

Specialist Dementia Hospital Care Consultation

**Pre-consultation Engagement commences
12th November 2014**

**Formal Public Consultation commences
1st December 2014 – 28th February 2015**

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Acronyms

AWP	Avon and Wiltshire Mental Health Partnership
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
NHS	National Health Service
PFI	Private Finance Initiative

1. What are we consulting on?

Wiltshire Clinical Commissioning Group (CCG) is consulting on the future permanent location of specialist dementia hospital care in Wiltshire, with support from Wiltshire Council.

The role of Wiltshire CCG is as a commissioner of dementia services including specialist dementia hospital care. This means that the CCG is responsible for funding and making decisions about the current and future specialist dementia hospital service.

The role of Wiltshire Council is as a community leader in public consultations that affect its local population and communities. In addition, Wiltshire Council works alongside the CCG to commission and improve dementia care services as outlined in the Wiltshire Dementia Strategy. Wiltshire Council does not commission or make decisions about specialist dementia hospital care as this is a health service.

Avon and Wiltshire Mental Health Partnership (AWP) are supporting the consultation, as they provide the specialist dementia hospital care in Wiltshire.

2. What is specialist dementia hospital care?

At times of crises, a small number of people with severe dementia (usually no more than 120 people over a year in Wiltshire) require admission to a specialist dementia hospital for a short period of intensive treatment during a severe phase of their illness. Specialist dementia hospital care forms part of the advanced dementia care pathway and refers to those specialist services that may be needed by a small number of people who have severe dementia and require high levels of specialist care to stay well and safe. Specialist dementia care should be viewed in the same way as other specialist care that exists, such as specialist heart or cancer care.

This period of assessment, treatment and stabilisation, which is on average for up to 84 days, is provided by health care professionals with specialist knowledge of dementia and the impact it can have on people's lives.

Further detail is provided in **Appendix 1, entitled, Introduction to the Specialist Dementia Hospital Care Consultation**

3. Where is specialist dementia hospital care being provided?

Since February 2013, all specialist dementia hospital care (consisting of 20 specialist dementia beds) in Wiltshire has been provided at Amblescroft South, Fountain Way, Salisbury on a temporary basis. Before that there were 24 specialist dementia beds in Charter House, Trowbridge and 10 specialist dementia beds in Amblescroft, Salisbury.

In January 2013, AWP decided to temporarily stop admitting patients to Charter House due to the increasing difficulty to deliver consistently high-quality care as a result of low occupancy, environmental problems and the standalone nature of the site.

For further information concerning this decision and the steps taken prior to this consultation please reference the Charter House Statement, dated 25th January 2013, which is to be found in **Appendix 2, entitled, Historic specialist dementia hospital provision and activities that have taken place since the temporary closure of Charter House.**

At present (and in addition to the provision of specialist dementia hospital care in Amblescroft, Salisbury) further specialist dementia care beds may be commissioned by Wiltshire CCG at the Victoria Centre, Swindon and St Martin's Hospital, Bath should they be required. These beds might be needed

for Wiltshire residents to offer choice (i.e. to be located near to carers or families) or due to capacity constraints at Amblescroft South. On a small number of occasions and only where necessary, people with severe dementia may also be relocated to Callington Road Hospital, Bristol or Long Fox Unit, Weston-Super-Mare, both of which are provided by AWP. These additional beds were available when Charter House was open.

4. Why are we consulting on this issue?

Wiltshire CCG and Wiltshire Council wish to give you an understanding of the three specialist dementia hospital options that are available going forward. There are implications associated with all three options which we would like you to consider as they could affect future services.

Wiltshire CCG and Wiltshire Council ran a dementia strategy consultation from 20th February to 19th May 2014 in order to obtain feedback from the public, voluntary sector organisations and providers on the dementia services that are currently provided and what other services we should consider providing. The main findings were that a number of people believe that 'living well' is one of the most important stages supporting the current and future focus of services, i.e. supporting people to remain well, independent and living at home for as long as possible.

It was also felt that the strategy should focus on people who live alone without family support and those people who live in rural areas and/or who do not have access to transport.

A number of respondents felt that one of the most important priorities was to ensure that health services have in place standard processes that allow for early identification, diagnosis and treatment of people with memory problems in support of the work that has been taking place to raise awareness about dementia.

Respondents felt that one of the most important priorities was to review and modernise dementia related specialist services to ensure timely access to specialist memory assessments and treatment as required, as well as specialist support to other care services.

Respondents also highlighted as priorities the importance of ensuring that all public services are able to support people with dementia and their carers and family and ensuring that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

Wiltshire CCG now wishes to obtain your views, to assist them in their decision making on where specialist dementia hospital services should be permanently based in Wiltshire.

5. The Options

Wiltshire CCG, Wiltshire Council and AWP have identified 3 potential locations for the specialist dementia hospital services to be located in Wiltshire:

1. Charter House in Trowbridge
2. Avebury Ward, Green Lane Hospital in Devizes
3. Amblescroft South, Fountain Way in Salisbury

a. Option 1

Locate the specialist dementia hospital services at Charter House, Trowbridge.

Close the 10 temporary dementia beds, which were transferred from Charter House and 10 permanent beds, which already existed at Amblescroft South, Fountain Way, Salisbury. Refurbish Charter House and reopen the specialist dementia ward following the refurbishment.

Charter House is located on Seymour Road in Trowbridge. The building was constructed and opened in 1994 as part of AWP's estate portfolio. AWP temporarily closed the unit in 2013 as the current layout of the wards meant that it was unable to provide accommodation to meet current national guidance, despite AWP investing in the property throughout its life cycle. Charter House, in its current form, contains a number of operational, layout and quality issues for a specialist dementia ward.

