NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 25 March 2015

Title and Author of Paper:
Business Case: Improving the Northumberland Dementia Pathway. Authors Russell Patton, Gill Keane, Dave Rycroft on behalf of the Urgent Care Group.

Paper for Debate, Decision or Information: Debate and decision

Key Points to Note:

- **This business case was reviewed by the Trust's Finance, Infrastructure and Business Development Committee on 21 January 2015 where it was agreed to be passed to the Board for approval.**
- It is proposed to follow the successful service model for organic services adopted elsewhere in the Trust for the Northumberland inpatient services. This will involve a reduction in inpatient capacity from 48 to 21 beds supported by investment in the remaining inpatient services and into the Northumberland Memory Support Service.
- Bed occupancy was 62% at the end of November 2014 occupancy and activity is currently being managed down further as service users are discharged to services more appropriate to their needs.
- Investment into the Northumberland Memory Support Service will assist Northumberland CCG in achieving the required 67% dementia diagnosis rate.
- The organic service of Northumberland PCP will support service users in the community (at home or in care home provision), which will reduce the reliance on inpatient admissions
- Staff Consultation has been completed.
- Northumberland CCG has indicated its support for this development.

N.B The attached business case contains a lot of detail and should only be read or referred to if further information is required

Outcome required: The Board is asked to approve the draft business case.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Business Case
BD241 – Improving the Northumberland Dementia Pathway

March 2015

Shining a light on the future

Document Control

Purpose of this document

The purpose of this document is to present the Business Case for Improving the Dementia Pathway in Northumberland.

Version Control

Date	Version	Status	Author	Update Comments
14.10.14	1.1	Draft	Steve Brooks	Updated narrative and activity
25.11.14	1.2	Draft	Steve Brooks	Updated narrative, activity and financial information
16.12.14	1.3	Draft	Steve Brooks	Updated with comment from Lisa Long and comment from Urgent Care OMG
17.12.14	1.3	Draft	Steve Brooks	Updated re Northumberland Memory Service
07.01.15	1.4	Draft	Steve Brooks	Updated following UCG meeting 06.01.15
13.01.15	1.5	Draft	Steve Brooks	Update following Equality Assessment
14.01.15	1.5	Draft	Steve Brooks	Update re Financial information
03.02.15	1.5	Draft	Steve Brooks	Update re OSC meeting
12.02.15	1.5	Draft	Steve Brooks	Update re Financial information/staff consultation
17.02.15	1.5	Draft	Steve Brooks	Update re impact on SLA baselines
09.03.15	1.5	Draft	Sharman Cummings	Update re Capital Consequences
16.03.15	1.5	Draft	Gill Keane	Update re Staff consultation
17.03.15	1.5	Final	Gill Keane	Final version

Document Approval

Version	Review Committee	Date of Assurance/Approval
1.5	FIBD	January 2015

Contents

1. Introduction

The objective of this business case is to improve the dementia care pathway in Northumberland by consolidating activity from two inpatient facilities into one. This will enable more focussed clinical interventions to take place within the inpatient unit by having a greater staff to patient ratio with significant input from qualified practitioners. In addition this will enable the investment of significant resources into Older Peoples Community services to support and enhance memory services. Other developments within the community cognitive pathway e.g. universal crisis and an expanded challenging behaviour team will occur as a consequence of Principal Community Pathway (PCP) modelling. The development mirrors the process of successfully rationalising the dementia pathway in Newcastle and South of Tyne and therefore will bring the Northumberland service in line with other models for organic services within the Trust.

This development forms part of the Urgent Care Group's service delivery plan and the proposals are consistent with the Trust's Transforming Services Programme and its Service Model Review. There is significant alignment with the PCP work currently underway within Northumberland and the proposal will support changes to the pathways currently under development and it also contributes to the Trusts financial delivery plan for 2015/16.

2. Context

2.1 Local Context

The local context is viewed from the perspective of the Trust, the Service, and Commissioners.

2.1.1 The Trust

The business case is written in the context of the Service Model Review (SMR) which was undertaken by the Trust in 2010 and which has been broadly supported by stakeholders including Commissioners, GP's, Service Users, Carers and partner agencies including the former Strategic Health Authority, and Local Authorities. The SMR is based on a whole system service redesign approach and it shapes the strategic direction of the Trust over the next 5 years and it is integral to the Trust's Strategic Plan for the period up to 2018/19.

The SMR supports the Trust as it faces and responds to the Quality, Innovation, Productivity and Prevention (QIPP) challenge of continuing to improve quality whilst substantially reducing its cost base by 20% over 5 years. A key element of the SMR in the context of this business case is a recommendation that the Trust should have fewer but better resourced inpatient facilities as part of an integrated whole system approach to service provision. This recommendation is being taken forward as part of the Trusts Transforming Inpatient Services initiative and includes the proposal covered by this business case.

The principal driver for change is to improve the quality of the services being provided whilst meeting the QIPP challenge faced by the Trust. The Trust will broadly do this in line with recommendations for service redesign proposed in the SMR. If the Trust is to make improvements to the dementia pathway in Northumberland it is vital that it identifies those areas where it can rationalise its services and facilities and

reinvest in areas which can improve service user outcomes. Services should also be delivered from sites which offer the best physical environment.

The service redesign is also centred on Care Pathways and Packages. This approach is mandated by the Department of Health and is endorsed by the Trust. It is designed to ensure that service users consistently receive the right service, at the right time and in the right place: depending on the nature of the problem, the level of complexity, the urgency and the risk.

2.1.2 The Dementia Service

In the context of the Strategic Plan, the development of the dementia care pathway in Northumberland focuses on the intention to provide an improved patient experience and improved outcomes by increasing staffing ratios in the inpatient dementia services, with access to a better range of clinical support, allied with improved admission and discharge processes, thus allowing the Trust to focus its resources on those at an earlier stage of the illness who may exhibit challenging behaviour. Additionally there will be investment in the Memory Support Service, which will increase the capacity of the team with the intention of improving dementia diagnosis rates.

As part of its wider dementia pathway work (introduced in 2009) the Trust has been able to successfully close long term care facilities for dementia across the Trust in recent years, and service users have been safely moved on to other provision within the overall capacity of beds available.

For example in line with implementing the Newcastle Challenging Behaviour model, Dene Lodge (18 beds) closed in 2007/08, and this was followed during 2009/10 by the closure of Silverdale (22 beds), 2013/14 with the closure of 18 beds in the upper floor of Ashgrove, and finally with the closure of the lower floor of Ashgrove (18 beds) during 2014/15.

This reflects the change in the patient profile within the Trust in recent years, and this trend continues. In the instances above service users were safely moved and accommodated within the reduced bed capacity without any adverse impact on access to admissions to meet clinical need. The implementation of the Challenging Behaviour model, delivered by the Community Challenging Behaviour Team across Newcastle, has successfully supported the discharge of people whose challenging behaviour has resolved or can be more appropriately managed in another care setting. The Urgent Care Group believes that this approach can also be applied in Northumberland.

