell Unit (Lewisham); or Chelsham House at Bethlem Royal Hospital (Bromley).

SLaM proposes to change the current service model by allocating one ward for patients experiencing moderate to severe dementia (at Bethlem Royal Hospital) and two wards for the care of patients with functional mental health conditions (at Maudsley Hospital and the Ladywell Unit). All wards would, however, have multidisciplinary teams able to provide care and treatment for people whatever their diagnosis. Patient and carer preferences would also continue to be accommodated should someone prefer to be cared for on a particular ward.

The proposed service delivery model would be in line with national guidance and recommendations.

The JHOSC's terms of reference are:

1. To undertake all the functions of a statutory JHOSC in accordance with the Regulations and Department of Health Guidance, with the exception of the power to make a report to the Secretary of State in relation to any proposals. By way of illustration, the JHOSC's functions include, but are not limited to, the following:

   a) To consider and respond to substantial reconfiguration proposals, from any health provider, which affect Lambeth, Southwark, Croydon and Lewisham.

   b) To scrutinise the commissioners of the proposal, seek assurance that the proposal is supported, and ensure that partnership arrangements between health and social care, and across the boroughs, are suitable.

   c) To scrutinise any consultation process related to the proposal.

Membership

Membership of the Joint Committee will be two named Members from each of the following local authorities:

- London Borough of Lambeth
- London Borough of Southwark
- London Borough of Croydon
- London Borough of Lewisham

Members must not be an Executive Member.

Procedures

Chair and Vice-Chair

1. The Joint Committee will appoint a Chair and Vice-Chair at its first meeting. The Chair and Vice-Chair should be members of different participating authorities.

Substitutions

2. Substitutes may attend Joint Committee meetings in lieu of nominated members. Continuity of attendance throughout the review is strongly encouraged however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

5. The quorum of the meeting of the Joint Committee will be 3 members, each of whom should be from a different participating authority.

Voting

6. It is hoped that the Joint Committee will be able to reach their decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

7. On completion of the scrutiny review by the Joint Committee, it shall produce a single final report, reflecting the views of all the local authorities involved.

Meetings

8. Meetings of the Joint Committee will normally be held in public and will take place at venues within South London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.

9. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority, before the expiry of 2 hours from the start of the meeting to continue the meeting for a maximum further period of up to 30 minutes.

Local Overview and Scrutiny Committees

10. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee on the SLaM Mental Health of Older Adults proposal.

11. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the SLaM Mental Health of Older Adults proposal and the Joint Committee's work.

Communication

12. The Joint Committee will establish clear lines of communication between itself, SLaM, CCGs, and local authorities. All formal correspondence between the Joint Committee, local authorities and the NHS on this matter will be administered by *Julie Timbrell (Southwark Council)* or *(other)* until such officer is appointed.

Representations

13. The Joint Committee will identify and invite witnesses to address the committee, invite comments from interested parties and take into account information from all the local Healthwatch organisations. It may wish to undertake further consultation with a range of stakeholders.

Support

14. Administrative and research support will be provided by the scrutiny teams of the 4 boroughs working together.

Assumptions

15. The Joint Committee will be based on the following assumptions:

    a) That the Joint Health Scrutiny Committee is constituted to respond to SLaM Mental Health of Older Adults proposal.

    b) SLaM, and their commissioners, will permit the Joint Health Scrutiny Committee access to the outcome of any public consultation.

Joint Health Overview and Scrutiny Committee SLaM Mental Health of Older Adults			
Title	**South London and Maudsley Mental Health Older Adults Acute Inpatient Bed Provision**		
Key Decision	Yes		Item No. 4
Ward	AL1 (Maudsley Hospital), Hayworth Ward (Ladywell Unit), Chelsham House (Royal Bethlem Hospital)		
Contributors	Karin Barthel – Interim Senior Joint Commissioning Manager AMH, MHOA and Dementia, Lewisham CCG and London Borough of Lewisham, Karin.barthel@nhs.net Liz Clegg - Assistant Director Integrated Commissioning - Older Adults Lambeth CCCG and London Borough of Lambeth,l.clegg@nhs.net Dr Daniel Harwood - Clinical Director Mental Health of Older Adults and Dementia Clinical Academic Group, South London and Maudsley NHS FT, Daniel.Harwood@slam.nhs.uk Vanessa Smith - Service Director Mental Health of Older Adults and Dementia Clinical Academic Group, South London and Maudsley NHS FT, Vanessa.Smith@slam.nhs.uk		
Class	Part 1	Date: 6 November 2017	

1. Summary

Following intensive collaboration with commissioners from the four boroughs, a new service delivery model is being proposed in line with national guidance and recommendations.