An overview of these issues is outlined in the table below:

Table 1

Bedrooms and en-suite bathrooms are significantly undersized, and do not comply with current Health Building Notes.
En-suite provisions are limited to a hand basin and toilet, i.e. there are communal bathrooms and there is insufficient space for staff to provide assistance to patients.
The 'sprawling' building design makes observation difficult within the bedroom areas and corridors. This means that it is not easy for staff to observe patients at the frequency required to ensure that they are well and safe.
Some patient accessible areas are considered remote and are difficult to oversee. This means that it is problematic for staff to ensure on a constant basis that patients are well and safe.
Communal space is fragmented throughout the building. This means that it is problematic for staff to ensure on a constant basis that patients are well and safe.
The Ward Garden contains a number of trip hazards and hard edges that increase the risk of falls and injuries to patients with dementia.
The existing fixtures, fittings and services do not meet current standards at AWP in relation to anti-ligature requirements, Health and Safety and Patient-led assessments of the care environment (PLACE).
There is a problem with the raised timber flooring which is sagging in areas and as a result is difficult to walk on within certain rooms.
A drainage survey was carried out which identified problems resulting from trees within the garden. Damage includes fine root ingress within sections of the pipes and has led to major drainage issues.
Current mechanical and electrical services are sub-standard and require renewal of the lighting, sanitary ware, pressurisation plant and heating systems insulation.
Signage and way finding is poor. This makes it difficult for patients with dementia to orientate themselves, which can lead to increased confusion and stress levels, as well as reduced independence.
The existing colour schemes are not compliant with dementia care best practice. This can make it difficult for people with dementia to navigate the environment and remain independent.
A lack of 'meaningful wandering space' means that people with dementia who walk with purpose on a frequent basis can become increasingly anxious, distressed and confused.
Inadequate quiet spaces for therapies can result in negative experiences for the individual requiring the quiet space, their families, other patients and staff.

In order for Charter House to become the new permanent location for specialist dementia hospital care it will need to undergo a period of refurbishment.

Please see **Appendix 3 entitled, Projected Costs; Option Cost Summary** which covers all three Options and the respective costs.

Following the refurbishment of Charter House, the temporary ward and the permanent ward at Amblescroft South would be closed and all specialist dementia hospital care would be provided from Charter House. During the refurbishment period, services would continue to be provided at Amblescroft South.

Following the refurbishment of Charter House, the advantages and disadvantages that are likely to

arise are listed in the table below.

Table 2

Estate Advantages	Estate and Investment Disadvantages
<ul style="list-style-type: none"> • The dementia ward would be situated in a refurbished, state-of-the-art building that would be compliant with current national standards. • Building risk would be better managed following the capital investment that this refurbishment would provide. The environment would benefit from the most up to date anti-ligature guidance and fittings. The internal finishes would be compliant with the most up to date Health and Safety standards. • This modern, purpose-built facility would provide a 20-bed specialist dementia hospital in Trowbridge for all Wiltshire residents. 	<p>Revenue costs</p> <ul style="list-style-type: none"> • The permanent closure of Amblescroft South, which currently houses specialist dementia hospital care, would result in additional recurrent revenue costs of £0.77m per annum, due to additional depreciation charges associated with a new and more expensive property and additional staff requirements as a result of the new layout of the building vs the current provision. • There will need to be disinvestment of £0.77m in existing dementia services to cover the additional recurrent revenue costs associated with this option. This means that funding will have to be taken from other services to meet the costs of re-opening Charter House. Please refer to the Options questions located in Section 5. • Additional revenue costs of £0.25m associated with the closure of the pre-existing beds (this refers to the 10 beds that were already on site before the temporary closure of Charter House) located at Amblescroft South, (which currently houses specialist dementia hospital care for older people) due to mothballing of the estate and potential staff redeployment/redundancy. <p>Capital costs</p> <ul style="list-style-type: none"> • Refurbishing Charter House requires circa £5.37m of capital investment to bring the facilities up to modern standards. This means that funding will have to be removed from other dementia services to meet the costs of re-opening Charter House. • A mechanism to fund the capital required needs to be identified as AWP has no further financial resources available and Wiltshire CCG does not hold a capital budget. A Private Finance Initiative (PFI) or external private funders are being considered. • The cost of funding this capital would be additional to this figure. Assuming a PFI route, capital requirements would increase by £0.53m with additional revenue implications of £0.04m per annum. <p>Reinvestment in community services</p>

	<ul style="list-style-type: none"> This option would not release any savings. Therefore, no additional investment could be made in secondary community services. <p>Staffing</p> <ul style="list-style-type: none"> The unit would cost more to staff than the current provision in Amblescroft South because it is a stand-alone site. Staffing levels at a stand-alone site are higher as additional staff could not be called on in an emergency. There could be potential staff redundancy costs once Amblescroft South is permanently closed.
Clinical Advantages	Clinical Disadvantages
<ul style="list-style-type: none"> Clinical risk would be better managed after the capital investment as the facility would be modern and fit for purpose. The facility would be rebuilt to a fully compliant, state-of-the-art modern building. It would take into account all current design principles that enable the delivery of high quality clinical care. 	<ul style="list-style-type: none"> As Charter House would be a stand-alone unit, there would be no cross-cover support from other staff or services, which could create additional clinical risks. Many of the dementia patients who require care in a specialist dementia hospital have other long lasting illnesses and require frequent and easy access to an acute hospital. The nearest District General Hospital is Royal United Hospital which is 12.6 miles away and an estimated minimum drive of 27 minutes without traffic. If Amblescroft South were to close, this would lead to a split site for Older People's specialist hospital services (i.e. some beds in Salisbury and some beds in Trowbridge) as older people with functional mental health issues (which include conditions such as depression, anxiety, bipolar disorder, schizophrenia, personality disorders and addictions) would stay in Salisbury. This arrangement would be costly to maintain and there would be less opportunity for learning, exchange of ideas and cover which could lead to a less effective use of staff and equipment. This would also leave under-utilised estate in Salisbury as Amblescroft South would be closed. This is not considered a good use of NHS assets. There will be no dedicated medical on-call service. There could be recruitment issues if existing staff do not want to transfer from Salisbury to Trowbridge.

b. Option 2

Locate the specialist dementia hospital services at Avebury Ward, Green Lane Hospital in Devizes.

Close the 10 temporary dementia beds, which were transferred from Charter House and 10 permanent beds, which already existed at Amblescroft South, Fountain Way, Salisbury. Refurbish Avebury Ward in Devizes and reopen the specialist dementia ward in Devizes following the refurbishment.

Green Lane Hospital is on the outskirts of Devizes and comprises a 3 ward in-patient facility (Avebury, Silbury and Imber), a therapies department, a catering building and an administrative building.