Dementia inpatient services in Northumberland are currently provided across two wards at St Georges Park; Cresswell (24 beds), and Druridge (24beds). The wards have not operated at full capacity, and this is further analysed in section 3.3 below.

Service	Beds	Description
Cresswell	24	Cresswell is an inpatient unit with 24 beds providing assessment, treatment and rehabilitation by a multi disciplinary health and social care team for older people with mental health problems arising from organic disorders such as dementia.
Druridge	24	Druridge is an inpatient unit with 24 beds focussing on the provision of specialised longer term care for people with severe mental illness and challenging behaviour arising from an organic disorder such as dementia. Druridge aims to ensure that seamless integrated care pathways are provided for older people with mental health NHS long term care needs.

2.1.3 Commissioners

Northumberland County Council and Northumberland CCG have jointly produced a document "Living Well with Dementia: A Joint Strategy for Northumberland" which sets out their approach to collectively meeting the challenge that National Dementia Strategy and other evidence based guidance presents, and also to form an integrated care pathway.

Northumberland Clinical Commissioning Group (CCG) includes dementia issues within its commissioning strategies for 2014/15. The commissioning strategies include the following items relevant to this proposal;

1. Deliver clinically led, patient focused and evidence based commissioning of healthcare services;

2. Create and improve integrated patient pathways that deliver care seamlessly across organisational boundaries;

3. Implementation of the Dementia Strategy

Additionally an Integration Board has been established with Northumberland County Council and other stakeholders to drive the delivery of integrated care and hold the health and social care system to account for its delivery, focused on agreed outcomes. Northumberland CCG has an imperative under Everyone Counts: Planning for Patients 2014/15- 2018/19 guidance to improve its dementia diagnosis rates from 44% to 67% by March 2015/16 and it is looking for investment into the Memory Support Service to support this.

2.2 National context

National Dementia Strategy (2009) seeks to support people living well with dementia in the community for as long as appropriate. The delivery of the Trust's rationalisation

of the dementia pathway is working towards improving community services which support people and their carers to continue to live at home for as long as possible.

The Department of Health Continuing Healthcare Guidance (2007) states that people with long term healthcare needs should be regularly reassessed and care provided in the most appropriate care setting to meet the person's needs.

3. The Case for Change

3.1 Demographics and prevalence

It is recognised that the incidence of dementia rises with age and therefore demand for all aspects of dementia services, including inpatient beds, is likely to rise significantly by 2019, based on the 2011 census. Increases of 19.1% in the 65+ age band for the Trust catchment area are predicted, however for Northumberland the predicted increase is 34.7% by 2019.

The Living Well with Dementia: A Joint Strategy for Northumberland document reports that in 2012/13 Northumberland had the same dementia prevalence as the North East average. Using PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information) the document includes an estimate the change in population for Northumberland CCG to 2020. It is estimated that there will be a 3.6% decrease in the population aged 18-64 years old and an increase in population aged 65 and over, with the greatest increase in the population aged 85 years and over with a predicted 36.9% rise.

The age groups with the biggest predicted percentage rise in the number of dementia patients are those aged 90 years and over and 70-74 years old.

The service believes however that this increase in potential activity is manageable given the recent experience of safely reducing capacity in Newcastle. As referred to above, the Newcastle Community Challenging Behaviour Team has already enabled a safe reduction in inpatient capacity in Newcastle in recent years by supporting patients at home or in other settings outside the Trust. It is envisaged that taking a similar approach in Northumberland will enable the safe reduction of inpatient capacity.

3.2 Clinical effectiveness and service delivery

The Trust's dementia services are staffed by trained mental health nurses who have developed enhanced skills to care for older people with mixed physical and mental health needs. The clinical team is supported by a general nursing trained Nurse Practitioner to ensure the safety of our patients whilst they require on-going mental health treatment.

The Trust's dementia inpatient facilities in Northumberland provide, inter alia, long term care / end of life care. However it is widely acknowledged that once a person has no presenting challenging behaviour and their physical health needs outweigh their mental health needs that their care can be more appropriately provided in local nursing homes.

The Trust's Newcastle dementia pathway was changed to reflect this in 2009 and new patients entering the pathway have been successfully discharged from the dementia services since it was implemented. The Urgent Care Group considers that

this element of the pathway is an area that can be effectively and more appropriately provided by other providers allowing the Trust to focus its resources on those at an earlier stage of the illness who may exhibit challenging behaviour. When the patients challenging behaviours reduce or rescind then their needs are assessed to support decision making as to their suitability for transfer on to a general nursing home or other provision outside the Trust.

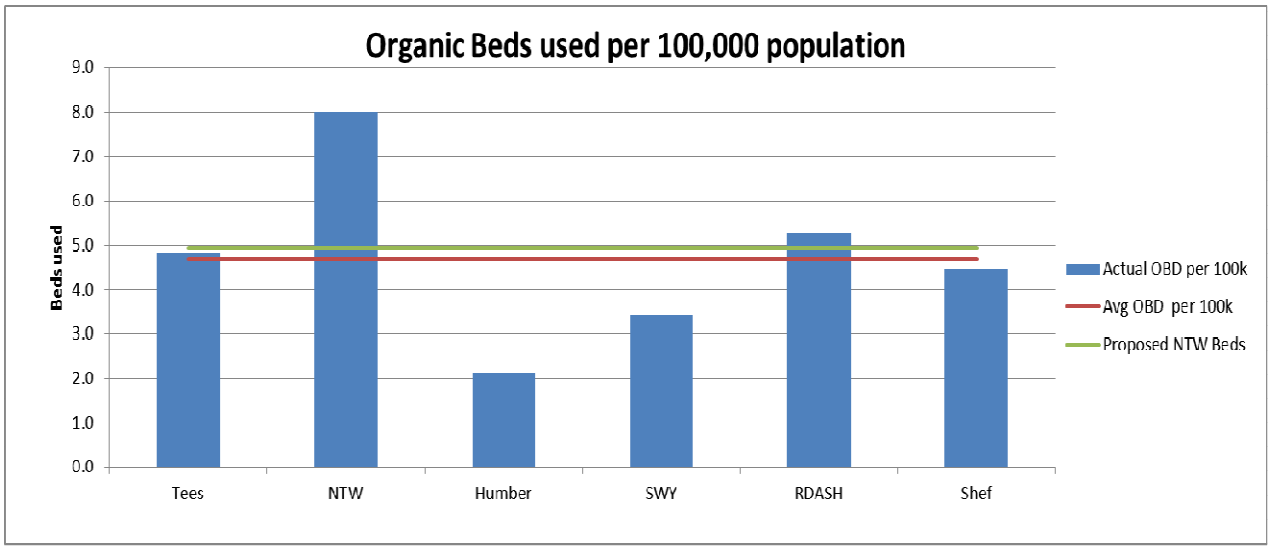
To support this, the Dementia Service operates to a draft Practice Guidance Note (PGN) based on Department of Health Guidance (see Appendix 1). This PGN relates specifically to patients who require transfer from the Trusts Older Persons services to a long term, external care setting. The guidance relates to transfers mandated by increased physical care requirements which are to be met in the external care setting. The PGN aims to ensure the safe, appropriate and timely transfer of patients with minimal risk to a more suitable care setting and provides a robust framework of actions and requirements: inclusive of time frames, documentation, consultation, transfer arrangements, care transfer and adjustment period. The intention is to facilitate safe, collaborative and effective transfers of a vulnerable patient group, to ensure patients are treated as individuals and to put measures in place to minimise relocation stress for the patient and associated family/friends/carers, and to handle the transfer process with sensitivity.