In future, it is proposed that there will be a designated ward (Chelsham House at the Bethlem Royal Hospital) to meet the particular needs of patients experiencing moderate to severe dementia.

The remaining two wards (AL1, at the Maudsley and Hayworth Ward at the Ladywell Unit) will mainly focus on the care of patients with functional mental health conditions (psychotic, mood and anxiety disorders) and patients in the early stages of dementia whose primary diagnosis is of a functional one.

Allocating one ward for patients with dementia and two wards for those with functional mental health needs will mean that patients can be admitted to the ward which best meets their clinical needs. Staff will be experts in the treatment and care for patients with these distinctly different presentations.

There will be no reduction in number of beds and patients are able to express their preference as to where they would like to be treated.

The committee is asked to consider and approve the proposed service change.

2. Purpose

The purpose of this document is to outline the proposed changes to the Mental Health Older Adult inpatient bed provision across the London Boroughs of Lambeth, Lewisham, Croydon and Southwark. It is further to provide the rational and evidence behind the proposed changes.

3. Recommendations

The recommendation to the committee is to consider and approve the proposed changes to the inpatient provisions for older adults.

4. Policy context

Having separate in-patient beds for patients with functional mental health needs versus organic needs has consistently been regarded as good practice (Audit Commission, 2000, 2002; Royal College of Psychiatrists, 2006). People with severe depression, for example, may find that sharing their living space with people with behavioural problems associated with dementia can have a negative impact on their recovery and add to their distress. Similarly, the effect on people with dementia sharing a ward with people with severe depression may also be unhelpful given that the nature of care and supervision needed for the two groups may be quite different (In-patient care for older people within mental health services 2011).

5. Narrative/Background

Background

Secondary care mental health services are only one small part of the care pathway for people with psychiatric disorder. However in order for the services to function properly and best serve our patients other sectors need to be properly developed and commissioned and coordinated so that transitions of care are simple and smooth as gaps in the pathway can result in poorer outcomes for service users, families and carers.

Most of the time people are manage their condition with support from family, friends, communities and local services such as primary care and social services, however there may be times when more specialized support is required.

Specialist mental health services target patients with particularly severe or complex disorders who require specialist diagnosis and advice. The forthcoming NHSE/NICE implementation Guide and NHS England Care Planning Guidance for dementia illustrate this well; memory services are being asked to see people promptly, diagnose and treat them, set up an initial care plan, and then discharge.

Longer term care planning and the management of physical health is seen as the role of primary care; with other voluntary and community resources being coordinated around the patient and carer to provide long-term support, maintaining independence and quality of life and preventing crises. A tiny minority of patients with dementia will go on to need further specialist intervention such as management of behavioural symptoms, and an even smaller number will need inpatient care.

The purpose of this paper is to set out proposals for where these inpatient beds should be and have been jointly agreed by South London and Maudsley NHS Foundation Trust (SLaM) and Lambeth, Southwark, Lewisham and Croydon CCGs

Current service provision

In order to understand where inpatient care fits in with the patient pathway it is useful to understand the other specialist services for older adults that SLaM provide. These services include:

Memory Services – these are clinic based services to assess diagnose and start treatment for people with suspected dementia and mild cognitive impairment.

Community Mental Health Teams - these community based teams provide assessment and short term treatment for people with severe psychiatric disorders including people with dementia who have significant behavioural and psychological symptoms or carer stress.

Care Home Intervention Teams – these teams work with residential and nursing homes to provide assessment and treatment of people with psychiatric disorder, usually either those with dementia and behavioural and psychological symptoms or people with severe long-term functional illness such as chronic schizophrenia.