Avebury ward was, until mid-2010, a specialist hospital unit for Adults of Working Age. The existing ward design had provision to accommodate 22 service users in single occupancy bedrooms.

Avebury Ward, in its current layout, contains a number of operational, functional and quality issues which would require addressing to provide a suitable environment for a dementia service.

An overview of these issues is outlined in the table below:

Table 3

Room sizes are not compliant with current national guidance as they fail to reach 14 meters square.
Bedrooms and corridors cannot easily accommodate or allow the movement of King's Fund beds. These are beds that are designed and built to exacting King's Fund specifications for safety, durability, ease of handling and patient comfort.
The bedrooms have en-suite facilities, but are not provided with showers.
Observation throughout the ward is poor due to recesses within the corridors. This means that it is not easy for staff to observe patients to ensure that they are well and safe.
Communal space is limited. Given that some individuals require specialist dementia hospital care for an extended period of time and are often physically mobile, a lack of communal space can be detrimental to their wellbeing. It can also make the facilitation of visits by relatives and friends difficult to accommodate in a comfortable environment. It may also be problematic in cases where the individual receiving specialist dementia hospital care lacks capacity, is not free to leave and is not subject to detention under the Mental Health Act. An authorisation from Wiltshire Council via Deprivation of Liberty Safeguards is required and in such cases, the best interests process stipulates that care plans and the environment must be as least restrictive as possible, i.e. the ability to walk outside and have good access to communal areas.
The Ward Garden contains a number of trip hazards and hard edges that increase the risk of falls and injuries to patients.
The existing fixtures and fittings do not meet current Trust standards in relation to anti-ligature requirements, Health and Safety and Patient-led assessments of the care environment (PLACE).
Signage and way finding is poor. This makes it difficult for patients with dementia to orientate themselves, which can lead to increased confusion and stress levels, as well as reduced independence.
The existing colour schemes are not compliant with dementia care best practice. This can make it difficult for people with dementia to navigate around the environment and remain independent.
There is poor wandering space for patients.

In order for Avebury Ward to become the new permanent location for specialist dementia hospital care it will need to undergo a period of significant refurbishment.

Please see **Appendix 3, entitled, Projected Costs; Option Cost Summary** which covers all three Options and the respective costs.

Following the refurbishment, the temporary ward at Amblescroft South would be closed and all specialist dementia hospital care would be provided from Avebury Ward, Green Lane Hospital.

Following the refurbishment of Avebury Ward, the advantages and disadvantages that are likely to arise are listed in the table below.

Table 4

Estate Advantages	Estate and Investment Disadvantages
<ul style="list-style-type: none"> • The dementia ward would be situated in a refurbished, state of the art building that would be compliant with current national standards. • The refurbished unit would create a 20-bed, dedicated specialist dementia unit in the centre of the county. • Building risk would be better managed after the capital investment that this refurbishment would provide. • The environment would benefit from the most up to date anti-ligature guidance and fittings. The internal finishes would be compliant with the most up to date Health and Safety standards. 	<p>Revenue costs</p> <ul style="list-style-type: none"> • The permanent closure of Amblescroft South, which currently houses specialist dementia hospital care, would result in additional recurrent revenue costs of £0.69m per annum, due to additional depreciation charges associated with a new and more expensive property and additional staff requirements due to the new layout of the building vs the current provision. • There will need to be disinvestment of £0.69m in existing dementia services to cover the additional recurrent revenue costs associated with this option. This means that funding will have to be taken from other services to meet the costs of refurbishing Avebury Ward. Please refer to the Options questions located in Section 5. • Additional revenue costs of £0.25m associated with the closure of the pre-existing beds (this refers to the 10 beds that were already on site before the temporary closure of Charter House) located at Amblescroft South, (which currently houses specialist dementia hospital care for older people) due to mothballing of the estate and potential staff redeployment/redundancy. <p>Capital costs</p> <ul style="list-style-type: none"> • Refurbishing Avebury Ward requires circa £3.12m of capital investment to bring the facilities up to modern standards. • A mechanism to fund the capital required needs to be identified. AWP have no further financial resources available, and Wiltshire CCG does not hold a capital budget. A Private Finance Initiative (PFI) or external private funders is being considered.

	<ul style="list-style-type: none"> The cost of funding this capital would be additional to this figure. Assuming a PFI route, capital requirements would increase by £0.31m with additional revenue implications of £0.03m per annum. <p>Reinvestment in community services</p> <ul style="list-style-type: none"> This option would not release any savings. Therefore, no additional investment could be made in secondary community services.
Clinical advantages	Clinical disadvantages
<ul style="list-style-type: none"> Building would be compliant with current standards Clinical risk would be better managed after the capital investment as the facility would be modern and fit for purpose There would be access to on-call medical staff due to the campus nature of the site. Medical staff would cover all units as required out of hours. The shared site would mean that resources could be shared when required. 	<ul style="list-style-type: none"> If Amblescroft South were to close, this would lead to a split site for Older People's specialist hospital services (i.e. some beds in Salisbury and some beds in Devizes) as older people with functional mental health issues (which include conditions, such as depression, anxiety, bipolar disorder, schizophrenia, personality disorders and addictions) would stay in Salisbury. This arrangement would be costly to maintain and there would be less opportunity for learning, exchange of ideas and cover which would mean less effective use of staff and equipment. This would also leave under-utilised estate in Salisbury as Amblescroft South would be closed. This option does not make best use of NHS assets as currently there are no services identified to fill the void in Salisbury. Many of the dementia patients that would require specialist dementia hospital care have other long lasting illnesses and require frequent and easy access to an acute hospital. The nearest District General Hospital is Great Western Hospital which is 22 miles away and an estimated minimum drive of 38 minutes without traffic. There could be recruitment issues if existing staff do not want to transfer from Salisbury to Devizes.

c. Option 3

Formalise permanent specialist dementia hospital services at Amblescroft South, Salisbury.

Validate the current temporary arrangements regarding the 10 temporary dementia beds, which were transferred from Charter House, at Amblescroft South, Fountain Way Hospital, Salisbury to supplement the existing 10 beds and make the temporary closure of Charter House permanent.