The rationale for this change is further supported by the Continuing Healthcare Guidance issued by the Department of Health which requires the Trust to continually assess the needs of patients and place them in the most appropriate care setting.

Needs assessment work relating to the patients in Cresswell and Druridge has been carried out. This has provided information in relation to discharge options for service users.

3.3 Capacity, activity and length of stay

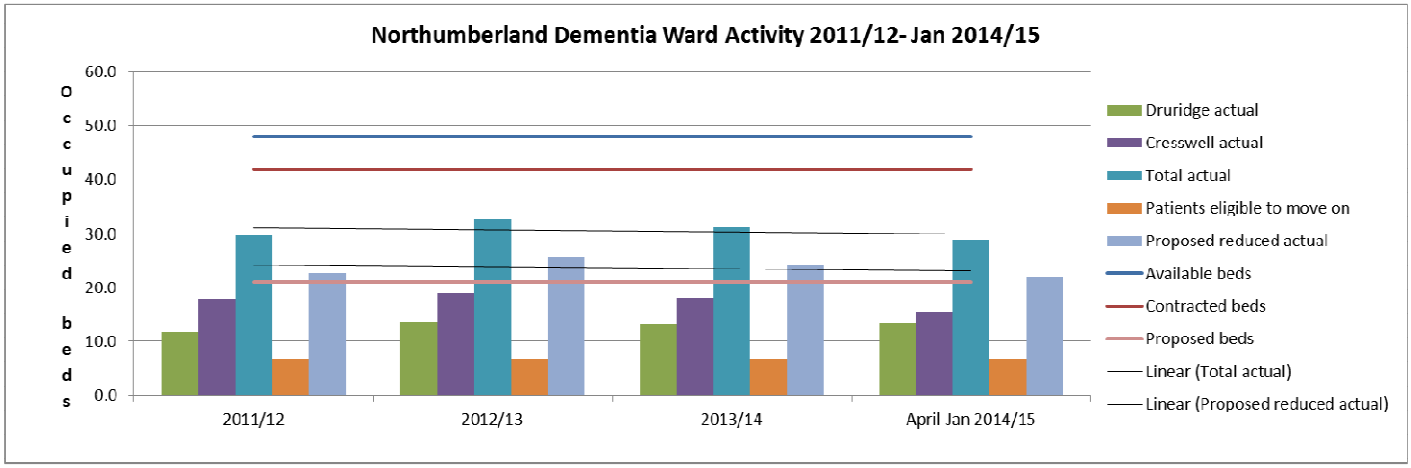
The Trust currently has a capacity of 110 dementia beds across 6 wards, and this proposal will reduce total capacity to 83 beds across 5 wards. Based on 2014 Reference Costs analysis this will bring the Trust provision of organic beds broadly into line with comparator Trusts in the Care Pathways and Packages group. The chart below illustrates actual service provision per 100,000 population in terms of occupied beds and includes a comparison against both the average activity across the six providers and the proposed 83 beds for NTW.



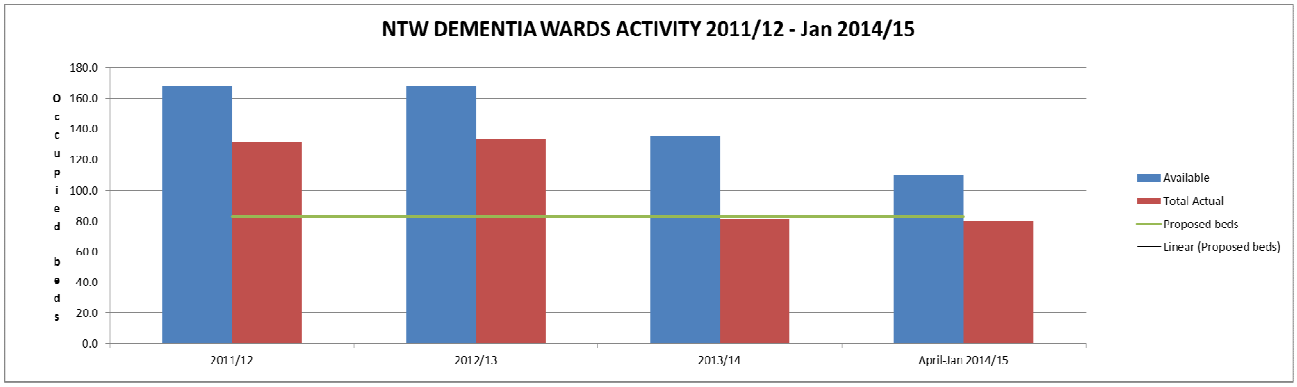
Based on a Trust wide Over 65 population of 243,600 (Source; Office of National Statistics), the 83 beds will provide 1 bed per 2,935 people aged over 65. The proposal will reduce capacity in Northumberland to 21 beds, and based on an Over 65 population of 63,300 in Northumberland this will provide 1 bed per 3,014 people aged over 65 which is higher than the proposed Trust wide figure. The service is confident, however, that it will have options and flexibility to use beds across the Trust if Northumberland beds are full and therefore any pressure can be shared.

Average actual dementia inpatient activity in Northumberland has averaged 30.3 occupied beds over recent years, and this is well within the available capacity of 48 beds and within the contracted level of 42 beds. As at February 3rd 2015, 15 out of 24 beds are occupied on Cresswell, and 9 out of 24 on Druridge, meaning that the occupancy is down to 24 beds. A further 3 service users are ready for discharge from Druridge, meaning that occupancy on the Northumberland wards will be down to 21 beds. Castleside (in Newcastle) is currently operating to an occupancy level of 10 beds (out of 22)

The Urgent Care Group contends that dementia inpatient activity in Northumberland will therefore be manageable within a 21 bedded unit provided that the Challenging Behaviour Team is able support patient care in community settings, and the remaining ward resources are strengthened to deliver a multi –disciplinary service. Planning for future demand for inpatient beds will be enabled through the development of the Memory Support Services in Northumberland. The chart below illustrates the actual bed occupancy from April 2011/12 to January 2014/15.



Over recent years activity on Dementia wards has reduced across the Trust, in line with the wider pathway work that the Dementia Service has been developing with the Community Challenging Behaviour Services. The following chart illustrates this trend, and demonstrates that an overall reduction to 83 beds is feasible.



