



**Leeds**  
CITY COUNCIL



**CITY OF  
YORK**  
COUNCIL

**Joint Health Overview and Scrutiny meeting  
North Yorkshire County Council, City of York Council and Leeds  
City Council - 15 February 2019**

**Developing a New Mental Health Hospital for York and Selby – An Update**

**Purpose of Report**

The appended report was presented to the City of York Council Health and Adult Care Overview and Scrutiny Committee meeting on 12 February 2019 by Martin Dale, Strategic Project Manager and David Brown, Interim Director of Operations, Tees Esk and Wear Valleys NHS FT. It provides further context for the Joint Health Overview and Scrutiny meeting.

The appended report provides an update on the development of the new mental health hospital and linked community services in York, specifically:

- The approach taken to community mental health service provision and specialist mental health services for older people in York (paragraphs 20 to 23)
- The changes in mental health provision in Harrogate District and potential impact upon the new mental health hospital in York (paragraph 24)
- The planned closure of the 2 mental health in-patient wards at the Friarage Hospital in Northallerton (paragraph 28).

**Recommendation**

That the committee:

1. Notes the report and the context that it provides for the discussions today.

Daniel Harry  
Democratic Services and Scrutiny Manager  
North Yorkshire County Council  
6 February 2019



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## Health and Adult Care Overview and Scrutiny Committee

12<sup>th</sup> February 2019

### Developing a New Mental Health Hospital for York and Selby – An Update

#### Summary

1. This report provides an update with regards to developing the new mental health hospital for York and Selby to assure the Committee of work underway to enable effective future management of both community services and inpatient beds.

#### Background

2. The development of the new mental health hospital has previously been reported in a number of local forums, including at the Health and Adult Care Overview and Scrutiny Committee, most recently on 20th June 2018.
3. The new hospital remains on track to be delivered in spring 2020 and remains within cost. *Annex 1* provides an aerial photo (taken on 21.12.18) which shows the progress made on the Haxby Road site.
4. At the public consultation for this development, in October 2016, there was a proposal for 4 wards of 15 beds founded on the triangulation of a series of bed metrics including average lengths of stay, benchmarking across Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), national benchmarking and through use of the Person Based Resource Allocation for Mental Health (PRAMHs tool) used by NHS England to predict bed requirements.
5. Consultation feedback highlighted a public view that more beds would be required in light of media reports regarding population growth. The bed metrics were therefore refreshed to include a permissible 2% upward deviation (maximum deviation permitted with PRAMHs to retain model integrity) and mapped against the Office of National Statistics (ONS) population growth forecast to year 2037.

6. The refreshed metrics indicated a variance to the original bed requirements as follows:

Ward	Bed requirement at consultation October 2016	Bed requirement after refresh April 2017
Female adult	15	15
Male adult	15	15
Older persons dementia	15	16
Older persons functional	15	18
Total number of beds	60	64

7. In light of the public feedback and with regards to the refreshed data TEWV took the decision to extend all 4 wards to 18 beds to support future proofing of the new hospital. Clinical advice and available space would not support units larger than 18 beds.

## Consultation

### Position prior to TEWV contract commencement

8. *Annex 2* shows the bed provision in York as at September 2015.
9. On 30<sup>th</sup> September 2015 York and Selby mental health services were using a total of 170 inpatient beds. These comprised 109 local trust beds and 61 patients accommodated by a range of providers (TEWV and private) outside of the locality. At this time York and Selby were considered to be outliers in terms of this level of bed use.
10. Beds per specialty comprised 29 adult beds (13 female and 16 male), 14 long term rehabilitation beds, 16 older people's functional (non-dementia) beds and 50 older people's dementia beds (18 female and 32 male).
11. It is not possible to provide data pertaining to average length of stay and bed occupancy. This data will have been managed by Leeds and York Partnership NHS Foundation Trust.

### Position since TEWV contract commencement

12. Detail provided in *Annex 2* illustrates the changes to bed provision since October 1<sup>st</sup> 2015.
13. There has been a significant reduction in beds to 70 in total. These comprise 14 adult female beds, 14 adult male beds, 18 older people's functional beds, 14 female dementia beds and 14 male dementia beds.

14. Dementia beds were reduced to support the refurbishment of Peppermill Court in York to ensure that adult beds could return to York after the sudden closure of Bootham Park Hospital in September 2015.
15. Rehabilitation beds which were previously accommodated at Acomb Garth were temporarily closed in spring 2016. This allowed for the reprovision of male dementia beds at Worsley Court in Selby and was aligned to development to support community models of working for long term rehabilitation patients.
16. Bed occupancies and average lengths of stay have reduced across all 5 wards across in York and Peppermill Court adult beds currently have the lowest length of stay of all inpatient areas in TEWV. The importance of appropriately reduced lengths of stay cannot be underestimated. This is where effective bed management and clinical decision-making enables improved capacity across the system and reduces the risk of patients having to be admitted out of area.
17. Delayed Transfers of Care (DTCOC) continue to present a challenge to our 2 dementia wards. Considerable work has been undertaken to liaise closely with CCG and local authority partners to support whole system change which can address these issues. At the start of public consultation for the new hospital, in October 2016, there were 24 DTCOC patients who were experiencing delays of this nature. In contrast, on 21<sup>st</sup> January 2019 there are 6 patients experiencing delay. Work will continue to eliminate delay wherever possible as this has a significant impact on local bed capacity. There have been no out of area admissions to dementia wards since June 2018.
18. At 21<sup>st</sup> January 2019 there were 17 out of area patients. These are all people who have been out of area in other Trust or private rehabilitation facilities and work is ongoing to effect safe repatriation. Prior to commencement of the TEWV contract there were 56 people receiving inpatient rehabilitation. 42 rehab patients were out of area in addition to the 14 patients at Acomb Garth.
19. As an example of the impact of developments since October 2015 the table below illustrates local bed use on 29<sup>th</sup> January 2019:

<b>Ward</b>	<b>Function</b>	<b>Beds provision</b>	<b>Beds in use</b>	<b>Beds available</b>
Ebor	Female adult	12	11	1

Minster	Male adult	12	6	6
Cherry Tree House	Older peoples functional	18	17	1
Meadowfields	Female dementia	14	8	6
Acomb Garth	Male dementia	14	8	6
<b>Totals</b>		<b>70</b>	<b>50</b>	<b>20</b>

## Community Developments

20. Mental health policy seeks to maximise the support individuals and carers can access in the community. This should be provided seven days a week and with extended working hours. If this is done well, and managed successfully, the requirement for inpatient beds will be reduced to a small number of people for whom the level of care required exceeds that which is possible in a community setting.
21. A number of developments have taken place since October 2015 in both adults and older peoples' services which have improved community capacity and had an impact on bed requirements
22. Developments in adult services have included:
  - Introduction of access and wellbeing services to triage and assess community referrals at the earliest possible opportunity.
  - Establishment of the Safe Haven Café in York to provide easy access at times of crisis and reduce pressure on formal crisis referrals and emergency services.
  - Redesign of the Crisis and Home Treatment working protocols to support increased responsiveness and flexibility to improve support offered at times of greatest need.

- Increase in clinical leadership teams to include Advanced Nurse Practitioners and Approved Clinicians to ensure effective and robust clinical decision making.
- Introduction of the Community Rehabilitation Team to reassess all out of area rehabilitation patients and determine most effective clinical management strategies to enable return to the home area.

23. Developments in older peoples' services have included:

- Extended working hours for the Care Home and Dementia Team to enable out of hours crisis assessments and reduce avoidable admissions.
- Piloting a triage scheme in one community team to use experienced clinicians to review every community referral and determine relative urgency and ensure the right clinical pathway is accessed. Current data demonstrates a redirection of 25 referrals per month that would have previously been assessed and discharged or transferred. The associated work, in total, would be approximately 75 hours which has been diverted into enhanced support packages for service users.
- Closer working relationships with CCG and local authorities have identified discharge opportunities and have reduced delays using a whole system approach.
- A gatekeeping process to ensure senior multi-disciplinary decision making regarding every admission request, to check that all alternatives have been considered.
- Direct support to care homes to enable early discharge using a trial leave process – ensuring mental health staff can support and educate care home staff. This is already demonstrating an impact in reducing discharge delays.
- A dedicated crisis service for older people with mental health problems is being planned, to work in conjunction with the Care Home and Dementia Team to provide enhanced support and safe alternatives to admission.

### **Future Planning**

24. In December the Harrogate and Rural District Clinical Commissioning Group (CCG) Governing Body approved a proposal for the future

development of mental health services in the district. The agreed approach will enable investment in enhanced community services and ensure that people who need specialist inpatient services receive these in a safe, modern, purpose build facility. Inpatient services will be provided outside of the district of Harrogate and this could possibly be in the hospital currently being built in York.

25. This potential development comes after considerable discussion and is subject to a public consultation. No formal decisions have been made at this stage.
26. Working groups have recently been established across York and Selby and North Yorkshire with senior clinical colleagues from adults and older person's services respectively, coming together to enable better understanding of the future service requirements.
27. These working groups will analyse and review clinical activity and benchmarks, within the trust and nationally, to propose future bed requirements. The groups will also consider the community changes (and investment) necessary to ensure enhanced community support is available to meet the needs and expectations of service users and carers.
28. It will also be possible to use the information and learning from the Northallerton developments. Admissions ceased on January 1<sup>st</sup> 2019 and patients have been admitted to units at Darlington or Teesside. Community services had already impacted on bed use and we expect this to continue as investment takes place.

### **Options**

29. N/A

### **Analysis**

30. N/A

### **Council Plan**

31. N/A

### **Implications**

32. **Financial**

TEWV has purchased the site and is funding the construction.

### **Human Resources**

A workforce plan is being developed with senior clinical colleagues.

### **Equalities**

An equality impact assessment has been completed.

### **Legal**

TEWV are compliant with all legal requirements regarding this development.

### **Crime and Disorder**

The planning approval for this development includes advice from North Yorkshire Police.

### **Information Technology (IT)**

N/A

### **Property**

N/A

### **Risk Management**

33. Risk registers are maintained for the overall programme (high level) and in relation to the construction-specific elements.

### **Conclusions**

34. Since the York and Selby mental health contract was awarded to TEWV on 1<sup>st</sup> October 2015 there have been significant developments in community and inpatient services.
35. Whilst York and Selby was previously an outlier in its provision and use of inpatient mental health beds considerable work has been undertaken to reverse this legacy and the latest data (Annex 2) illustrates the improvements made, most specifically in managing within the local beds available and significantly reducing out of area admissions
36. Work will continue to further develop community services so that appropriate alternatives to admission can be offered. This reflects national policy and best practice. Most importantly it echoes the experiences of our service users who have clearly expressed a view for quicker and more comprehensive community support.

## Recommendations

37. The Committee is asked to receive and note this briefing.

### Background Papers:

No background papers are attached to this report.

### Annexes

Annex 1 – Aerial view of new hospital progress as at 21.12.18

Annex 2 – Bed use data pre referenced in section 3 above.

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**For further information please contact the author of the report**

### Abbreviations

CCG- Clinical Commissioning Group

DTOC- Delayed Transfers of Care

NHS- National Health Service

ONS- Office of National Statistics

PRAMH- Person Based Resource Allocation for Mental Health

TEWV- Tees Esk and Wear Valleys NHS Foundation Trust