Fountain Way is a modern hospital campus located on the outskirts of Salisbury. Amblescroft South is the specialist dementia ward located on the older people's healthcare campus in Fountain Way.

Fountain Way opened with newly built facilities in 2003 and occupies the southern part of the site of the former Old Manor Hospital. It comprises a 3 ward specialist hospital facility (Beechlydene, Amblescroft North and Amblescroft South), and a range of buildings that deliver community services. The existing ward has provision to accommodate 20 service users in single occupancy bedrooms.

An overview of Amblescroft South estates is outlined in the table below

Table 5

Room sizes are compliant with current national guidance.
Bedrooms have en-suite facilities including showers.
Ward provides separate male/female bedroom areas to protect privacy and dignity
Observation offered throughout the ward is good.
Communal space is provided by a number of smaller lounges giving people choice and a variety of rooms in which to socialise and undertake activities.
Ward Garden contains a number of areas that allow for escorted or unescorted access and activities in a safe environment.
Existing fixtures and fittings meet current AWP standards. The Patient-led assessments of the care environment (PLACE) scored this facility as above the national average.
Signage and way finding is acceptable by current Trust standards. This can make it easier for patients with dementia to orientate themselves, which can reduce confusion and stress levels, as well as maintain independence.
Ward provides space for people to move about freely without a sense of confinement. The facility combines space and safety by using a circular design for hallways, which allows patients to walk in any direction for as long as they want without being stopped or confused by dead-ends.
Patient-led assessments of the care environment (PLACE) scores for the Fountain Way Hospital site scored above the national average in all areas, including; Cleanliness, Privacy, Dignity and Wellbeing, Food and Condition, Appearance and Maintenance.

Adopting this option would result in the current arrangements for specialist dementia hospital services being formalised at Amblescroft South and the temporary closure of Charter House made permanent.

This is Wiltshire CCG and Wiltshire Council's preferred option.

Table 6

Estates/Investment Advantages	Estates/Investment Disadvantages
Revenue costs <ul style="list-style-type: none"> No additional revenue funds are required to progress this proposal. This option represents good value for money as it releases circa £0.44m of existing revenue funding, upon permanent closure of the Charter House site, for reinvestment due to single site efficiencies and more effective use of 	Impact on carers and families <ul style="list-style-type: none"> Some carers/family members will have further to travel resulting in associated costs for carers/family members and support workers.

<p>staffing and facilities.</p> <p>Capital costs</p> <ul style="list-style-type: none"> • No additional capital funds required to progress this proposal as facilities are already in place at Amblescroft South. • No disinvestment would be required from existing dementia services. <p>Reinvestment in Community Services</p> <ul style="list-style-type: none"> • Potential to invest £0.44m in secondary community services due to savings being released from this proposal. <p>Estates</p> <ul style="list-style-type: none"> • This option would create a single specialist site in the south of the county. • Amblescroft South is a purpose-built, specialist dementia hospital. • Amblescroft South meets modern standards in relation to Health Technical Memorandums (HTMs) and Health Building Notes (HBNs). • All in-patient beds for older people with mental health needs are provided on one central older people's campus which is likely to improve governance, quality and clinical effectiveness. • Amblescroft South is situated on an older people's campus which will allow for economies of scale in terms of utilisation of specialist equipment/ supply management between wards. 	
Clinical Advantages	Clinical Disadvantages

<ul style="list-style-type: none"> • Would provide services close to a District General Hospital for easy access for those patients with either long term or emergency physical health needs. Salisbury District Hospital is situated 3.6 miles away and an estimated minimum drive of 9 minutes without traffic. • Would provide a health centre providing facilities for patients to cross from the functional ward to the dementia ward if required. • Dedicated medical on-call service would be available due to the campus nature of the site. 	<p>There are clinical disadvantages raised by a recent CQC inspection of Amblescroft. These issues are covered in the AWP Action Plan in Appendix 5.</p>
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6. Consultation questions

Please provide your views on the following questions to help us consider where the permanent location for specialist dementia hospital care should be in Wiltshire. The following questions and answers may be accessed via the Wiltshire CCG website or a paper copy may be requested via email.

Question: Which option do you support and why?

i. Option 1

- If you support Option 1, Wiltshire CCG and AWP will need to find approximately £0.77m per annum from the current dementia budget in order to meet the additional revenue costs of running Charter House
- If you support Option 1, Wiltshire CCG and AWP will need to access private finance to meet the £5.37m capital investment for the refurbishment of Charter House.

By accessing private finance to pay for the £5.37m capital investment, there will be an associated cost. Capital requirements will increase by £0.53m with additional revenue costs of £0.04m per annum which will need to be funded from the current dementia budget as well.

- If you support Option 1, dementia services will need to be reduced in the first year to finance the closure of Amblescroft South which will cost approximately £0.25m
- In summary the following costs will need to be met in **Year 1**:
 - Additional recurrent revenue costs of £0.77m
 - Long term financing charge (likely to be 15-20 years) at circa £0.04m per annum.
 - Costs of closure of Amblescroft South of £0.25m

- This will result in an additional revenue funding requirement of at least £1.06m in Year 1**

that will need to be found from existing services. There will be a capital funding requirement of between £5.37m and £5.90m in total.

Question: If you support Option 1, which of the services in Table 7 would you choose to cut in order to pay for the additional costs outlined above?

ii. Option 2

- a. If you support Option 2, Wiltshire CCG and AWP will need to find approximately £0.69m per annum from the current dementia budget in order to meet the additional revenue costs of running Avebury Ward, Devizes.
- b. If you support Option 2, Wiltshire CCG and AWP will need to access private finance to meet the £3.12m capital investment for the refurbishment of Avebury Ward.

By accessing private finance to pay for the £3.12m capital, there would be an associated cost. Capital requirements will increase by £0.31m with additional revenue costs of £0.03m per annum which will need to be funded from the current dementia budget as well.