4. The proposal

In the light of the case for change and the strategic issues identified above the Trust proposes to realign the pathway and improve dementia services in Northumberland by a merger of the two wards to enhance the dementia care/challenging behaviour pathway, supported by some investment into other dementia services.

During January and February 2015 beds on Druridge will be collapsed as patients are moved on to more appropriate facilities, with the ultimate intention of reducing to a single cohort of beds.

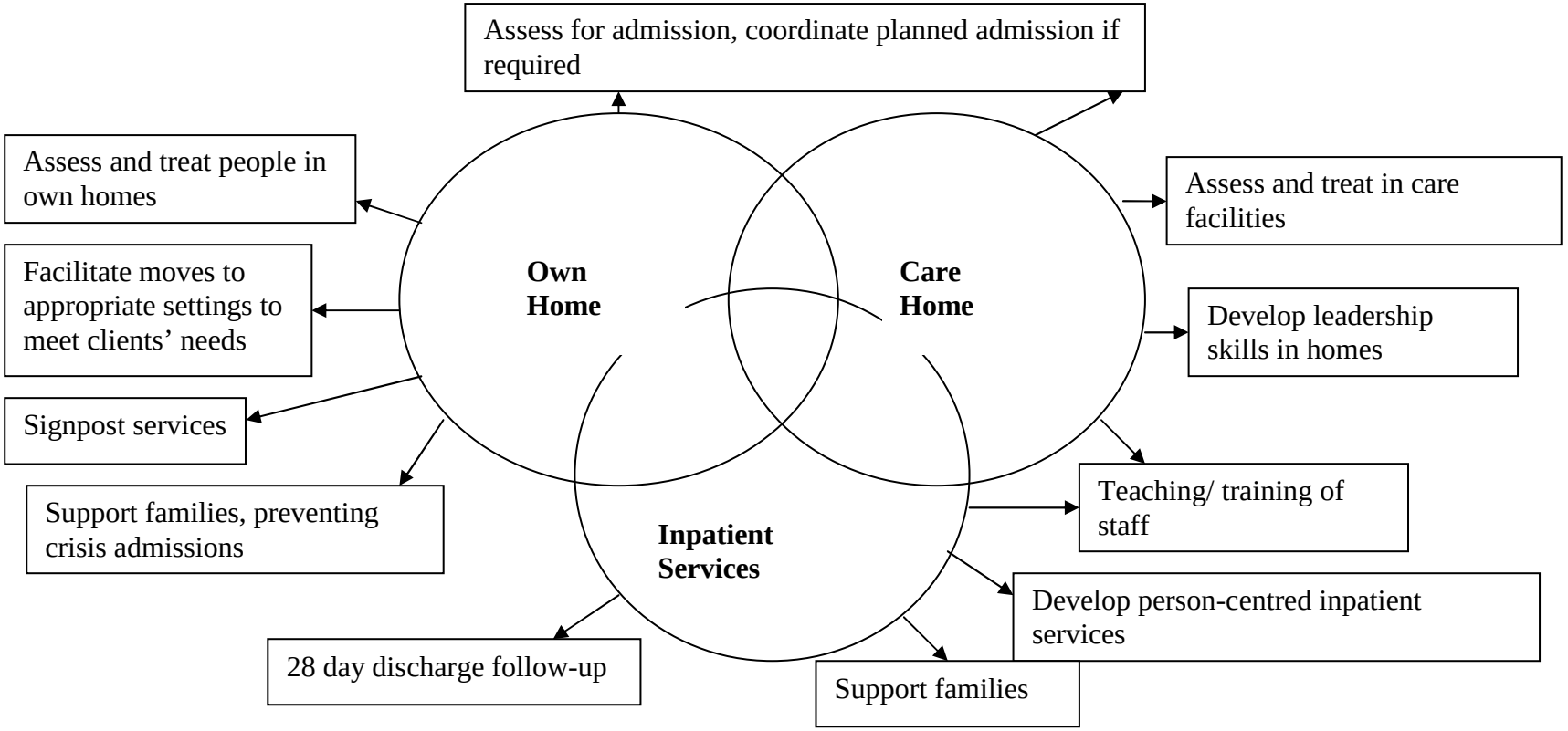
The merged ward will primarily be an assessment and treatment facility but it will also provide challenging behaviour beds. As a stand-alone mixed sex organic ward it will require a higher establishment than if it were part of a dementia centre. As such it will be equipped with appropriately skilled clinicians to manage patients requiring dementia care who may also present with challenging behaviour. Current activity levels indicate that there is capacity within Northumberland to manage occupancy levels. There is also capacity across the wider Older Peoples Service if required (as illustrated in the activity chart at 3.3 above).

To support the proposed change the remaining North of Tyne dementia wards will also need to have their establishments strengthened and investment will also be required in the Northumberland Memory Support Service. As part of the PCP development for Northumberland, capacity within the organic service will be freed up to support universal crisis teams and challenging behaviour services in the community.

This, supported by more effective admission and discharge processes, will enable reduction in demand on the current inpatient capacity within the dementia pathway in Northumberland. In working into both care homes and in domestic settings the team will provide support and build the skills of staff in the community in managing challenging behaviour. This will reduce the need for hospital admissions. The roles of the three elements of the coordinated Challenging Behaviour model – unique features of each service and the generic aspects are illustrated in the diagram below.

The Urgent Care Group considers the proposed reduction will be manageable within the current occupied bed levels (as referred to above in section 3) and also based on experience of previous improvements within the dementia pathway across the Trust and particularly those which have resulted in improved efficiency of use of current provision in Newcastle.

The proposal will also generate a contribution to the Trust's efficiency plan.



Generic work of all CB Teams in all settings

- To treat challenging behaviours in a competent and carer-centred, person-focused manner;
- To provide a bio psycho-social model of care in which pharmacological and non-pharmacological interventions are given as part of a rational treatment plan;
- To treat CB in the setting in which they are exhibited because the settings are often linked to the behaviours;
- To work collaboratively with staff, families and care facilities to improve the well-being of people in care;
- To prevent unnecessary admissions to hospital;
- Minimise use of antipsychotics in accordance with national guidelines;
- To facilitate effective discharges from hospital to appropriate care settings;
- To facilitate transfers of patients to appropriate care settings (from and between clients own-homes, wards, & care facilities);
- To develop links with statutory, regulatory organizations & others (e.g. Care Quality Commission, social services, resources centres).

Although demographic information indicates that there is expected to be a growth in the elderly population and an associated increase in demand for dementia services, the development of the Northumberland Memory Service will enable better planning for future demand for dementia services, and inpatient services in particular.

Further development of Memory Services has been agreed with North of Tyne Commissioners who are looking to improve the early diagnosis of people with dementia to support people to live well with their dementia through developing services which will help people develop strategies to better manage their memory problems, plan for their future and create self resilience. Their focus is to maintain people with dementia in the community with appropriate support for as long as possible. This was reflected in the Service Development Plan agreed with North of Tyne Commissioners during 2013/14, and work is on-going.