Home Treatment Teams – these teams manage the inpatient beds, support patients to receive treatment at home rather than in hospital wherever possible and to facilitate early discharge. They receive referrals from emergency departments, community mental health teams, care home intervention teams and acute hospital inpatient services

Acute Inpatient Units - these inpatient beds based on 3 sites (Maudsley, Lewisham and Bethlam Hospitals) provide acute assessment and treatment for people with severe disorders and substantial risk who require management in an inpatient setting.

Specialist Care Units - these units (Greenvale in Streatham and Ann Moss in Southwark) provide medium and longer term treatment for people with persistent severe symptoms associated with psychiatric disorder who are unable to be managed in residential or nursing homes.

MHOA Liaison Services – these teams provide advice, mental health assessment diagnosis and treatment of people who have been admitted to wards in general hospitals

Current situation

Any older patient requiring admission to an acute inpatient unit is currently admitted to one of the three units (AL 1 – on Maudsley Hospital site (Southwark), Hayworth at University Hospital Lewisham (Lewisham) or Chelsham on the Bethlem Royal site (Bromley). This is irrespective of their diagnosis, presentation and care needs. What this has led to is a mix of patients with different disorders and presentations on each of three wards, which can be distressing for patients (eg a patient with severe anxiety/depression may be distressed by being on a ward with people with severe dementia and agitation). Because admissions tend to be more than a week, and there

is relatively slow turnover, compared with, say, an acute medical ward. This means that at any one time there are very few beds available, and patients needing an admission have to be admitted to the first available bed. So a patient is equally likely at the moment to be admitted to any one of three wards.

NHS Benchmarking

The National Mental Health Benchmarking data (November 2016) shows that SLaM MHOAD services:

- Have very high bed occupancy (96.1%) - top quartile of Trusts submitting data.
- Have a small number of beds (16/100k) - lower quartile.
- Have a low number of admissions (62/100k) - lower quartile.
- Are the fourth lowest Trust for emergency re-admissions
- The highest of all Trusts measured for duration of stay for continuing care patients (1784 days- the next lowest being 1200 days)
- The highest of all Trusts for delayed transfers of care

In order to improve patient outcomes and ensure most effective use of resources it is proposed that acute admission inpatient units will be configured to manage different patient groups - one focusing on dementia care and the other two on the care of people with psychotic, mood and anxiety disorders (the so-called “functional” disorders). This will enable ward environments to be tailored towards the specific needs of the patients and staff will be able to specialise and become highly skilled in either dementia or functional illness care. The needs of people with dementia will rightly become an equal priority to that of functional illness.

To meet the needs of local people, the Trust will need one acute dementia unit, which it is proposed to be Chelsham House (Bethlem Royal Hospital site) and two units for people with functional disorders on AL1 (Maudsley Hospital) and Hayworth (University Hospital Lewisham). There are currently 54 beds in all across the 3 sites and the number will remain the same following the proposed changes.

Functional disorders- acute inpatient care

There is overwhelming evidence that assertive treatment of functional illness coupled with good primary care support can reduce relapse rate and reduce the need for inpatient admission. But there will always be a need for acute admission for people with severe relapsing and remitting disorders. Our view is the proposed acute inpatient service can manage this demand provided there is continued investment in the supportive community services.

Dementia- acute inpatient care

The incidence of dementia continues to fall as effective prevention is put into place in primary care and through public health measures. But the actual numbers of people with dementia will increase for some years as we have older people in society. The memory service model of timely diagnosis, evidence based treatments, and person centred care planning through the lifespan of the person with dementia and their carer has proven effective.

This model reduces carer stress, improves quality of life, and reduces the need for acute inpatient admissions and placement in care homes. So, despite the increase in

prevalence of dementia the need for acute mental health inpatient care for people with dementia has fallen and will continue to fall. The challenges faced by our services when patients with dementia are admitted include difficulty in arranging an appropriate placement for longer term care due to the restricted care home sector in inner London. This leads to higher than necessary bed occupancy and puts patients at risk.

There will be flexibility around admission criteria; decisions to admit to a particular ward will be based on patient need. So, for example, it may not be appropriate for someone with a recent diagnosis of mild dementia who is depressed to be cared for on a dementia care unit.