- c. If you support Option 2, dementia services will need to be reduced in the first year to finance the closure of Amblescroft South which will cost approximately £0.25m.
- d. In summary the following costs will need to be met in **Year 1**:
 - Additional recurrent revenue costs of £0.69m.
 - Long term financing charge (likely to be 15-20 years) at circa £0.03m per annum.
 - Costs of closure of Amblescroft South of £0.25m based upon the projected closure figures associated with Charter House.
- e. **This will result in an additional revenue funding requirement of at least £0.97m in Year 1 that will need to be found from existing services. There will also be a capital funding requirement of between £3.12m and £3.43m in total.**

Question: If you support Option 2, which of the services in Table 7 would you choose to cut in order to pay for the additional costs outlined above?

iii. Option 3

- a. **Question:** If you support Option 3, there is no additional revenue or capital requirement.

Please explain how you would like the CCG to reinvest the £0.44m that will start to be released when the permanent closure of Charter House has been confirmed.

The CCG has identified that it needs to invest in secondary/specialist dementia services such as:

- Dementia crisis services; a rapid response crisis service for people with dementia
- Dementia liaison services, providing specialist support into care homes that care for people with dementia
- Enhanced therapeutic activities, such as talking therapies.

Please indicate how you would like the £0.44m to be apportioned between the above mentioned services.

Table 7**Wiltshire CCG 14/15 dementia budget**

Primary care diagnosis, treatment and care of dementia patients. Secondary care memory services which include specialist dementia diagnoses, treatment and ongoing care of patients before being repatriated to primary care.	£1.6m
Voluntary sector organisations that provide support and activities to stimulate people with dementia. Ongoing support and signposting of services to carers and people with dementia by the Dementia Advisors.	£0.4m
Community teams that provide specialist assessment, intervention, care planning, case management and therapeutic support following a crisis. Therapeutic support includes that provided by physiotherapists, occupational therapists, psychologists and art psychotherapists. Specialist community resource provides ongoing support in care homes.	£2.2m
District general hospital (DGH) services to assess and treat people with dementia who have been admitted with an existing medical problem. Specialist staff provide ongoing support and education within a DGH setting.	£1.2m
Specialist dementia hospital care which includes assessment, treatment and stabilisation of people with severe dementia. Includes ongoing support through therapeutic services comprising the use of physiotherapists, occupational therapists, psychologists and art psychotherapists.	£2.1m
Total:	£7.5m

7. **Timescales**

The public consultation will commence on 1st December 2014 and end on 28th February 2015. Following this time, the responses to the consultation questions will be collated by the CCG and through our consultation partners. The responses will then be examined by the Wiltshire CCG Governing Body and the Wiltshire Council Cabinet. Following both of these meetings, a decision will be made which will be conveyed to the public.

Appendices

Appendix 1

Introduction to the Specialist Dementia Hospital Care Consultation

The purpose of this document is to set the background and context to the specialist dementia hospital care consultation.

Specialist dementia hospital care is a key stage in the advanced dementia care pathway. Specialist hospital services will only be required by a small number of people with advanced dementia. Interested individuals and stakeholders are being invited to take part in a formal consultation process on specialist dementia hospital care, in order to decide which hospital option and related next actions should be progressed.

Following the approval of the dementia strategy in July 2014, Wiltshire Council and Wiltshire Clinical Commissioning Group have further developed the dementia care pathway to include advanced dementia services into what is called the advanced dementia care pathway. This pathway is being worked on in order to provide a reference document or route map and will be engaged upon with stakeholders over the coming months.

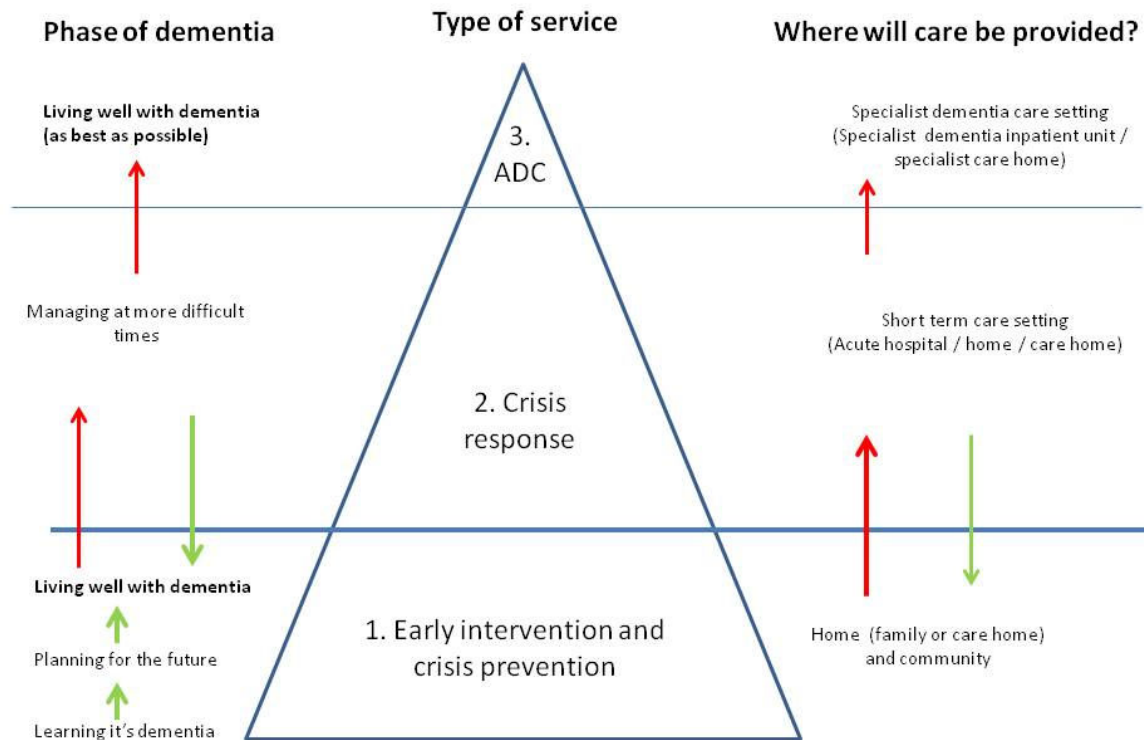
Wiltshire Clinical Commissioning Group is leading the specialist dementia hospital care consultation, with support from Wiltshire Council.

What is Advanced Dementia Care?

Advanced dementia care refers to a small number of services that may be needed by people who have advanced dementia and require very high levels of specialist care to stay well and safe. These services include specialist dementia hospital care and specialist dementia care in care homes.