The proposed development includes a number of quality issues, and these are summarised in the tables below.

Quality metric	Positive Quality Issue	Measure
Safety	The proposal will ensure safety through enhancements in the environment as well as greater clinical input at the time of need	Reduction in incident reporting
	Proposal would need to move forward on the understanding that the number of beds available is commensurate with demand.	Manageable occupied bed levels within the reduced capacity
	This is based on the trusts successful reconfiguration of the Newcastle dementia pathway.	Future admissions are for those people requiring access to our specialised dementia services
	Resources will be fit for purpose	Delivery of service within revised budgets
Clinical Effectiveness	There should be a positive impact for patients with appropriate staffing levels Access to skilled practitioners to meet the needs of those patients with challenging behaviour and those experiencing organic presentations Patients whose primary needs are in relation to their physical healthcare will be care for by skilled staff in an appropriate environment	Ward staffing levels Enhanced skills and training for ward staff In care settings staffed by skilled general nurse trained staff.
Patient Experience	Patients whose primary needs are in relation to their physical healthcare will be care for by skilled staff in an appropriate environment Improved patient experience with an	Patient and carer feedback Improved patient outcomes

	appropriately skilled workforce	
General	Delivery of service within budget	Balanced budget at end of the financial year

Quality metric	Possible Adverse Quality Issues	Measures	Mitigation
Safety	Delays to admissions across dementia in-patient pathway due to lack of capacity of beds. Evidence from activity information and experience suggests this is manageable.	Manageable occupied bed levels within the reduced capacity	Current activity levels indicate that there is enough capacity within Northumberland. Across Druridge and Cresswell there is 62% occupancy as at November 2014. In addition, capacity within the dementia beds across the wider Trust can be utilised if required.
	Moving vulnerable older people carries and increased the risk of mortality	Current and future admissions are for those people requiring access to our specialised dementia services	Current service users that are deemed clinically fit for discharge will be given the choice to move to general nursing care with support or stay within NTW services. The service has an excellent record of safely managing such moves for those patients who move on to other service provision.
Clinical Effectiveness	Patients whose primary needs are in relation to their physical healthcare will be cared for by skilled staff in an appropriate environment	General trained Nurse Practitioner engaged to support physical health skills of mental health nurses in Cresswell?	Specialist community staff are already in place to support general nursing care providers with the care of people who also have mental health needs
CCG support	Lack of support from Northumberland CCG for the closure of this facility	Tbc?	Investment into community alternatives therefore ensuring appropriate and timely interventions particularly in relation to dementia diagnosis rates

5. Improved service pathway, quality and outcomes.

Reducing the dementia inpatient capacity in Northumberland safely will present a number of potential risks and challenges however the Trust is currently undertaking work on a series of pathway improvement developments which, when implemented, will mitigate against these risks and also contribute to improvements across the wider service pathway for dementia service users.

These developments include;

- Standardising service user pathways
- Using Productive Ward approaches
- Improving Transitions into other services
- Improving transfers
- Developing Community services
- Reducing delayed discharges
- Developing admission protocols

5.1 Development of a standard service user pathway

There is a need to ensure that all service users experience safe, efficient and effective care whist receiving their care within an inpatient setting. Part of the evidence base behind this proposal demonstrates that by ensuring service users receive the appropriate clinical care from appropriately skilled staff service user length of stay and reliance on inpatient services can be reduced.

The Trusts Principal Care Pathways work is being developed and this will support the development of a robust pathway across all Trust services, including those for dementia. This will align community services and allocation of resources.

5.2 Productive Ward Approach

There is a national acceptance that historically inpatient services have not operated efficiently hence the development of the 'Productive Ward' initiative and more latterly the Productive Mental Health Ward has been rolled out across acute care wards within the Trust.

Re-investment of resources in clinical staff in other Northumberland dementia services following the proposed closure will help to develop the clinical pathway and support the delivery of safe and high quality services for service users in the remaining facilities in Northumberland.

5.3 Improving Transitions into other services

Service transitions can be very disruptive for a patient so they need to be kept to a minimum and should occur only where there is an advantage to the patient. In order to ensure that this occurs we must provide well-defined, coordinated and transparent pathways so that everyone understands what types of services exist, where they are, how to access them and what functions they serve. The following are key risks of poor transitions and care-coordination:

- Ineffective care leading to increased patient safety risks and poor outcomes
- Poor patient experience
- Unacceptable variation in quality of care delivery
- Increased length of stay

New working practices are being implemented which should ensure smooth and safe transitions between services ensuring service users receive the correct level of service in line with their individual needs. This in turn should reduce length of stay and inpatient bed usage. Working practices to improve transitions include;

- Flow chart for admission, this includes whether someone has a care coordinator or not and how allocation takes place
- Flow chart for discharge including standards for attendance at meetings, communication with community professionals
- Protocols for 72hr review meeting including agreed standards for frequency of care coordinator contact throughout admission
- Protocols for 7 day follow up
- Introducing the role of discharge facilitator
- The role of the community liaison nurse will be strengthened and one will be allocated to each inpatient ward

The use of the draft Transfer PGN referred to in section 3 supports the transfer of clinically suitable dementia patients out of the Trust and along the wider dementia pathway in to general nursing homes.

5.5 Developing Community Challenging Behaviour services
As part of the PCP development for Northumberland, capacity within the organic team will be freed up to support universal crisis teams and challenging behaviour services in the community.

Investment into the Memory Support Service which will form part of the Principal Community Pathway Organic service will enhance the delivery of services in the community and will enable the inpatient service to plan for future demand.

5.6 Reducing lengths of stay and delayed discharges
Delayed discharges affect inpatient services across the Trust and this is unacceptable to the individual service user and can be very detrimental to their recovery when this occurs. Failing to address delayed discharge means that valuable inpatient resources will continue to be used ineffectively.

5.7 Developing admission protocols
A key concern expressed by the Trust's commissioners and service users and carers is related to service users being placed out of locality when they require an inpatient stay. If protocols are not implemented or followed length of stay is likely to increase with a resultant increase in bed usage and inability to admit dementia patients into Trust facilities will impact on service users and their families and carers, and it will also be detrimental to the Trusts reputation. Admission Protocols will be implemented as part of the ward reconfiguration. The recently introduced Trust wide bed management service will support best use of beds across all localities.

By implementing the protocols the patient will be placed as near as possible to their family and local services which should in turn impact on their length of stay and bed usage. For Northumberland residents, inpatient care out-with the county will normally be to a named ward in Newcastle, which is in line with current practice.

The development of Northumberland Memory Support Services will support planning for future admissions.

6. Affordability

There are two discreet financial elements associated with this proposal:-

1. Achieving financial balance. The two dementia wards at St. Georges Park are currently running significantly over budget with a forecast overspend across the two wards this year of £1m. There is also a forecast overspend of £260k across the other 3 Older Peoples Service wards across North of Tyne. By closing one ward and increasing resources in the remaining wards this should enable the service to manage within budget in 2015/16.