It is also recognised that some patients and their families may prefer to be treated closer to their home borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this. In addition issues of privacy and dignity may mean that a person has to be admitted to an available bed and then transferred if appropriate.

Support for family and carer visitors

For a small number of service users and their carers the proposed change will mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to 'John's Campaign'. John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to be their cognitive ramps, their experts in experiences, and a voice for the voiceless. The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

SLaM also provides a shuttle bus service that runs between the Maudsley and the Bethlam site that families can use. There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this

6. Financial implications

There are no financial implications to the proposal. The funding for in-patient facilities remains the same.

7. Legal implications

None

8. Crime and disorder implications

None

9. Equalities implications

Please see attached EIA.

10. Environmental implications

None

11. Conclusion

Following intensive collaboration with commissioners from the four boroughs, engagement with service users and their carers the new service delivery model is being proposed in line with national guidance and recommendations.

Commissioners and SLaM are therefore requesting the committee to consider and approve the proposal of the new service model.

Background documents and originator

EIA

Map of the Royal Bethlem Hospital

Karin Barthel, Interim Senior Joint Commissioning Manager AMH, MHOA and Dementia, Karin.Barthel@nhs.net, Tel: 0208 314 3877, Mobile: 07500103073

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
    1. All SLaM service users have a say in the care they get
    2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
    3. All service users feel safe in SLaM services
    4. Roll-out and embed the Trust's Five Commitments for all staff
    5. Show leadership on equality though our communication and behaviour

Name of the policy or service development: Proposed changes to MHOAD acute bed configuration

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
?yes	yes	no	no	no	no	no	no	no

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed: 18 June 2017 updated 14 September 2017
Name of person completing: Vanessa Smith
CAG: MHOAD CAG
Service / Department: CAG Management Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of lead person responsible for the policy or service development?

Vanessa Smith/Cha Power

2. Describe the policy or service development

What is its main aim?

Improve clinical outcomes, patient safety and patient experience by organising acute beds to manage defined disorders.

Background and Current Service Model:

Currently, patients over the age of 65 from the boroughs of Lambeth, Southwark, Lewisham and Croydon who are acutely unwell and require an inpatient admission to a mental health bed regardless of their diagnosis are admitted to the first available bed on either:

- Aubrey Lewis 1, Maudsley Hospital, Southwark
- Hayworth on the Ladywell Unit, Lewisham
- Chelsham House, Bethlem Royal Hospital, Bromley

Every effort is currently made to accommodate patient and carer choice and there is no ward currently designated for a particular borough. However, it is to be noted that should there not be a bed available on the patients preferred ward the first available bed will be offered to the patient.

Need for change:
Having separate in-patient beds for patients with functional mental health needs versus organic needs has consistently been regarded as good practice (Audit Commission, 2000, 2002; Royal College of Psychiatrists, 2006). People with severe depression, for example, may find that sharing their living space with people with behavioural problems associated with dementia can have a negative impact on their recovery and add to their distress. Similarly, the effect on people with dementia sharing a ward with people with severe depression may also be unhelpful given that the nature of care and supervision needed for the two groups may be quite different. In their 2011 report on inpatient services, the Faculty of Old Age Psychiatry, Royal College of Psychiatrists made a clear recommendation that “ *inpatient areas (for functional and organic disorders) should be separate and dedicated if possible”*(Royal College of Psychiatrists, 2011).

There is also evidence from the 2011 national report of the older persons inpatient services National Accreditation Programme (Royal College of Psychiatrists, 2011) that specialist organic/dementia wards offered better advocacy, care planning, communication with patient and carer, provision of activities, and engagement with carers in comparison with mixed functional/organic wards.

What are its objectives and intended outcomes?

Continue to treat those patients with mental health problems for whom we are commissioned to provide inpatient care, but offer a more specialist and person centred care based on the patients' needs

What are the main changes being made?

The current service model used across the four boroughs is currently not in line with the outlined national recommendations.

Following intensive collaboration with commissioners from the four boroughs, a new service delivery model is being proposed in line with national guidance and recommendations.

In future, we are proposing that we will have a designated ward to meet the particular needs of patients experiencing moderate to severe dementia (organic conditions). We are proposing that this ward should be Chelsham House. Chelsham House has been identified as the most appropriate ward, due to its facilities, layout and settings it lends itself to best-practice delivery of care for patients with dementia.