We acknowledge that it is important to look at how people come to need these services and the care pathway they follow and where possible, to do everything to manage them effectively in their own homes or by providing care close to home. When urgent or specialist care is required, a specialist hospital bed should be available to support patients requiring immediate crisis support with the intention of returning these patients to the community, once they have been assessed, treated and stabilised.

Figure 1. The Advanced Dementia Pathway



People requiring advanced dementia care will have complex needs and are likely to have a combination of: severe memory loss and confusion, increased frailty, increasing dependence on others for their care and living needs, communication difficulties, sensory impairment, loss of mobility, incontinence, hallucinations and other health conditions which often exacerbate behaviours that are challenging to the people who support them. It is the role of advanced dementia care to deliver care and support that is able to promote the health and wellbeing of these people for as long as possible.

Advanced dementia care pathway

The advanced dementia care pathway starts when there are changes in the circumstances of people with dementia living in their homes, with support within the home or community as a result of a crisis (their own or their carers) or through the progression of their dementia and/or physical conditions (as listed above) which requires a level of specialist intervention.

The emergency may not come about as a direct result of the dementia but the dementia may exacerbate any physical issue that is being experienced. Equally, dementia which is progressive may well lead to deterioration in the person's ability to cope which can only be stabilised by a hospital episode of care.

Certain non-specialist interventions may be put in place to manage the crisis and these could include:

- Emergency care being provided in the home for a specific length of time
- Care being provided in an acute or community hospital or a care home

Likewise advanced dementia care may be put in place to manage the crisis and these services could include:

- Specialist dementia hospital care (sometimes referred to as a psychiatric hospital)
- Care homes providing specialist dementia care (residential or nursing)

When an individual requires care during a crisis, the first option considered will be whether care can be provided for the individual within their own home, and where this is not appropriate that the care setting they move to is as close to their home as possible. Specialist dementia hospital care environments are the last option to be considered and are likely to be required when community interventions which support people with dementia and their carers to manage in their homes will have been tried and will have broken down due to the progressive nature of the dementia.

Additionally, the changes in the behaviour or emotional wellbeing of the person with dementia may result in their carers being unable to understand or cope with the change taking place and may in turn be unable to provide ongoing support resulting in the situation reaching crisis point.

The National Institute of Clinical Excellence (2006) notes that for those people experiencing advanced dementia care there are circumstances that may require access to a specialist dementia care hospital:

“the person with dementia is severely disturbed and needs to be contained for his or her own health and safety and/or the safety of others (in some cases, this might include those liable to be detained under the Mental Health Act 1983) assessment in a community setting is not possible, for example if a person with dementia has complex physical and psychiatric problems”

The majority of people with dementia will not require access to specialist dementia care hospitalisation or ongoing specialist dementia nursing care. It is estimated that of 6,942 people with dementia in Wiltshire in 2013, only 868 have severe dementia and many of these will not require advanced dementia care services. Over previous years, on average there have been no more than 120 people per annum accessing specialist dementia care hospitals in Wiltshire.

Appendix 2

Historic specialist dementia hospital provision and activities that have taken place since the temporary closure of Charter House

AWP is commissioned by NHS Wiltshire CCG to provide older people's specialist dementia hospital care which historically was delivered in Charter House, Trowbridge (24 beds), and in Amblescroft South Fountain Way, Salisbury (10 beds).

In January 2013, AWP took the decision to stop admitting patients to Charter House on a temporary basis due to a number of issues including low occupancy, environmental problems and the stand-alone nature of the site.

On 25th January, AWP issued a statement explaining their plans to stakeholders:

Charter House Statement: 25th January 2013, issued by AWP

"Delivering consistently high quality care to dementia patients in Charter House, Trowbridge is proving increasingly difficult as a result of low occupancy, environmental problems and the stand-alone nature of the site. Following preliminary discussions between AWP, NHS Wilts and the CCG, AWP has decided to temporarily stop admitting patients to the unit during the current joint review of all care provided to older people across the county – particularly those with dementia.

However, there is a commitment for AWP to ensure services continue to be provided within West Wiltshire, and Charter House will continue to provide the team base serving the population of Trowbridge and West Wiltshire, as well as providing the outpatient clinics currently held there. There is also a plan to utilise the space and provide some additional memory service clinics as part of a joint project with NHS Wiltshire to implement a new service model."

AWP stated that the timing of the decision to suspend specialist dementia hospital care at Charter House was based upon several factors coming together (indicated in the original statement) and the increased focus within the Trust to ensure all their services were consistently of a high quality.

Additionally, a drop in the number of in-patient admissions made it difficult to deliver a viable service. The structure of the building was deemed not to be conducive to delivering services for people with dementia. The primary reasons cited were that it provided limited observation, a lack of 'meaningful wandering space' and inadequate quiet spaces for therapies. These issues had worsened over a sustained period and the combination of this and problems with the building structure relating to flooring, damp, odours, leakages; none of which could be easily fixed, led to their decision.

AWP stated that these issues were further exacerbated by recruitment problems which meant that they were increasingly unable to provide consistent care.

In February 2013, there were 4 individuals receiving a service at Charter House, 2 of whom were ready for discharge. Wiltshire Council sourced care for these individuals, as they had responsibilities for doing so under normal discharge processes. AWP moved the remaining 2 individuals to appropriate accommodation.

During the period of temporary closure, individuals requiring an assessment bed have been accommodated in Salisbury, Bath, Swindon and where needed, out of county (at times when people require very specialist care or on the request of the family concerned).

AWP made a commitment not to make a final decision about the future of Charter House until after a review, which was initiated in 2013 and which was designed to look at the whole model of care provision for people with dementia in Wiltshire.

Over the past 18 months there have been wide ranging discussions concerning the permanent future provision of specialist dementia hospital services in Wiltshire. Two of the possible locations that were identified were Avebury Ward, Green Lane Hospital, Devizes and Charter House, Trowbridge. It is acknowledged that both sites would require significant refurbishment.