2. A financial contribution will be required to enhance alternative service provision. However, despite this the net savings will amount to £340k. The expected savings are broken down as follows;

   Closure of One organic ward; £1,198k

   Less:
   Ward investment St Georges Park £416k
   Ward investment other areas
   (Hauxley, Castleside, Akenside): £202k
   Investment in Northumberland Memory Support Service £240k

   Net Saving; **£340k**

   This is planned to be a full year effect saving in 2015/16.

6.1 Revenue impact

	Existing Wards Budget		Proposed Merged Wards Budget		Other Wards Investment		Investment in Northumberland Memory Support Service		Efficiencies	
	Wte	£'000	Wte	£'000	Wte	£'000	Wte	£'000	wte	£'000
Direct Costs	72.36	2,622,413	51.91	1,884,463	8.00	202,705	tbc	240,000	12.45	295,245
Indirect Costs		888,062		843,295						44,767
Overheads		1,039,059		1,039,059*						0.0
Capital Charges		507,175		507,175						0.0
Total	**72.36**	**5,056,709**	**51.91**	**4,273,992**	**8.00**	**202,705**		**240,000**	**-12.45**	**340,012**

Investment in other wards

Service Area	£'000	wte
Reconfigure Nursing skill mix to 43.00 wte per Dementia Ward, (13.00 wte)	393	13.00
Reconfigure Nursing skill mix to 35.00 wte per Castleside, (5.00 wte)	127	5.00
Reconfigure Nursing skill mix to 28.00 wte per Akenside, (2.00 wte)	52	2.00
Reconfigure Nursing skill mix to 28.00 wte per Hauxley, (1.00 wte)	23	1.00
Reinvestment into Northumberland Memory Protection - skill mix / wte to be evaluated	240	TBC
Total	835	21.00

Impact on overall workforce

The merged organic ward will be enhanced from a skill mix count and a head count perspective. It is proposed to provide an establishment on the ward of 43.00 wte, which will provide 8/8/5 cover (3 Qualified /5 Unqualified on days and 1 Qualified/ 4 Unqualified on nights). This will require around 3.0 additional band 5 and 10.0 additional band 3 staff. There will be a reduction overall of 12.45 wte staff.

Staff	Existing	Proposal	Difference
Consultant	1.30	1.30	0.00
Nursing			
Band 7	2.00	1.00	-1.00
Band 6	4.00	3.00	-1.00
Band 5	18.00	10.00	-8.00
Band 3	35.00	37.00	2.00
Total Nursing	59.00	51.00	-8.00
Psychology			
Band 8b	0.82	0.82	0.00
AHP			
Band 7	1.10	1.10	0.00
Band 6	0.80	0.80	0.00
Band 4	0.40	0.40	0.00
Total AHP	2.30	2.30	0.00
Administration			
Band 3	2.00	1.00	-1.00
Domestics / Catering			
Band 3	2.80	1.40	-1.40
Band 2	4.14	2.09	-2.05
Total Domestic / Catering	6.94	3.49	-3.45
Total Staff	**72.36**	**59.91**	**-12.45**

The Northumberland Memory Support Service will require 1.0 Band 7 Clinical Lead, 1.0 Medical Consultant, 1.0 8b Consultant Practitioner, 2.0 Band 6 Nurses, 1.0 Band 6 Nurse prescriber, 1.0 band 6 Occupational Therapist, 1.0 Band 8a Psychologist. Funding for this team will predominately come from existing resources as part of the Principal Community Pathway work however it will be supported by the £240k reinvestment referred to above.

6.2 Capital consequences

Capital investment will be required to ensure that Cresswell ward complies with DSSA guidance and that the broader clinical environment promotes safety and

clinical effectiveness. Some minor works will be required for Druridge ward as an interim solution whilst Cresswell has a number of adaptations carried out to ensure its suitability. The design and costs for the changes to the environment are currently being developed but as the work is not significant in nature it is estimated that the costs will be negligible in terms of the savings generated through the reconfiguration of beds.

6.3 Impact on Commissioner Baselines

The current income levels for Cresswell and Druridge are shown in the table below. These levels are following an exercise to realign contracts to reflect the re-evaluation of estate, previous business cases and corporate efficiencies. They have not yet been approved by commissioners.

Existing SLAs				
CCG	**Contract Type**	**POD**	**Plan Activity Annual**	**Plan Price Annual £**
Newcastle North & East CCG	Block	OBD	17	7,188
Newcastle West CCG	Block	OBD	17	7,479
Northumberland CCG	Block	OBD	15,296	6,603,950
Sub total Cresswell and Druridge			**15,330**	**6,618,616**

The Trust as part of the national QIPP agenda has an implied efficiency expectation within the annual contract adjustment. The proposed change would deliver a contribution of £358 towards Newcastle North & East CCG's target, £373 towards Newcastle West CCG's target and £339,281 towards Northumberland CCG's target. This is based on total efficiency savings of £340,012

The following tables show the total existing SLAs and the proposed SLAs.

Existing SLAs 1415				
Newcastle N&E CCG	**Contract Type**	**POD**	**Plan Activity Annual**	**Plan Price Annual £**
Cresswell	Block	OBD	8	3,483
Druridge	Block	OBD	9	3,706
All other services		Various	Various	20,317,719
Unidentified QIPP				-
Total SLA			**17**	**20,324,907**

Newcastle West CCG		**POD**	**Plan Activity Annual**	**Plan Price Annual £**
Cresswell	Block	OBD	8	3,623
Druridge	Block	OBD	9	3,855
All other services		Various	Various	21,412,516
Unidentified QIPP				-
Total SLA			**17**	**21,419,995**

Northumberland CCG	Contract Type	POD	Plan Activity Annual	Plan Price Annual £
Cresswell	Block	OBD	7,430	3,299,850
Druridge	Block	OBD	7,866	3,304,100
All other services	Block	OBD		44,239,618
Unidentified QIPP				- 1,930,195
Total SLA			**15,296**	**48,913,373**

Proposed SLAs				
Newcastle N&E CCG	**Contract Type**	**POD**	**Plan Activity Annual**	**Plan Price Annual £**
Cresswell	Block	OBD	8	3,700
Reinvestment				480
All other services		Various	Various	20,320,369
Unidentified QIPP				358
Total SLA			**8**	**20,324,907**

Newcastle West CCG	Contract Type	POD	Plan Activity Annual	Plan Price Annual £
Cresswell	Block	OBD	9	3,850
Reinvestment				499
All other services		Various	Various	21,415,274
Unidentified QIPP				373
Total SLA			**9**	**21,419,995**

Northumberland CCG	Contract Type	POD	Plan Activity Annual	Plan Price Annual £
Cresswell	Block	OBD	7,429	3,299,405
Reinvestment				441,726
All other services		Various	Various	46,763,155
Unidentified QIPP				- 1,590,914
Total SLA			**7,429**	**48,913,373**

The savings of £340,012 have been allocated to offset outstanding efficiency targets of CCGs based on existing investment in Cresswell ward as have the cost of the new ward. The table below shows the proposed impact on commissioner contracts.