The remaining two wards will mainly focus on the care of patients with functional mental health conditions (psychotic, mood and anxiety disorders) and patients in the early stages of dementia whose primary diagnosis is of a functional one.

Allocating one ward for patients with dementia and two wards for those with functional mental health needs will mean that patients can be admitted to the ward which best meets their clinical needs. Staff will be experts in the treatment and care for patients with these distinctly different presentations.

Although we are proposing this split, patient and carer preferences and clinical need will continue to be accommodated (there will be flexibility should they prefer to be cared for on a particular ward). This is in line with the Royal College of Psychiatrists recommendations (2011) which state *"If separate functional and organic wards are provided and there is uncertainty regarding which is most appropriate for an individual patient, then ultimately it is an issue of assessment of need rather than one led inflexibly by diagnosis (e.g. a patient with early dementia who is suicidal or displays predominately psychotic symptoms may be better placed on a functional ward)"*

There are 54 beds available across the four boroughs on three wards. When a decision is made that a person requires treatment on an inpatient ward this is discussed with the person and their family and carers. People are able to express a preference and will continue to be able to do so. All the wards have multidisciplinary teams, which include doctors, nurses, psychologists and occupational therapists with sessional input from other professions for example Speech and Language Therapists and Physiotherapists. All teams are able to provide care and treatment for people whatever their diagnosis.

What is the timetable for its development and implementation?

If it is considered that the proposed service changes are substantial then this would require a formal consultation of 90 days/3 months. Specific timescales would need to be agreed but time is needed to prepare for a formal consultation, 90 days for the consultation period and a period of time afterwards to feedback the outcomes.

If this is not considered to be a substantial change then the CAG needs to work on a project plan to deliver the agreed changes and ensure these are communicated appropriately to staff and service users and carers. This will take up to 6 months.

3. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

Census Data for 2011 Lambeth Southwark Lewisham & Croydon for population over 65 yrs.

Total population of people over 65 (March 2011)

Croydon - 44375

Lambeth – 23187

Lewisham- 26135

Southwark- 22329

London profile data

Croydon's ethnic diversity is about average for London, with around 47% recorded as White British. There are high proportions of people with Indian Caribbean and African origin/ethnicity. Ethnic composition varies greatly across the borough.

Lewisham borough is also ethnically diverse, with only 41% White British residents. In particular, Lewisham has large Black African (11%) and Black Caribbean (12%) communities.

Southwark's population is ethnically diverse, with a high proportion of Black Africans (16%) concentrated in Peckham, Liversey, Foundry, Camberwell Green) and Black Caribbean residents (6%, concentrated in Peckham, Nunhead, the Lane and Camberwell Green) compared to both the national and London average. Lambeth's population is also ethnically diverse. 57% White, 26% Black, 7% Asian and 10% other. Over 24,000 over 65s live in Lambeth. The population aged 60+ is projected to grow by a quarter in the next 10 years, compared to a 10% growth across the whole population.

Our neighbouring Trusts, South West and St Georges (SWLSG) and Oxleas NHS Trust,cover an area that is demographically similar to SLaM. Oxleas successfully operates a model of care that includes specialist functional and organic wards. SWLSG are moving towards a separation of functional and organic care in inpatient units, as part of their Estates Modernisation programme

4. Have you explained, consulted or involved people who might be affected by the policy or service development?

Progress on the proposal is discussed at the monthly 4 Borough Commissioner Meeting and at the CAG Executive Committee. All of the commissioners from the 4 boroughs are supportive of the proposed changes and trigger templates are being completed for all.

There is a MHOAD Service User and Carer Advisory Group that meets monthly this can provide feedback on the proposal and specific aspects for e.g. the environmental issues were discussed in November 2016 and the Service Director is presented in March 2017.

Members of SUCAG sit on the CAG Executive Committee.

There are regular Carers' Groups on the inpatient wards facilitated by members of SUCAG where the proposal can be discussed.

There is a CAG project group to oversee progress which will have a SUCAG member.

All of the staff working on Chelsham House receive regular updates on the proposal. There is a formal structure between staff and management to facilitate a two way dialogue about the proposal, progress and to listen to feedback from the staff re issues or opportunities. This is facilitated by our HR Business Partner.