Working on behalf of NHS Wiltshire CCG, AWP appointed independent contractors (the design team from Capita) to work with both clinical and non-clinical AWP Estates and Facilities staff to review and provide options for the provision of a suitable ward, of comparable standard to Amblescroft South, at Avebury Ward, Green Lane Hospital, Devizes and Charter House, Trowbridge. This work was undertaken and is what provides the costings with respect to the refurbishment of Charter House and Avebury Ward.

Appendix 3

Projected Costs; Option Cost Summary

I. Capital Costs

The initial capital investment required for the presented options are summarised below.

Option 1: Charter House, Trowbridge.

	Charter House		
Capital Cost	<i>Works excluding VAT</i>	<i>VAT</i>	<i>Total Including VAT</i>
<u>Total (£)</u>	4,553,834	816,550	5,370,384

Option 2: Avebury Ward, Green Lane Hospital, Devizes

	Avebury Ward		
Capital Cost	<i>Works excluding VAT</i>	<i>VAT</i>	<i>Total Including VAT</i>
<u>Total (£)</u>	2,648,295	476,693	3,124,988

Option 3: Amblescroft South, Fountain Way, Salisbury

	Amblescroft South		
Capital Cost	<i>Works excluding VAT</i>	<i>VAT</i>	<i>Total Including VAT</i>
<u>Total (£)</u>	0	0	0

The cost of capital associated with funding either Option 1 or Option 2 will be additional to the projections outlined above. Assuming a PFI route, additional capital funding for Option 1 is likely to be £0.53m with additional revenue costs of £0.04m per annum, whilst additional capital funding for Option 2 is likely to be £0.31m with additional revenue costs of £0.03m per annum.

II. Revenue Financial Modelling

The table below indicates the revenue model for each of the three options over a 6 year period, excluding the impact of any additional capital charge funding requirements. Year 2014/15 assumes that the capital expenditure and any associated impairments would be accountable in that year.

	6 months					
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
i. Charter House	£1,176,846	£2,233,691	£2,233,691	£2,233,691	£2,233,691	£2,233,691
ii. Avebury Ward	£1,160,561	£2,150,122	£2,150,122	£2,150,122	£2,150,122	£2,150,122
iii. Amblescroft South	£518,623	£1,037,245	£1,037,245	£1,037,245	£1,037,245	£1,037,245

Appendix 4

AWP action plan in response to the Care Quality Commission (CQC) inspection of Amblescroft North and South

During September 2014, England's Chief Inspector of Hospitals, Professor Sir Mike Richards, published his first report on the quality of services provided by Avon and Wiltshire Mental Health Partnership NHS Trust. The report follows an inspection carried out in June by CQC and reflects both the verbal feedback the team gave the Trust and the problems the Trust highlighted at that time to the inspection team. AWP also expressed that some of the problems were already being dealt with by themselves and their commissioners.

As a result, many actions have been completed and improvements made such as increased recruitment, staffing being more closely matched to capacity and needs, an accelerated replacement and refurbishment programme to deal with estate issues and more training and changes to some systems. AWP is confident that by continuing to work with the commissioners they will strengthen their services and meet the CQC requirements.

Please find attached, part of the full Action Plan that AWP and Wiltshire CCG have agreed in order to address the issues raised which are specific to Amblescroft wards. The outstanding actions will be monitored by the Wiltshire CCG Quality team in conjunction with the Wiltshire CCG Mental Health and Dementia team.

Amblescroft North and South, Fountain Way, Salisbury	Data correct as at 15/10/14. Many of the actions are work in progress.			
	Comment	Action	Progress	Date Action to be completed
Safety				
COMPLIANCE ACTION <ul style="list-style-type: none">• Training<ul style="list-style-type: none">– Only half of the staff had training in safeguarding completed and not all had		CQC confirmed new monitoring system introduced by return visit and training courses booked to meet immediate need.	4 qualified staff outstanding re capacity training. Due to be completed by end of October.	31st October 2014

<p>done Mental Capacity Act training.</p> <p>– Records chaotic and difficult to understand.</p>		<p>Additional Mental Capacity Act training delivered.</p> <p>Confirm all training now complete in order to sign off the compliance action.</p>		
<p>ISSUE</p> <ul style="list-style-type: none"> Room temperature of clinic room too high and not monitored. 		<p>On return visit monitoring had commenced.</p>	<p>Clinical director inspection visit 13th October 2014.</p> <p>Confirmed room thermometer in place and daily monitoring being undertaken.</p> <p>Overall room temperature remains high but within acceptable range for medication storage.</p>	<p>Done. Thermometer in place and being monitored as stated.</p> <p>31st October 2014</p>
<p>COMPLIANCE ACTION</p> <ul style="list-style-type: none"> Unsafe management of waste medication and management of stock medication. 	<p>Identified as an issue for Wiltshire prior to the inspection.</p> <p>Medicines governance meeting chaired by Clinical Director now in place monthly with pharmacy, estates, clinical and operational attendance.</p> <p>Individual action plan in place for each nursing team.</p>	<p>CQC confirmed new processes have been implemented since inspection.</p>	<p>Clinical Director inspection visit 13th October 2014.</p> <p>Confirmed all appropriate waste containers now in place following AWP policy regarding waste and medication management.</p> <p>Medication folders in place to manage receipt and ordering of medication.</p>	<p>31st October 2014</p>

			Assurance process in place for modern matron to audit monthly reporting to governance meeting.	
COMPLIANCE ACTION <ul style="list-style-type: none"> Some lifesaving equipment had not been serviced or checked in six months. 		CQC confirmed this had been resolved by return visit.	Clinical Director inspection visit 13th October 2014. Physical check of resuscitation equipment and monitoring checks. Checks weekly but danger that they are missed when lead staff member is on leave. Agreed new process for this to be regularly diarised. Identified one pulse oximeter between resuscitation and Physical Emergency Response Training (PERT) grab bag where there should be two. Modern matron to order additional pulse oximeters. All other equipment present and had been checked	Resolved by 13th October 2014
COMPLIANCE ACTION <ul style="list-style-type: none"> Some of the manual handling 	Not resolved by return visit; issue regarding	All relevant equipment taken out of service.	Clinical Director inspection visit 13th	31st December