Proposed SLA - FYE 14/15				
PCT	**Contract Type**	**POD**	**Plan Activity Annual**	**Plan Price Annual £**
Newcastle N&E CCG	Block	OBD	8	3,700
Newcastle West CCG	Block	OBD	9	3,850
Northumberland CCG	Block	OBD	7,429	3,299,405
Sub total SLA Cresswell			**7,446**	**3,306,956**
Newcastle N&E CCG				480

Newcastle West CCG				499
Northumberland CCG				441,726
Sub total reinvestment			**-**	**442,705**
Newcastle N&E CCG				358
Newcastle West CCG				373
Northumberland CCG				339,281
Sub total contribution to QIPP			**-**	**340,012**
Newcastle N&E CCG				2,650
Newcastle West CCG				2,757
Northumberland CCG				2,523,536
Sub total resources to reallocate			**-**	**2,528,944**
Total SLA			**7,446**	**6,618,616**

7 Consultation

Consultation has taken the form of 1:1's, group sessions and the provision of information for service users and carers.

7.1 Public Involvement

Service users and Carers have been consulted regarding the closure of Druridge on an individual basis by the service. This has focussed on their own individual circumstances and developing personal plans for the future.
PALS were invited to an engagement held on 13th February. Letters been sent to the families of our current patient group giving them a brief outline of the proposal and reassuring that this will not affect the current treatment and plans for their relatives. It also gives a point of contact (Lisa Long, Service Manager) for any queries.

The wider service user and carer population will also be engaged via Healthwatch and by engaging with user groups and the carer's centres in each locality affected. The proposals will also be available on our website.

Northumberland OSC was updated on the proposed development by the Urgent Care Group Director on 27th January 2015. The OSC approved the proposal for the merger of the 2 inpatient units.

7.2 Staff and Trade Unions

This process normally takes 45 days, however all parties agreed that this could be reduced to 30 days. Consultation with staff and staff side representatives on Druridge and Cresswell commenced on 11th February 2015 and closed on 13th March 2015.

Should the proposal be implemented, it is not expected that any staff will be displaced.

Feedback from the staff consultation is illustrated in the table below:-

STAFF	
Key Theme	**Action/Comment**
Clarification of HR processes – consultation, selection, priority, TED, existing protection.	Clarification provided by HR.
Clarification of staff numbers in future structure	Numbers confirmed
Future of the empty ward	Will not remain empty – new occupant to be confirmed – Robin Green
Rationale behind merging two patient groups into one ward	Rationale provided - senior clinicians involved; evidence based decision
Clarification on the clinical model should the proposals go ahead, in terms of patient mix on the remaining ward. Concerns about having CB and assessment pts together and the potential consequences of the new model.	Clarification provided in that there would not be a mix of long term challenging behaviour beds and assessment beds. Input from CB community team explained. The reduction of Dementia Care beds is a part of pathway work in Northumberland.
Staff concerned that there would not be enough jobs and that they may need to interview for jobs.	Described increase in establishments and the opportunities for staff to move elsewhere within the service.
Concerns that some of the community homes would not be able to offer the level of care currently provided by Druridge.	Discussed PCP and pathway work.
Teething problems when two wards come together	Discussed support and the work to develop a new team should the proposal be approved.
Male female split on the remaining ward will help	Described planned environmental works.
Has there been an increase in IR1s and IR3s since the teams merged.	An initial peak of IR3s but not of late. Regular communication with the safeguarding team to help to monitor the impact.
Timescales for PCP.	Older Persons Pathway lead to come and update on PCP developments in Northumberland.
Staff talked about welcoming the change. Some finding it “exciting”.	
Personal circumstances if asked to move to Newcastle	Explained that personal circumstances would be considered in the decision making.
Would the ward change its name and	A change in name can be considered

how many beds would it have.	and the optimum number of beds would be around 18.
Staff asked about TED	Role and function of TED explained.
Staff suggested ideas for the environmental changes for the remaining ward.	Staff team has been involved in what changes are required. Works to be costed.

7.3 Commissioners

Northumberland CCG advised at a Commissioning meeting on 11th December 2014 that that the Trust should progress with this initiative.

There should be no CQC issues, however Monitor agreement to the variation to terms of authorisation may be necessary, but with commissioner agreement to the changes this should not present a major problem.

7.4 Equality Analysis

An Equality Analysis was carried out in January 2015 and this can be found at Appendix 2 to this business case. The analysis concluded that the proposal is likely to result in a more responsive service, but also that the impact will need to be assessed post consultation.

8 Project management arrangements

8.1 Project Implementation Team

- Robin Green
- Lisa Long
- Christine Lowthian
- Carol Benbow
- Steve Brooks (business case)
- Commissioner link for Co-production?

8.2 Timetable

The current estimated timescale for the completion of the proposal is March 2015.

Key dates for the development are:

December 2014 - Draft Business case completed
December 2014- January 2015– Public engagement, commissioner and 45 day staff consultation
January 2015 – Final draft business case to FIBD
January to February 2015- collapse beds on Druridge
February to March 2015 – 30 day consultation with Staff and Trade Unions
March 2015 – Final draft business case, subject to commissioner approval, to Board of Directors
March 2015 – Implementation phase – merger of wards and re-investment into supportive provision i.e. Memory Management Service, Cresswell, other Older Peoples Services in North of Tyne

April-June 2015 – reinvestment into UCT and Challenging Behaviour Services via increased PCP productivity

9 Recommendation

The recommendation from FIBD is that the Board of Directors supports the proposal to rationalise the Dementia Service in Northumberland

10 Approval

We will need to demonstrate Commissioner, CQC and Monitor approval as required

Appendices

Appendix 1 - Draft Transfer PGN
Appendix 2 - Equality & Diversity Impact Assessment

Appendix 1 – Draft Transfer Practice Guidance Note

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Transfer of Frail, Older NHS Patients to Other Long Stay Care Settings – Practice Guidance Note: Version 1			
Date issued **Issue 1 -**	**Planned review**	**Responsible officer**	**Insert First 2 letters of policy -PGN-0** Part of - reference associated policy

Contents

1 Introduction

1.1 This guidance relates specifically to patients who require transfer from Northumberland Tyne and Wear Foundation Trust (NTW Trust) older persons services to a long term, external care setting.

1.2 The guidance relates to transfers mandated by increased physical care requirements which are to be met in the external care setting.

1.3 The majority of patients requiring transfer may be physically frail with some form of mental health care need.

1.4 Such transfers must be planned, executed and reviewed in a robust fashion to ensure patient care in not compromised at any point

1.5 Trust managers, nurses, doctors and therapists have collective responsibility for patients leading up to, during and for an agreed period after transfer

1.6 It is a principle responsibility of all staff involved to maintain high levels of care and patient wellbeing throughout the process.