A poster has been displayed on each ward outlining the proposal and asking for feedback. Information leaflets have been made available and discussions have taken place at ward based service user and carer groups. Posters have also been displayed in each of the community sites that patients and carers attend.

5. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

Age	**Positive impact:** No	**Negative impact:** No
Please summarise potential impacts: Commissioned as an older adult service		
Disability	**Positive impact : Yes**	**Negative impact:** Yes
Please summarise potential impacts: The proposed split of wards will have no impact on the overall number of available beds for older adults available across the four boroughs. The split enables patients to receive best evidence based care according to their needs. Staff on the individual wards will be specialists in treating functional or organic mental health conditions.		

<table>
<tr><td colspan="3">There will still be flexibility for patients and carers should they prefer to be cared for on a particular ward.

For a small number of service users and their carers the proposed change can mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to John's Campaign. "John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital." Age UK.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to be their cognitive ramps, their experts in experiences, and a voice for the voiceless. The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.</td></tr>
<tr><td>Gender re-assignment</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: : None</td></tr>
<tr><td>Race</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: : None</td></tr>
<tr><td>Pregnancy & Maternity</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: None</td></tr>
<tr><td>Religion and Belief</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: : None</td></tr>
<tr><td>Sex</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: : None</td></tr>
<tr><td>Sexual Orientation</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: : None</td></tr>
<tr><td>Marriage & Civil Partnership
(Only if considering employment issues)</td><td>Positive impact: No</td><td>Negative impact: No</td></tr>
<tr><td colspan="3">Please summarise potential impacts: None</td></tr>
<tr><td>Other (e.g. Carers)</td><td>Positive impact: Yes</td><td>Negative impact: Yes</td></tr>
<tr><td colspan="3">Please summarise potential impacts:

The proposed split of wards will have no impact on the overall number of available beds for older adults available across the four boroughs.

The split enables patients to receive best evidence based care according to their needs. Staff on the individual wards will be specialists in treating functional or</td></tr>
</table>

organic mental health conditions.

There will still be flexibility for patients and carers should they prefer to be cared for on a particular ward.

For a small number of service users and their carers the proposed change can mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to John's Campaign. "*John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital*." Age UK.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this and provide information on transport options available.

A positive impact is that people can be cared for and treated in a specialist unit with a more suitable environment and by staff with particular skills in the care and treatment of particular disorders. The aim is to improve quality and clinical and patient rated outcomes.

6. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

There will be some flexibility in providing dementia care on the designated functional units and a pragmatic approach will be used when it's in the best interests of the patient.

Home Treatment Teams operate in each borough and can support facilitated early discharge from hospital -this means that people can have the shortest stay possible in hospital and enable care and treatment at home.

Care home Intervention Teams operate in each borough to support patients in local nursing and care homes to help prevent admissions by supporting care homes to manage people with moderate and severe behavioural symptoms of dementia and to

help the smooth transition from inpatient settings to local placements.

7. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

(*This may should include agreeing a review date and process as well as identifying the evidence sources that can allow you to understand the impacts after implementation)*

Service change will be monitored through appropriate data including OBDs, readmission rates, length of stay, incidents, clinical and patient related outcomes.

Use of patient feedback routes including PEDIC, compliments and complaints.

Staff feedback via supervision/ appraisal framework and annual staff survey and FFT.

Date completed: 18 June 2017 updated 14 September 2017
Name of person completing: Vanessa Smith
CAG: MHOAD CAG
Service / Department: CAG Management Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible / lead person	Timescale	Progress
People have to travel a longer distance to visit relatives or friends. People have a longer distance to travel home for leave.	There are 54 beds available across the four boroughs on three wards. When a decision is made that a person requires treatment on an inpatient ward this is discussed with the person and their family and carers. People are able to express a preference and will continue to be able to do so. All the wards have multidisciplinary teams, which include doctors, nurses, psychologists and occupational therapists with sessional input from other professions for example Speech and Language Therapists and Physiotherapists. All teams are able to provide care and treatment for people whatever their diagnosis. There will be some flexibility in providing dementia care on the designated functional units and a pragmatic approach will be used when it's in the best interests of the patient. Some patients and their families may prefer to be treated closer to their home	Cha Power	Achieved - this is currently the case and will continue once any change is implemented.	

	borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this. In addition issues of privacy and dignity may mean that a person has to be admitted to an available bed and then transferred if appropriate.			
	All of the wards are actively engaged in John's Campaign. This is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.	Rebecca Horton	Achieved	Becky will monitor issues as they arise.
	Home Treatment Teams operate in each borough and can support facilitated early discharge from hospital -this means that people can have the shortest stay possible in hospital and enable care and treatment at home	Cha Power	Achieved	Service is operational
	Care home Intervention Teams operate in each borough to support patients in local nursing and care homes to help prevent admissions by supporting care homes to manage people with moderate	Cha Power	Achieved	Service is operational

	and severe behavioural symptoms of dementia and to help the smooth transition from inpatient settings to local placements.			
	There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this and provide information on alternative transport options.	Director of Estates and Facilities.	Achieved	Service is operational
	The wards will have the necessary documentation available so that people can use the bus (i.e ticket/pass).	Rebecca Horton	Achieved	People already access this option.
	Some patients and their families may prefer to be treated closer to their home borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this	Cha Power	Achieved - this is currently the case and will continue once any change is implemented.	
	Assistance with alternative travel	Cha Power	Achieved -	

	arrangements are made based on individual needs.		this is currently the case and will continue once any change is implemented	

Date completed: 18th September 2017
Name of person completing: Vanessa Smith
CAG: MHOAD CAG
Service / Department:

Please send an electronic copy of your completed action plan to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

South London and Maudsley NHS
NHS Foundation Trust

Getting to Hospital

Visiting Bethlem Royal Hospital

Bethlem Royal Hospital
Monks Orchard Road
Beckenham
BR3 3BX
Telephone: 020 3228 6000

Bethlem Royal Hospital is in the London Borough of Bromley, South East London.

Click here for a map of the hospital site

Visiting by car

from West End/West London: Follow the A214 through Wandsworth, Streatham, Crystal Palace and Elmers End turning right at the junction with Monks Orchard Road. The hospital is located at the end of the road on the right hand side. From Crystal Palace signs to West Wickham via A214 will guide you.

from City/East London: At the Elephant and Castle follow A215 to Herne Hill - left on to Croxted Road/South Croxted Road/Dulwich Wood Park to Crystal Palace Parade follow Anerley Hill (A214). signs to West Wickham via A214 will guide you.

M25 (from the East): Leave at Junction 4, follow A21 to junction with A232 (The Fantail), follow A232 towards West Wickham. Turn right at junction with Monks Orchard Road.

M25 (from the West): Leave at junction 8 (A23) follow signs for central London. At Purley Cross turn right, signposted A22 - turn left immediately and follow A2022 until West Wickham, turn left into Corkscrew Hill and left along West Wickham High Street.

Congestion charge
Bethlem Royal Hospital is not in the London congestion charge zone.

Parking
There is substantial parking at Bethlem Royal Hospital. However the site does get busy at peak times, if possible please use public transport.

There are several parking bays designated for the use of disabled drivers only and disabled drivers. If you have difficulty finding a car parking space, please go to main reception .

Visiting by public transport

By rail: The nearest stations are Eden Park (Zone 5) and West Wickham (Zone 5). From Central London - Waterloo East, London Bridge, Cannon Street and Charing Cross - take the Hayes train. Transport for London's Oyster rail map and journey planner might help plan your journey.

From Eden Park station turn left along Links Way at the junction with Monks
Orchard Road/South Eden Park Road walk down Monks Orchard Road; the hospital is on the right hand side at the of the road. Or bus 356 outside the station.

By tram: An interchange with London trams is provided at Elmers End Station, one stop by train from Eden Park

By bus: Routes 194, 356, 358, 119 (24 hrs), 494 and 198 service the Hospital. Transport for London's journey planner might help plan your journey.

An inter hospital bus runs to the Maudsley Hospital, with departures at: 7.45 am, 9.30am, 11 am, 1 pm, 2.30 pm, 3.45 pm and 5.30 pm.

Bethlem Royal Hospital