equipment had not been serviced and was broken.	Service Level Agreement with Salisbury District Hospital (SDH).	Need to review Service Level Agreement with SDH.	October 2014. Service Level Agreement has now been reviewed and confirmed with SDH. All equipment in use has been serviced and schedule in place for on-going maintenance and servicing.	2014
ISSUE <ul style="list-style-type: none"> Concerns re understanding of restraint. 	Continuing to discuss this with CQC as all physical contact for purposes of physical care is being interpreted as restraint.	<p>AWP older adults in-patient lead to review practice.</p> <p>Further processes implemented regarding documenting the assessment of capacity and plans for physical care in place. CQC confirmed happy with them on re-inspection.</p> <p>Further MCA training delivered.</p>	<p>Work undertaken by Norman Atkinson, Head of Professions and Practice (HOPP) and Anita Hudson, Trust Older Adults in-patient lead.</p> <p>Additional capacity training delivered.</p> <p>New systems for documenting of capacity with regard to physical care approved by CQC on re-inspection.</p> <p>Units piloting new RIO electronic patient record system forms and audit.</p> <p>Independent review being arranged with modern matrons from other localities.</p>	30th November 2014
ISSUE <ul style="list-style-type: none"> High falls level raising concern re actions taken following incidents. 		<p>Request review by AWP falls lead.</p> <p>Changes to Root Cause Analysis</p>	Ward has a high reporting culture which AWP is keen to continue to	30th November 2014

		<p>process for falls to be discussed with commissioners.</p>	<p>encourage and maintain.</p> <p>Currently all incidents when someone is found on the floor reported as a fall.</p> <p>Incidents being reviewed with additional analysis re level of harm. Good safety culture would support high reporting but low levels of significant harm.</p> <p>Good practice in place re reporting of falls on RIO electronic patient record system and linking to incident form and risk assessment. Positive feedback from nursing homes with regard to level of assessment this gives them.</p> <p>Manager and senior nurse attending AWP falls conference.</p> <p>Regular falls meeting with ward physiotherapist to review all data.</p> <p>Implementation of new observation procedure during October 14.</p>	
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			Changes to falls Route Cause Analysis process going through Central Quality Performance meeting regarding move to single incident reviews.	
ISSUE <ul style="list-style-type: none"> Issue re transfer of information onto electronic record system. 		Head of Professions and Practice (HOPP) to meet with team managers and clarify specific issue. Review processes to ensure full transfer of information.		30th November 2014
ISSUE <ul style="list-style-type: none"> Patient sensitive information found unattended by signing-in book. 	Referred at the time to Trust Caldecott guardian.	Processes and governance regarding confidential information reinforced to staff. No further actions requested by Trust Caldecott guardian.		30th October 2014
Effective				
ISSUE <ul style="list-style-type: none"> Varied reports of relatives' involvement in care planning and reviews. 	Some relatives felt there was excellent involvement and others that communication was poor.	Ward has completed triangle of care self-assessment and action plan with a view to improving carer/relative involvement. Carers lead to review this in light of feedback from relatives		November 2014
ISSUE <ul style="list-style-type: none"> Concerns relating to the way in which training was organised and delivered 	Issues re time available for undertaking staff training.	CQC confirmed issues addressed by return visit.		October 2014
ISSUE <ul style="list-style-type: none"> Lack of activities on the ward 		Evidence of increased activities and additional dedicated staff on return visit.	Agreed monitoring system of planned and delivered activities across	November 2014

		Needs system for ongoing monitoring.	hospital sites with modern matron.	
COMPLIANCE ACTION <ul style="list-style-type: none"> Lack of staffing raised as a concern. 	Staff stating regularly didn't get breaks.	CQC confirmed this was being dealt with by return visit. Staffing numbers reviewed against safe staffing levels and maintained to these levels.		November 2014
COMPLIANCE ACTION <ul style="list-style-type: none"> Issues with delayed transfers of care and impact on bed management across the whole system. 	Difficult for relatives to be involved when service users placed out of area.	This is an issue which will be resolved by AWP, Wilts CCG and Wilts Council		Constant monitoring
Caring				
ISSUE <ul style="list-style-type: none"> Issue regarding length of time needed for visitors to access the ward. 	Also raised as the result of internal reviews which have been undertaken.	Addressing this with estates. Need a different visitor access point.	Clinical Director inspection visit 13th October 2014. Identified doorbell still not addressed despite request over 2 months ago. Clinical Director raising issue with estates. Ward manager to work with carers to identify better signage and access.	30th November 2014
ISSUE <ul style="list-style-type: none"> Relatives concerned regarding the level of stress that staff were under. 	Staff and patients stated ward always busy. Patients expressed concern re stress levels of staff rather than quality of	Supervision and safe staffing work being undertaken with staff in an effort to reduce stress levels and ensure appropriate supervision is available at all times	This is an ongoing piece of work which remains on course to be completed by end of November	30th November 2014

	care provided.			
Responsive				
COMPLIANCE ACTION <ul style="list-style-type: none"> Delayed transfers of care are a significant issue. 	Problem across AWP but much more significant in Wiltshire leading to admissions out of area.	Active participation in delayed transfers of care work with CCG and local authority.	Ongoing efforts being made between AWP, Wilts CCG and Wilts Council to resolve these issues.	30th January 2015
ISSUE <ul style="list-style-type: none"> Concern that issues raised by staff didn't always appear to be acted upon by trust management 	Unclear if this referred to AWP as a whole or Wiltshire management	Members of the senior management/operations team to attend all team business meetings to discuss trust vision and values and ongoing support needs.	This is already being actioned and will become an ongoing activity going forward.	30th November 2014
Well led				
<ul style="list-style-type: none"> Varied levels of understanding from staff regarding the AWP vision and values. Senior management seen to be less recognisable. Felt more valued by immediate line management than by senior AWP management. Frustration with the perceived slowness of the trust to act on issues such as staffing levels and training Although team work closely together, they felt isolated within AWP. Concern that issues will be missed 		Member of the senior management/operations team attend all team business meetings to discuss AWP vision and values and ongoing support needs.	As above.	30th November 2014

due to frequent change processes.				
<ul style="list-style-type: none"> Issues with communication by email and the time for staff to read them. 		Ensure all key communication is undertaken at team meetings rather than rely on email communication.	As above.	31st December 2014