1.7 The transfer process is inclusive of: planning and consultation, the transfer, evaluation and learning.

2 Aims

2.1 To ensure the safe, appropriate and timely transfer of patients with minimal risk t o a more suitable care setting

2.2 To provide a robust framework of actions and requirements: inclusive of time frames, documentation, consultation, transfer arrangements, care transfer and adjustment period

2.3 To facilitate safe, collaborative and effective transfers of a vulnerable patient group

2.4 To ensure patients are treated as individuals

2.5 To put measures in place to minimise relocation stress for the patient and associated family/friends/carers

To handle the transfer process with sensitivity

3 Principles

3.1 Transfer will only be considered if the required level of physical care required mandates that an alternative care setting is required. I.E the physical needs of the patient have surpassed that which can be provided within the mental health nursing care setting or they have reached the end of their period of assessment and treatment.

3.2 The mental health of the patient will be stable and has had a period of assessment, continued individualised care planning and review.

3.3 In the absence of family or next of kin an Independent Mental Capacity Advocate (IMCA) will be sought.

3.4 Relocation stress will be combated with an extended period of supported care in the new care setting with release of key staff to support the patient, family and new care providers

3.5 Transfers in or with the threat of adverse weather conditions will not be sanctioned (snow/flood risk etc)

3.6 Out of hours (19:00- 09:00) will not be sanctioned except in exceptional circumstances where the care need for transfer is crucial and can not be delayed.

3.7 Winter transfers may occur if required but with extra attention paid to weather conditions, appropriateness of transfer, mode of transport, extra precautions re clothing/blankets, access to buildings or alternative routes.

3.8 A transfer may be halted and reviewed at any stage of the process by any individual involved.

4 Consultation

4.1 Consultation with the patient/family/IMCA is paramount to the transfer process. It allows all involved to have input into the decisions being made.

4.2 Discussions regarding the reasons for transfer should be undertaken from the start to ensure clarity and understanding of rationale and requirement for transfer.

4.3 A full disclosure of care choices, needs and associated risks should be undertaken.

4.4 It should be made clear that the overarching aim of transfer is to maintain high quality, appropriately delivered continuing health care in a more suitable setting.

4.5 Discussions should at this stage focus on the needs of the individual, their wishes and needs, those of the family and carers involved including external agencies.

5 Actions

5.1 The family/IMCA will be central to the planning, undertaking and review of transfers.

5.2 Site visits of potential new care setting will be encouraged: participants may be family, Consultants, carers, ward managers, physical health nurses and the patient if able.

5.3 A transfer pack and patient profile will be produced for each individual, ensuring personalised care planning is undertaken along side consolidation of information for robust care handover (Appendix 1)

5.4 The transfer pack will be used by the multidisciplinary team, updated as required at set times (One week, forty eight hours pre and on day of transfer)

5.5 Handover will revolve around the transfer pack. All relevant information should be found in the pack

5.6 The hand over process will be both verbal and written with information sharing occurring pre, during and after the transfer has occurred.

5.7 The transfer pack will be handed over to and left in the keeping of the new care setting

5.8 During the transfer, the patient will be cared for in such a way that safety, dignity, privacy is maintained at all times

6 Best practice summary points

6.1 The mental health of the patient will be stable and has had a period of assessment, continued individualised care planning and review.

6.2 Site visits of potential new care setting will be encouraged: participants may be family, Consultants, carers, ward managers, physical health nurses and the patient if able.

6.3 Family/IMCA will be central to the planning, undertaking and review of transfers.

6.4 A comprehensive patient profile and transfer plan will be documented in the patient transfer pack

6.5 The hand over process will be both verbal and written with information sharing occurring pre, during and after the transfer has occurred.

6.6 The patient profile will be left with the new care setting to ensure a seamless continuation of care

Appendix 2

Equality Analysis

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	**Date of Initial Screening**	**Review Date**	**Service Area / Directorate**
Christopher Rowlands	January 2014		Urgent Care Group
Policy to be analysed		**Is this policy new or existing?**	
Draft Business Case BD241 - Rationalisation of the Northumberland Dementia Pathway		New	
What are the intended outcomes of this work? Include outline of objectives and function aims			
The objective of this business case is to improve the dementia Care pathway in Northumberland by consolidating activity from two inpatient facilities into one. This will enable more focussed clinical interventions to take place within the inpatient unit by having a greater staff to patient ratio with significant input from qualified practitioners. In addition this will enable the investment of significant resources into Older Peoples Community services to support and enhance memory services. Other developments within the community cognitive pathway e.g. universal crisis and an expanded challenging behaviour team will occur as a consequence of Principal Community Pathway (PCP) modelling. The development mirrors the process of successfully rationalising the dementia pathway in Newcastle and South of Tyne and therefore will bring the Northumberland service in line with other models for organic services within the Trust. This development forms part of the Urgent Care Groups service delivery plan and the proposals are consistent with the Trust's Transforming Services Programme and its Service Model Review. There is significant alignment with the PCP work currently underway within Northumberland and the proposal will support changes to the pathways currently under development and it also contributes to the Trusts financial delivery plan for 2015/16.			
Who will be affected? e.g. staff, service users, carers, wider public etc			
Staff, Service Users, Carers			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	Pathway should potentially provide a positive impact.		
Sex	Need to ensure dignity in mixed sex environment		
Race	NA		
Age	National Dementia Strategy (2009) seeks to support people living well with dementia in the community for as long as appropriate. The delivery of the Trust's rationalisation of the dementia pathway is working towards improving community services which support people and their carers to continue to live at home for as long as possible. The Department of Health Continuing Healthcare Guidance (2007) states that people with long term healthcare needs should be regularly reassessed and care provided in the most appropriate care setting to meet the person's needs. Evidence that within the Trust current provision is		

	running below full capacity and that similar changes to provision have been conducted safely
Gender reassignment (including transgender)	NA
Sexual orientation.	NA
Religion or belief	NA
Marriage and Civil Partnership	NA
Pregnancy and maternity	NA
Carers	By implementing the protocols the patient will be placed as near as possible to their family and local services which should in turn impact on their length of stay and bed usage. For Northumberland residents, inpatient care out-with the county will normally be to a named ward in Newcastle, which is in line with current practice.
Other identified groups	NA

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Service users and Carers will be consulted regarding the closure of Druridge on an individual basis by the service. This will focus on their own individual circumstances and developing personal plans for the future. The wider service user and carer population will be engaged via Healthwatch and by engaging with user groups and the carers centres in each locality affected. The proposals will also be available on our website.
How have you engaged stakeholders in testing the policy or programme proposals?
See above
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Consultation to take place
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.
Proposal likely to result in a more responsive service , impact will need to be assessed post consultation.
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

Eliminate discrimination, harassment and victimisation	NA
Advance equality of opportunity	NA
Promote good relations between groups	NA

What is the overall impact?	Positive/Neutral
Addressing the impact on equalities	Positive/Neutral

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? No

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager's signature: Chris Rowlands Date: January 2015